NorthernLitho
INCORPORATED
LITHOTRIPSY SERVICE

Consent for Anesthesia

Patient:_____
(Last) *(First)* *(Middle Initial)*

1. I hereby authorize Dr._____*(Anesthesiologist)* to perform upon me, or the names patient, anesthesia including the administration or such anesthetics as may be considered necessary or advisable by the anesthesiologist and any related procedures. I recognize that there are always risks of life and health associated with anesthesia, including nausea and vomiting, headache, sore throat, and/or more serious but rare risks such as drug reactions, cardiac arrest, paralysis, and death, and such risks have been fully explained to me.

2. The anesthesiologist has fully explained to me the purpose of the anesthesia and related procedures and has also informed me of expected benefits and complications (from knows and unknown causes), attendant discomforts and risks that may arise, as well as possible alternatives to the proposed treatment including no treatment. I have been given an opportunity to ask questions, and all my questions have been answered fully and satisfactorily.

3. I understand that during the course of the procedure or operation unforeseen complications may arise which necessitate surgical or other procedures different from those contemplated. I therefore consent to the performance of additional operations and procedures which the anesthesiologist or his assistants may consider necessary.

4. I acknowledge that no guarantees or assurances have been made to me concerning the results intended from the medical treatment, operation, or procedure.

5. I confirm that I have read and fully understand the above information. I have crossed out any paragraphs or words above, which do not pertain to me, or to which I do not agree.

I understand that after having anesthesia, I will not be able to drive a car or operate heavy machinery for 24 hours safely.

Signature:_____ Date:_____

_____
(Print name and relationship if signed by a person other than the patient)

Witness: I attest to the fact that the signature is that of the Patient/Relative/Guardian.

I hereby certify that I have explained the nature of the anesthetics, as well as possible risks, benefits, and alternatives to the proposed course of treatment. I have offered to answer any questions and have fully answered all questions raised. I believe that the Patient/Relative/Guardian/Health Care Agent fully understand what I have explained and answered.

Signature: Dr._____ Date:_____