CONSENT FOR ANESTHESIA SERVICES©

I, Name acknowledge that my doctor has explained to me that I will have dental surgery and/or treatment(s). My doctor has explained the risks of the procedure, advised me of the alternative treatments and told me about the expected outcome and what could happen if my condition remains untreated. I also understand that anesthesia services are needed so that my doctor can perform the treatment or surgery.

It has been explained to me that all forms of anesthesia involve some risk and no guarantees or promises can be made concerning the results of my procedure or treatment. Although rare, unexpected severe complications with anesthesia can occur and including the remote possibility of infection, bleeding, drug reactions, malignant hyperthermia, blood clots, loss of sensation, loss of limb function, paralysis, stroke, brain damage, heart attack or death. I understand that these risks apply to all forms of anesthesia and that additional or specific risks have been identified below as they may apply to a specific type of anesthesia. I understand the type(s) of anesthesia service used for my procedure and the anesthetic technique(s) to be used is(are) determined by many factors including my physical condition, the type of procedure my doctor is to do, his or her preference, as well as my own desire. It has been explained to me that sometimes an anesthesia technique, which involves the use of local anesthesia, with or without sedation, may not succeed completely and therefore another technique may have to be used including general anesthesia.

General Anesthesia	Expected Result	Total unconscious state, possible placement of a tube into the wind-pipe.
	Technique	Drug injected into the bloodstream or muscle, breathed into the lungs, or by other routes
	Risks	Mouth or throat pain, hoarseness, injury to mouth or teeth, awareness under anesthesia, injury to blood vessels, aspiration, pneumonia.
Intravenous Sedation	Expected Result	Reduced anxiety and pain, partial or total amnesia
	Technique	Drug injected into the bloodstream or muscle, breathed into the lungs, or by other routes producing a semi-conscious state.
	Risks	An unconscious state, depressed breathing, injury to blood vessels.

I hereby consent to the anesthesia services explained above and authorize that it be administered by a Dentist Anesthesiologist, who is credentialed to provide anesthesia services. I also consent to an alternative type of anesthesia, if necessary, as deemed appropriate by them.

I certify and acknowledge that I have read this form or had it read to me, that I understand the risks, alternatives and expected results of the anesthesia service and that I had ample time to ask questions and to consider my decision.

PATIENT'S SIGNATURE

DATE AND TIME

LEGAL GUARDIAN'S SIGNATURE

RELATIONSHIP TO PATIENT