

CONSENT FOR ANESTHESIA

The following is provided to inform patients of the choices and risks involved with having treatment under anesthesia. The information is not presented to make patients more apprehensive but to enable them to be better informed concerning their treatment. The choices for anesthesia are basically three: local anesthesia alone, conscious sedation, or general anesthesia. These can be administered, depending on each individual patient's medical requirements, either in an office or in a hospital setting.

The most frequent side effects of any intravenous infusion are drowsiness, nausea & vomiting, and phlebitis. Most patients remain drowsy or sleepy following their surgery for the remainder of the day. As a result coordination and judgment will be impaired. It is recommended that adults refrain from activities such as driving an automobile and children remain in the presence of a responsible adult. Nausea and vomiting following anesthesia will occur in 15-30 % of patients. Phlebitis is a raised, tender, hardened, inflammatory response at the intravenous site. The inflammation usually resolves with local application of warm moist heat, however tenderness and a hard lump may be present up to a year or longer.

I hereby authorize and request Salman R. Hussain, DMD to perform the anesthesia as previously explained to me, and any other procedure deemed necessary or advisable as a corollary to the planned anesthesia. I consent, authorize, and request the administration of such anesthetic or anesthetics (from local to general) by any route that is deemed suitable by the anesthesiologist, who is an independent contractor and consultant. It is the understanding of the undersigned that the anesthesiologist will have full charge of the administration and maintenance of the anesthesia, and that this is an independent function of the surgery /dentistry.

I have been informed and fully understand that though very uncommon, there are complications of the drugs and anesthesia, including but not limited to: pain, hematoma, numbness, infection, swelling, bleeding, discoloration, nausea, vomiting, allergic reaction, and fluctuations in breathing pattern, heart rhythm, and/or blood pressure. I further understand and accept the risk that, in extremely rare circumstances, complications may require hospitalization, result in brain damage or death.

The administration and monitoring of general anesthesia may vary depending on the type of procedure, the type of practitioner, the age and health of the patient, and the setting in which anesthesia is provided. Risks may vary with each specific situation. You are encouraged to explore all the options available for your child's anesthesia for his or her dental treatment, and consult with your dentist or pediatrician as needed.

I understand that anesthetics, medications, and drugs may be harmful to the unborn child and may cause birth defects or spontaneous abortion. Recognizing these risks, I accept full responsibility for informing the anesthesiologist of a suspect or confirmed pregnancy with the understanding that this will necessitate the postponement of the anesthesia. For the same reason I understand that I must inform the anesthesiologist if I am a nursing mother.

Because medications, drugs, anesthetics, and prescriptions may cause drowsiness and decrease coordination, I have been advised not to operate any vehicle or hazardous device for at least twenty-four (24) hours. It may take longer until full recovery from the effects of the anesthetics, medications, and drugs that may be given to my child or myself. I have been advised not to make any major decisions until after recovery from anesthesia. Parents are advised of the necessary of direct parental supervision of their child for 24 hours following anesthesia.

I have been fully advised of, and completely understand, the alternatives to sedation and general anesthesia and accept the possible risks. I acknowledge the receipt of, and understand, both preoperative and post operative anesthesia instructions. I have been explained and understand that there is no warranty or guarantees to any result and/or cure. I have had the opportunity to ask questions about anesthesia and am satisfied with the information provide to me.

Patient's Printed Name: _____

Patient's (or Guardian's) Signature: _____ Date: _____

Witness Name/Signature: _____ Date: _____