

McLaren Print System Order

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 1100 Van Dyke
 Bad Axe, MI 48413

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CONSENT FOR ANESTHESIA SERVICES

It has been explained to me that all forms of anesthesia involve some risks and no guarantees or promises can be made concerning the results of my procedure or treatment. Although rare, unexpected serious complications with anesthesia can occur and include the remote possibility of infection, bleeding, drug reactions, 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 specific type of anesthesia. I understand that the type of anesthesia service discussed 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 choice. It has been explained to me that sometimes an anesthetic technique which involves the use of local anesthesia, with or without sedation, may not be used successfully and therefore another technique may have to be used including general anesthesia.

General Anesthesia	Conscious Sedation	Local Anesthesia
<p>Conscious Sedation</p> <p>With sedation: Conscious sedation involves the use of oral or intravenous sedatives to relax the patient and reduce anxiety. The patient remains conscious but is unaware of the procedure.</p> <p>Without sedation: Conscious sedation without sedatives.</p>	<p>Local Anesthesia</p> <p>With sedation: Local anesthesia with sedation involves the use of local anesthetic and sedatives to numb the area and relax the patient.</p> <p>Without sedation: Local anesthesia without sedatives.</p>	<p>Local Anesthesia</p> <p>With sedation: Local anesthesia with sedation involves the use of local anesthetic and sedatives to numb the area and relax the patient.</p> <p>Without sedation: Local anesthesia without sedatives.</p>

Spec Info:

I hereby consent to the anesthesia services described above and authorize that it be administered by the Department of Anesthesia, all of whom are credentialed 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 Legal Representative: _____ Date: _____
 Anesthesia Provider (Patient was seen, anesthesia options discussed and chart reviewed): _____ Date: _____