

Informed Consent for Anesthesia

I understand that the purpose of an informed consent is to make me aware of the choices and risks involved with having procedures performed under anesthesia so that I can make well informed decisions concerning my treatment. The choices of anesthesia are determined on an individual basis. The choices of anesthesia are: local anesthesia alone, IV conscious sedation and IV general anesthesia.

I hereby authorize and request Dr. Zahedi to perform the anesthesia previously explained to me and any other procedure deemed necessary or advisable as a corollary to the planned anesthesia. I consent, authorize and request the administration of such anesthetic or anesthetics (from local to general) by any route that is deemed suitable by Dr. Zahedi, who is an independent contractor and consultant. It is the understanding of the undersigned that Dr. Zahedi will have full charge of the administration and maintenance of anesthesia, and that this is an independent function from the surgery/ dentistry. I also understand that Dr. Zahedi has no responsibility for the dental treatment to be performed, the diagnosis, or the treatment planning involved. Dr. Zahedi sole attention and responsibility will be to render the optimal and safest anesthesia.

I have been informed and understand that occasionally there are anesthesia related complications, including but not limited to: pain, hematoma, numbness, swelling, bleeding, nausea, vomiting, delay in recovery, allergic reactions, laryngospasm, fluctuations in breathing pattern, heart rhythm and or blood pressure. I further understand and accept the extremely remote possibility that life-threatening complications may occur, requiring hospitalization. The most frequent side effects are drowsiness, nausea, vomiting and phlebitis.

I have been informed that most patients remain drowsy or sleepy following their surgery for the remainder of the day. Since anesthetics and other medications may cause drowsiness and incoordination, which can be enhanced by the use of alcohol and other drugs, I have been advised to abstain from their use until completely recovered from the effects of anesthesia and prescription medications. Additionally, I have been advised that patients receiving anesthesia should not operate any vehicle or hazardous device or make any major decisions for at least twenty-four (24) hours, or until completely recovered from the effects of anesthesia and prescription medications. Parents are advised of the necessity for direct parental supervision of children for 24 hours following their anesthesia.

I understand that anesthetics and other medications may be harmful to an unborn child and may cause birth defects or spontaneous abortion. Recognizing these risks, I accept full responsibility for informing Dr. Zahedi of a suspected or confirmed pregnancy with the understanding that this will necessitate the postponement of the anesthesia. For the similar reasons, I understand that I must inform Dr. Zahedi if I am a nursing mother.

I acknowledge the pre-operative fasting regulations and attest that they were followed. The patient has had nothing by mouth for at least eight (8) hours immediately before the appointment, the only exception being clear liquids, which may have been taken up to two (2) hours prior to the appointment.

I have been fully advised of and completely understand the alternatives to intravenous sedation and general anesthesia, and accept all possible risks and consequences. I acknowledge the receipt of, and completely understand both pre-anesthesia and post-anesthesia instructions. It has been explained to me and I accept that there is no warranty or guarantee as to any result and or cure. I have had the opportunity to ask questions about my or my child's anesthesia and am satisfied with the information provided to me. I hereby consent to the administration of anesthesia during my or my child's treatment or surgery.

Name (please print)

Signature

(If patient is a minor: signature of guardian)

date

(Relationship to patient if a minor)

Witness