

McLaren Print System Order

Order No: 88581
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Ship Location: McLaren Thumb Region
1100 S Van Dyk Road
Bad AXe, MI 48413

Forms
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Dept Name: OB
Company Number: 530

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Item Number: 051.108
Item Description: #65279; Consent for Anesthesia Services
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CONSENT FOR ANESTHESIA SERVICES

I have 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 some 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 chosen 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 succeed completely and therefore another technique may have to be used including general anesthesia.

Table with 3 columns: Anesthesia Type, Consent, and Risks. Rows include General Anesthesia, Spinal or Epidural Anesthesia, Deep Sedation, Conscious Sedation, and Regional Anesthesia.

Spec Info:

I hereby consent to the anesthesia service checked 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 lines for Patient, Anesthesia Provider, and Anesthesia Provider (Patient was seen, anesthesia options discussed and chart reviewed).