McLaren Business Products

McLaren Print System Order

Order No: 91027
Order Date: 2024-12-20
Order Request Date:
User: laurice hestr
Phone: 517-975-7475

Ship Location: 3245 discovery drive suite 100

lansing, mi 48910,
Brochures
Quantity: 1000
Paragon Dept No: 28600-1100
Dept Name: surgery scheduling
Company Number:

Order Total Price: 31.00

Item Number: MGL-083 (951-04a)
Item Description: REQUEST AND CONSENT TO ANESTHESIA
Revision Date: 10/2024
Print: 1 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish: None
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Poster:
Misc Info: SS, Black

McLaren
GREATER LANSING

REQUEST AND CONSENT TO ANESTHESIA

I have been informed that I will need anesthesia in connection with the following proposed operation or procedure from my surgeon.

Planned procedure: ☐ Endoscopic retrograde cholangiopancreatogram ☐ Colonoscopy ☐ Esophagogastroduodenoscopy ☐ Esophageal dilation ☐ Sigmoidoscopy ☐ Gastrostomy/Percutaneous endoscopic gastrostomy

☐ OTHER _____

- I request and authorize Capital Area Anesthesia, P.C. and/or such physicians, nurse anesthetists, or students as may be assigned to administer anesthesia to me. I understand that the anesthetic administered, and the post-operative care given may be performed by those individuals assigned by and under the direction of the anesthesiologist.
- I understand anesthesia methods include general anesthesia, regional/local anesthesia, and monitored anesthesia care, with medication as may be considered necessary and/or advisable.
- I understand that in preparation for, during, or following any medical or surgical procedure(s) conditions may be revealed that necessitate a change in or an extension of the originally planned anesthetic or approach, including procedures for invasive monitoring. I request and consent to such change in or extension of the proposed anesthetic or approach as my physician(s) and their designees, in the exercise of his/her (their) reasonable professional judgment, deem necessary and/or advisable.
- I understand that although rare, unexpected severe complications with anesthesia can occur including but not limited to sore throat, hoarseness, nausea, vomiting, muscle soreness, and injury to blood vessels; severe allergic reactions; lacerations or trauma to lips, gums, tongue, and uvula; dental damage (chipped teeth), damage to the vocal cords or vocalbox, damage to the jaw or temporal mandibular dysfunction (TMJ); awareness under anesthesia; headache and backache; convulsions; infection; severe loss of blood; cardiac or respiratory arrest; nerve or brain damage and paralysis; aspiration; need for tracheostomy; death or coma.
- Because surgery and anesthesia can put strain on the heart and lungs, it is not unusual to use a variety of procedures and medications to support or restore heartbeat and respiration during and immediately after surgery. These "resuscitative measures" are a standard part of medical practice. They will be provided during surgery and in the immediate recovery period as deemed necessary by the surgeon or anesthesiologist. Patients who have a DNR (do-not-resuscitate) order in place, or who otherwise have concerns about resuscitative measures should discuss their specific questions and preferences with anesthesia team.
- I have had an opportunity to discuss the proposed anesthetic agent with the anesthesia staff, have given a complete and accurate medical/social history to them, and hereby consent to the use of the anesthetic agent(s). I have had my questions answered and believe I have adequate information to give this informed consent concerning anesthesia.
- I understand that the practice of anesthesia is not an exact science and acknowledge that no guarantees or promises have been or can be made to me concerning the results of the procedures to be performed.
- I understand if I change my mind I must tell the physician in charge of the procedure immediately and ask for this form back and place a big "X" over my signature and write my initials next to the "X".

Signature of Patient _____ Date _____ Time _____

Witness _____

If the patient is unable to sign or is a minor, complete the following: Patient is a minor, _____ years of age.

_____ _____ Date _____ Time _____
Signature of legal representative Relationship to patient

Witness _____

Signature of informant (physician) _____ Date _____ Time _____

TO ANESTHESIA

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Spec Info: Original Poster Size