



## CONSENT FOR ANESTHESIA

A patient does not give up the right to control what is done to his or her body when he or she seeks medical care. All patients must be fully informed of the risks, complications, and options that are available to him or her.

I, ( \_\_\_\_\_ ), have requested an anesthetic for my surgery with Dr. James C. Nelson Jr. at Nelson Aesthetics & Cosmetics. I understand that there are risks and complications anytime anesthetic is given.

I have received this information about the possible risks and complications due to anesthesia

1. I understand the most common risks of anesthesia to be:  
Allergic reactions to medications used;  
Discomfort, bruising, or swelling at the site of injection or IV;  
Irritation of the vein where the IV was placed causing phlebitis, which could adversely affect the arm and require surgery or therapy;  
Nausea or vomiting, which may require intervention with fluids or medications.
2. I understand that anesthesia is a serious medical procedure and carries with it a risk of nerve injury, brain damage, heart attack, death, pulmonary embolus, and other risks that may occur less frequently from either known or unknown causes.
3. I understand that anesthetics may cause prolonged drowsiness and that I should not drive an automobile, operate machinery, or make legal or important decisions within twenty-four hours of the anesthetic.
4. I understand that I must not eat or drink anything, other than medication as directed, within eight hours before anesthetic; to do otherwise may be life threatening and will require the procedure to be rescheduled.

By signing this consent, I state that I am at least 18 years of age, I have read and understand this consent form, and give my consent as described in this form.

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Anesthesiologist/  
CRNA Signature: \_\_\_\_\_

Date: \_\_\_\_\_