

Anesthesia Sedation Consent

1. I have been informed and I understand the purpose and the nature of anesthesia/ sedation procedure to be administered to me.
2. My doctor has carefully performed a health history and physical evaluation and explained the procedures to be performed.
3. I have been given instructions on diet intake, operation of machinery and driving relating to this procedure.
4. I understand that there is the possibility of drowsiness, fatigue, headaches, vertigo and nausea. Other risks and complications of the procedure have also been explained to me.
5. I understand that excessive smoking, alcohol, or sugar may effect my recovery, as will certain medical conditions, stress and debilitating states. I agree to follow my Doctor's home care instructions. I agree to report to my Doctor for regular examinations as instructed during and after completion of treatment.
6. To my knowledge, I have given an accurate report of my physical and mental history.
7. I _____ consent to sedation/ anesthesia procedures to be performed.

Signature of Doctor

Signature of Patient/ Guardian

Signature of Witness

Dated