

McLaren Print System Order

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 1100 Van Dyke
 Bad Axe, MI 48413

Forms
 Quantity: 100
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 Dept Name: OB
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Item Number: 051.108
 Item Description: Consent for Anesthesia Services
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CONSENT FOR ANESTHESIA SERVICES

It has been explained to me that all forms of anesthesia involve some risks and no guarantee or promise can be made concerning the results of my procedure or treatment. Although risks, unexpected severe complications with anesthesia can occur and include the remote possibility of infection, bleeding, drug reactions, dental work, loss of sensation, loss of arm 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 specific type of anesthesia. I understand that the specific of anesthesia service checked below will be used for my procedure and that the anesthetic technique to be used is determined by many factors including my physical condition, the type of procedure and that the anesthetic technique to be used is 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 be used completely and therefore another technique may have to be used including general anesthesia.

General Anesthesia	Conscious Sedation	Local Anesthesia
<p>General Anesthesia</p> <p>Conscious Sedation</p> <p>Without sedation</p>	<p>Conscious Sedation</p> <p>Conscious Sedation</p> <p>Without sedation</p>	<p>Local Anesthesia</p> <p>Local Anesthesia</p> <p>Without sedation</p>
<p>Conscious Sedation</p> <p>Conscious Sedation</p> <p>Without sedation</p>	<p>Conscious Sedation</p> <p>Conscious Sedation</p> <p>Without sedation</p>	<p>Local Anesthesia</p> <p>Local Anesthesia</p> <p>Without sedation</p>

Spec Info:

I hereby consent to the anesthesia service checked above and authorize that it be administered by the Department of Anesthesia, all of which are understood to provide anesthesia services at McLaren Thumb Region. I consent to an alternative type of anesthesia, 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.

Signature of Patient: _____ Date: _____

Signature of Nurse or Registered Nurse: _____ Date: _____

Anesthesia Provider (Patient was seen, anesthesia options discussed and chart reviewed by): _____ Date: _____

Physician: _____ Date: _____