

# ANESTHESIA PROFESSIONALS

## Informed Consent for Clinical Anesthesia Services

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- 1) I hereby authorize Anesthesia Professionals to provide clinical anesthesia to myself.
- 2) Anesthesia Professionals has explained to, and discussed with me the nature and purpose of the proposed anesthesia. This consists of placing a catheter into my vein and administering medicine. My vital signs will be continually monitored throughout the procedure. (Blood pressure, electrocardiogram, oxygen saturation, respiration and ventilation).
- 3) I consent to the administration of intravenous anesthesia and the inhalation of oxygen and under the direction and / or supervision of Anesthesia Professionals.
- 4) Anesthesia Professionals has explained and discussed with me the items that are summarized below:
  - a) The pre-procedure, procedure and post-procedure risks of anesthesia include but are not limited to: inflammation of the vein, bruising and/or discoloration at the injection site, trismus or spasm of the muscles of the face, lack of coordination, drowsiness, fainting, allergic reactions, vomiting, nausea, damage to teeth or oral tissues, necrosis of tissue at injection site, brain damage, paralysis, cardiac arrest and/or death
  - b) The possible or likely results of intravenous anesthesia are to keep me in a sedate or sleep-like state
  - c) All feasible alternatives to the administration of intravenous anesthesia have been adequately explained by Anesthesia Professionals
  - d) I am aware that the practice of medicine is not an exact science and I acknowledge that no guarantees have been made to me concerning the results of the proposed treatment and/or anesthetic.
- 5) I certify that I have not consumed any solid food since midnight and liquids since four hours before the time of the procedure.
- 6) I have had sufficient time to discuss options and risks with Anesthesia Professionals.
- 7) All of my questions have been answered adequately by Anesthesia Professionals.
- 8) I certify that I have read and fully understand the above consent statement which has been preceded by an explanation by my anesthesiologist and that the explanation therein referred to was made to me by Anesthesia Professionals.
- 9) I consent knowingly and voluntarily to the administration of intravenous anesthesia as outlined above. At all times during the reading, explanation and execution of this Form, I possessed all of my mental faculties and was not under the influence of alcohol and/or medications.
- 10) Anesthesia Professionals will bill my insurance carriers when applicable. I hereby authorize my insurance benefits to be paid directly to Anesthesia Professionals, and acknowledge and accept full financial responsibility for my account balance. Anesthesia Professionals will abide by all regulations of participating insurance plans.

\_\_\_\_\_  
Patient / Legally Authorized Representative (circle one)

\_\_\_\_\_  
Witness

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

Time: \_\_\_\_\_

Anesthesia Professionals: \_\_\_\_\_

Patient Label

**South Broward**  
**Endoscopy**

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