

## ANESTHESIA CONSENT FORM

Patient Information			
First Name	Last Name	Date of Birth	Gender

I, the undersigned, understand and agree to the administration of anesthesia during the following medical procedure:

Procedure Information		
Procedure	Date	Time

I understand that anesthesia involves certain risks and complications, including but not limited to:

- Allergic reactions
- Breathing difficulties
- Nausea and vomiting
- Injury to teeth, lips, or tongue
- Anesthesia awareness (consciousness during the procedure)

I have discussed my medical history, including any allergies, current medications, and previous reactions to anesthesia, with the anesthesia provider. I understand the importance of providing accurate and complete information.

I am aware that there are no guarantees regarding the outcome of the anesthesia, and I consent to the administration of anesthesia as deemed necessary by the anesthesia provider.

I understand that alternative methods of anesthesia have been explained to me, and I have had the opportunity to ask questions. I have been informed of the potential risks, benefits, and alternatives to anesthesia.

I consent to the administration of anesthesia by the anesthesia team, including the use of medications and monitoring devices deemed necessary for my safety.

I understand that I may withdraw my consent at any time before the administration of anesthesia.

**Signature:**

**Signature Date:**