



INFORMED CONSENT FOR CLINICAL ANESTHESIA SERVICES

I hereby authorize **York Anesthesia, PLLC** to provide clinical anesthesia to myself.

1. **York Anesthesia, PLLC** has explained and discussed with me the nature and purpose of the proposed anesthesia. This consists of placing a catheter into my vein and administering medicine. My vital signs will be continually monitored throughout the procedure. (Blood pressure, EKG, oxygen saturation, respiration and ventilation.)
2. I consent to the administration of intravenous anesthesia and the inhalation of oxygen under the direction and/or supervision of **York Anesthesia, PLLC**.
3. **York Anesthesia, PLLC** have explained and discussed with me the following issues:
 - a) The pre-procedure, procedure and post-procedure risks of anesthesia include but not limited to: inflammation of the vein, bruising and/or discoloration at the injected site, trismus of the muscles of the face, lack of coordination, drowsiness, fainting, allergic reactions, vomiting, nausea, damage to teeth or oral tissues, necrosis of tissues at injection site, brain damage, paralysis, cardiac arrest and/or death.
 - b) The possible or likely results of intravenous anesthesia are to keep me in a sedate or sleep-like state.
 - c) All feasible alterations to the administration of intravenous anesthesia have been explained to me.
 - d) I am aware that the practice of medicine is not an exact science and I acknowledge that no guarantees have been made to me concerning the results of the proposed treatment and/or anesthetic.
 - e) The benefits of clinical anesthesia.
4. I understand that while I am receiving anesthesia, conditions may develop which require modifying or extending this consent. I therefore authorize modifications or extension of this consent that professional judgment indicates necessary under the circumstances.
5. I understand that the medications I am taking may cause complications with anesthesia and surgery. I have informed my anesthesiologist about these medications, as well as any herbal over-the-counter/nutritional supplements and/or any recreational/"street" drugs.
6. I certify that I have read and fully understand the above consent statement which I had sufficient time to discuss and that all my questions were answered fully by **York Anesthesia, PLLC**.
7. I consent knowingly and voluntary to the administration of intravenous anesthesia as outlined above. At all times during the reading, explanation and execution of this form, I possessed all of my mental faculties and was not under the influence of alcohol and /or medications.
8. **York Anesthesia, PLLC** will bill my insurance carriers when applicable. I hereby authorize my insurance to be paid directly to **York Anesthesia, PLLC**.

Patient Name: <Patient name>	_____	___/___/___	___:___ am/pm
Patient ID: <Patient ID>	Anesthesiologist	Date	Time
Gender: <Gender>			
Today's Date: <Today's Date>	_____	___/___/___	___:___ am/pm
Date of Birth: <Birthdate>	Patient	Date	Time
<Patient_Sig>			
Patient name: <Patient name>	_____	___/___/___	___:___ am/pm
	Witness	Date	Time