

CONSENT TO ADMINISTER MONITORED ANESTHESIA CARE

I, [redacted] authorize [redacted] and associates/assistants of his choice to perform Monitored Anesthesia Care (MAC), commonly called IV sedation, as a part of my upcoming

[redacted]

Additionally, I authorize the performance of any other procedures that in the judgment of [redacted]

may be advisable for my well-being, including such interventions as are considered medically advisable to remedy conditions discovered during the operation or procedure.

I am satisfied with my understanding of the nature of the anesthesia plan of care and the more common drawbacks and complications associated with it. These may include, but are not limited to: swelling, bleeding or discomfort at the site of injection; allergic reactions to the anesthetic agents; nausea and vomiting; prolonged recovery from anesthesia. There is also a rare potential for serious harm, including difficulties breathing and cardiac arrest. I understand the risks, complications and potential benefits of anesthesia; alternative methods of treatment, if any, have been explained to me along with their risks and benefits.

No warranty or guarantee has been made as to the outcome of the anesthesia plan of care

[redacted]

[redacted]

[redacted]

WITNESSED BY

[redacted]

[redacted]

[redacted]

Confirmed by Anesthesiologist

[redacted]