



*Premier Surgery Center of Pittsburgh
14000 Perry Highway, Suite 100
Wexford, PA 15090
724-933-3900*

Anesthesia Consent

Procedure: _____ Date: _____

I understand that I will be undergoing the following type of Anesthesia:

General Anesthesia IV Sedation – Monitored Anesthesia Care

Other: _____

My anesthesia provider has explained to me the nature, purpose, and risk of my anesthetic. I understand that my anesthesia provider will use their best judgment in my care. I understand anesthesia involves risks in addition to the risks of the procedure itself, anesthesia risks and dangers are rare, risks range from minor irritation at the insertion site of the intravenous insertion but not limited to death, cardiac arrest, brain and nerve damage (including paralysis, loss of function, and coma) adverse drug reaction, damage to the throat and vocal cords, respiratory problems, damage to arteries or veins, headaches, pain and discomfort, and injury to mouth, teeth, or dental work. I understand that occasionally IV sedation cases turn into a general anesthetic due to a variety of causes. I am aware that the practice of Anesthesia and Medicine is not an exact science, and that no guarantee or assurance can be made as to the results that may occur.

I am certain that I am not pregnant and refuse the pregnancy test as ordered.

I have read the above, my questions have been answered, and I consent to the administration of Anesthesia.

Date/Time:

Signature of Patient or Person Authorized for patient

Witness

Relationship to patient if Signer is not patient (eg Mother, father or legal guardian, etc.)

Anesthesia provider Signature:

Date/Time