

ANESTHESIA BY GRACE

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CONSENT FOR ANESTHESIA

The following is provided to inform our patients of the choices and risks involved with having treatment under anesthesia. This information is not presented to make patients more apprehensive, but to enable them to be better informed. There are basically three anesthesia choices: local anesthesia alone, conscious sedation, or general anesthesia. Nitrous Oxide or Laughing Gas may be used in with the planned anesthesia choice to enhance effectiveness, if deemed beneficial. Nitrous Oxide will not be used on all patients, on those whose medical history contraindicates its use or if you refuse its use. These can be administered, depending upon each individual patient's medical requirements, in an office or hospital setting.

The side effect of any intravenous infusion that is seen most frequently is phlebitis. This side effect occurs in 2% to 4% of patients. Phlebitis is a raised, tender, hardened, inflammatory response, which can have onset from 4 hours up to two weeks after the procedure. The inflammation usually resolves with the local application of warm (100 degrees F), moist heat. Tenderness and a hard lump may be present for up to one year.

I, _____, hereby authorize and request that Dr. Grace perform the anesthesia as previously explained to me, and any other procedure deemed necessary or advisable as corollary to the planned anesthesia. I consent, authorize, and request the administration of such anesthetic or anesthetics (from local to general, including Nitrous Oxide) by any route that is deemed suitable by the anesthesiologist. I understand that the anesthesiologist is an independent contractor and consultant. The anesthesiologist will have full charge of the administration and maintenance of the anesthesia, which is an independent function from the surgery/dentistry.

I have been informed and understand that occasionally there are complications of the drugs and/or anesthesia. Complications may include, but are not limited to: pain, hematoma, numbness, infection, swelling, bleeding and discoloration, nausea, vomiting, allergic reaction; fluctuations in breathing pattern, heart rhythm, and / or blood pressure; cardiac arrest, brain damage, coma and death. I further understand and accept that complications may require hospitalization. I have been made aware that risks associated with local anesthesia are sometimes not appropriate for every patient and every procedure.

I understand that anesthetics, medications and drugs may be harmful to the unborn child. The administration of which may cause birth defects or spontaneous abortions. Recognizing these risks, I accept full responsibility for informing the anesthesiologist of a suspected or confirmed pregnancy, which will necessitate the postponement of the planned anesthesia. For the same reasons, I understand that if I am a nursing mother, I must inform the anesthesiologist.

Medications, drugs, anesthetics and prescriptions may cause drowsiness and incoordination which can be increased by the use of alcohol or drugs. I have been advised not to make any major decisions or operate heavy machinery, including driving, until after recovery from anesthesia.

I have been fully advised of and completely understand the alternatives to sedation and general anesthesia. I accept the possible risks and dangers. I understand and acknowledge the receipt of both preoperative and postoperative anesthesia instructions. It has been explained to me and I understand that there is no warranty or guarantee of any results and /or cure. I have had the opportunity to ask questions about my anesthesia. I am satisfied with the information provided to me.

Signed _____ Date _____

Witness _____ Date _____