Island Digestive Health Center, LLC

Consent for Anesthesia Services

I acknowledge that my doctor has explained to me that I will have a procedure. I also understand that anesthesia services are needed so that my doctor can perform the procedure. It has been explained to me that all forms of anesthesia involve some risk and, although rare, severe complications with anesthesia can occur and include, but are not limited to, infection, bleeding, drug reactions, blood clots, loss of sensation, loss of limb function, paralysis, stroke, brain damage, cardiac arrhythmia, heart attack, pulmonary complications or death. I understand that these risks apply to all forms of anesthesia and the additional or specific risks have been explained and have been identified below. I understand that the type(s) of anesthesia services checked below will be used for my procedure and that the technique to be used is determined by many factors including my physical condition, the type of procedure to be performed, as well as my physician's and my own preference.

Anesthesia techniques provided:

	Monitored Anesthesia Care (*without sedation*)	Expected Results	No change in consciousness or mental status
		Technique	Monitoring of vital signs
		Risks	Possibility of discomfort associated with procedure
	Monitored Anesthesia Care (*with sedation*)	Expected Results	Reduced anxiety and pain, partial or total amnesia
		Technique	Drug injected into the bloodstream or by other routes producing a semiconscious state
		Risks	Allergic reaction to medications, injury to teeth, awareness during procedure, injury to blood vessels, depressed breathing.

I hereby consent to the anesthesia service indicated above and authorize that it be administered by the Anesthesiologist. I certify and acknowledge that I have read this form, that I understand the nature, benefits, risks, alternatives, and expected results of the anesthesia service, and that I had ample time to ask questions and consider my decisions.

Date _____ Time: _____

Patient / Representative Signature_____ _____Relationship _____

Witness Signature_____

Doctor's Signature_____