
Patient's Name

Date of Birth



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CONSENT INTRAVENOUS SEDATION/ANESTHESIA

Please initial each paragraph after reading. If you have any questions about your proposed treatment, please ask your doctor BEFORE initialing or signing this form.

You have chosen (circle one) **intravenous sedation/general anesthesia** for your surgery, a common procedure that is considered quite safe. Nevertheless, any anesthesia carries some risk and the common ones known for intravenous anesthesia are noted below for your review before you consent to its use:

- _____ 1. Allergic reactions (previously unknown) to any of the medications used.
- _____ 2. Discomfort, swelling or bruising at the site where the drugs are placed into a vein.
- _____ 3. Vein irritation, called phlebitis, where the needle is placed into a vein. Sometimes this may progress to a level of discomfort where arm or hand motion may be restricted, or further medication or care may be required.
- _____ 4. Nausea and vomiting, although not common, are unfortunate side effects of intravenous anesthesia. Bed rest, and sometimes medications, may be required for relief.
- _____ 5. Intravenous sedation is a serious medical procedure and, whether given in a hospital or office, carries with it the risk of brain damage, stroke, heart attack or death.

YOUR OBLIGATIONS:

- _____ 6. Because the anesthetic medication (including oral premedication / sedation) causes prolonged drowsiness, you **MUST** be accompanied by a responsible adult to drive you to and from surgery, and stay with you for several hours until you are recovered sufficiently to care for yourself. Sometimes the effects of the drugs do not wear off for 24 hours.
- _____ 7. During recovery time (normally 24 hours), you should not drive, operate complicated machinery or devices or make important decisions such as signing documents, etc.
- _____ 8. You must have a completely empty stomach. It is vital that you have **NOTHING TO EAT OR DRINK for eight (8) hours** prior to your anesthetic. **TO DO OTHERWISE MAY BE LIFE-THREATENING!** (**Note:** If directed by your doctor, sips of water may be used to take regular medications or prescriptions given to you by this office.

Patient's Initials _____

