



Consent for Anesthesia Services

I acknowledge that my dentist has explained to me that he or she will perform a dental procedure with the use of IV Anesthesia. My dentist has explained the risks of the procedure and advised me of the alternative treatments. My dentist has also told me about the expected outcome and what could happen if his/her conditions remains untreated. I also understand that anesthesia services will be used so that my dentist can perform the procedure.

It has been explained to me that all the forms of anesthesia involve some risk, and no guarantees or promises can be made concerning the results of my procedure or treatment. Although rare, unexpected severe 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 the type(s) of anesthesia service 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 my dentist is to do, my dentist's preference, and my own preference. It has been explained to me that sometimes an anesthesia technique which involves the use of local anesthetics, with or without sedation, may not succeed completely and therefore another technique may have to be used including general anesthesia.

Monitored Anesthesia Care (with sedation)

Expected Result – Reduced anxiety and pain, partial or total amnesia

Technique – Drug injected into the muscle and/or bloodstream

Risks – An unconscious state, depressed breathing, injury to blood vessels

I hereby consent to the anesthesia service above and authorize that it may be administered by, a Prime Anesthesia (BP Anesthesia, PLLC) contractor, who provides anesthesia service at this health care facility. I also consent to an alternative type of anesthesia, if necessary, as deemed appropriate by the dentist, surgeon or anesthesia provider. I certify and acknowledge that I have read this form or had it read to me if needed; 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.

Patient's Signature Date and Time

Anesthesia Provider's Signature Date and Time