



ORLANDO HEALTH
 1414 Kuhl Ave.
 Orlando, FL 32806

LINE UP PATIENT I.D. LABEL HERE

REQUEST FOR AND CONSENT FOR ANESTHESIA

- The undersigned consent(s) and authorize(s), a member of _____
 _____ or whomever he/she may designate as his/her assistants, including Orlando Health, Inc and its employees, to administer such anesthetic or anesthetics as he/she may deem advisable in the patient's care; provided, however, if any unforeseen condition arises in the course of the administration of the anesthetic(s) calling in his/her judgment for procedures or anesthetics in addition to or different from those contemplated, I/We further request and authorize him/her to do whatever he/she deems advisable and in the patient's best interest.
- Modern anesthesia is relatively safe and uneventful so that virtually everyone can be afforded its benefits. Most operations can be performed utilizing general anesthesia, monitored anesthesia care, spinal anesthesia, epidural anesthesia, nerve block anesthesia, local anesthesia, or combinations of these. The type of anesthetic drug(s) and technique(s) will be decided by the patient's anesthesiologist or anesthesiologist and the choice and any medically acceptable alternatives will be discussed with the patient. Every type of pain relief (anesthesia) has certain risks and hazards which are known by the patient's anesthesiologist or anesthesiologist. Unexpected reactions and complications may occur, however, and vary between patients where medical conditions appear otherwise similar.
- Risks and hazards which are recognized by anesthesiologists and anesthesiologists as substantial and which can occur regardless of the experience, care and skill of the anesthesiologist or anesthesiologist include, but are not limited to, infection, bleeding, allergic reactions, aspiration, phlebitis, arterial injury, airway injury, esophageal injury, nerve injury or paralysis, damage to or failure of the heart, lungs, liver, kidneys and /or brain, and death; with an epidural or spinal the patient may have headache, seizure, nerve injury, bleeding, infection, high level of anesthesia necessitating intubation and ventilation. In most cases, these risks and hazards are rare. The patient's anesthesiologist or anesthesiologist will do his/her best to protect the patient from such risks and hazards but no guarantee as to the outcome of the patient's anesthetic can be made. I/We also acknowledge that dental injuries may result from a number of factors, including many that are beyond the control of the anesthesiologist. Such injuries include, but are not limited to, damage to bridgework, dental crowns, caps, fillings, metal or porcelain amalgams and injury or loss of teeth. Pre-existing conditions, the state of dentition, and uncontrollable physical reflexes that occur during the initial and final stages of anesthesia may contribute to dental injuries during intubation. Although all efforts are taken to prevent dental injury and the risk of dental injury during anesthesia is low, I/we assume all risks and fully release the anesthesia care team from liability for any injury or damage to teeth caused by factors that are beyond their control.
- Dr. _____, has talked with the patient on _____ about the anesthetic to be administered for the patient's operation.
- I/We request that the patient be anesthetized for the patient's operation.
- I/We have read and fully understand this consent, and the explanations referred to in this consent were made.
- I/We understand that persons engaged in learning various phases of medical and related sciences may be present to learn in all phases of the patient's care and I/we authorize the instructions and teaching of such persons and their direct participation in the patient's care when the patient's physician desires.
- Please Note: Your Anesthesiologist's Services are not included in your hospital bill. A statement will be sent to you from their office for the specialist's care.

_____ Witness Signature (Patient)	_____ Date	_____ Witness Signature (Parent)	_____ Date
		_____ Witness Signature (Parent)	_____ Date
_____ Witness Signature (Husband/Wife)	_____ Date	_____ Witness Signature (Relative of Patient)	_____ Date

INTERPRETER ONLY

(Please Print)

Name: _____ Agency: _____
 Telephone: _____ Language: _____