



**JAMES R. PAYNE, DDS**

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**CONSENT FOR ANESTHESIA**

*The following is provided to inform our patients of the choices and risks involved in having treatment under anesthesia. This information is not presented to make our patients more apprehensive but to enable them to be better informed concerning their treatment. There are basically four choices for anesthesia—local anesthesia; conscious sedation; general anesthesia; or, no anesthesia. These can be administered, depending upon each individual’s medical status, in a hospital or in a private office.*

*The most frequent side effects of intravenous anesthetic medications are drowsiness, nausea, vomiting, and phlebitis. Most patients remain sleepy following their surgery for several hours. As a result, coordination and judgment will be impaired. It is recommended that adults refrain from activities such as driving and that children remain in the presence of an adult. Nausea and vomiting following anesthesia will occur in 10-20% of patients. Phlebitis (a raised, tender, hardened, inflammatory response at the intravenous site) may also occur. The inflammation usually resolves with local application of warm moist heat; however, tenderness and a hard lump may be present for up to a year.*

I(we) have been informed and understand that occasionally there are complications of the drugs and anesthesia, including but not limited to: pain; hematoma (bruise); numbness; infection; swelling; bleeding; discoloration; nausea; vomiting; allergic reaction; stroke; brain damage; heart attack; and, death. I(we) have been made aware that the risks associated with local anesthesia, conscious sedation, and general anesthesia vary. Of the three, local anesthesia is usually considered to have the least risk, and general anesthesia the greatest risk. It must be noted that local anesthesia sometimes is not appropriate for every procedure.

I(we) understand that anesthetics, medications, and drugs may be harmful to an unborn child and may cause birth defects or spontaneous abortion. Recognizing this risk, I(we) accept full responsibility for informing the anesthesiologist and/or dentist of the possibility of being pregnant or of a confirmed pregnancy, with the understanding that this may necessitate the postponement of the anesthesia. For the same reason, I(we) understand that I(we) must inform the anesthesiologist and/or dentist if I am a nursing mother.

Alcohol and street drugs will cause unwanted side effects and even death when combined with anesthetic medications. I(we) have been advised to refrain from both alcohol and street drugs for 24 hours before my scheduled appointment. I(we) also take full responsibility for informing the anesthesiologist and/or dentist of any prescription and over-the-counter medications I have taken within the last two weeks. I(we) have been advised not to operate dangerous machinery and have also been advised not to operate a motorized vehicle for 24 hours following my anesthesia due to my judgment and coordination being impaired.

I(we) hereby authorize and request James R. Payne, DDS to perform the anesthesia as previously explained to me and any other procedure deemed necessary or advisable as an adjunct to the planned anesthesia. I consent, authorize, and request the administration of such anesthetic or anesthetics (local to general) by any method that is deemed suitable by the anesthesiologist, who is an independent contractor and consultant. It is the understanding of the undersigned that the anesthesiologist will have full charge of the administration and maintenance of the anesthesia and that this is an independent function from the surgery/dentistry.

I(we) have been fully advised of and completely understand the alternatives to sedation and general anesthesia. I(we) accept the possible risks and dangers. I(we) acknowledge the receipt of and understand both pre-operative and post-operative anesthesia instructions. It has been explained to me(us) and I(we) understand that there is no warranty and no guarantee as to any results and or cure. Furthermore, I(we) have had the opportunity to ask questions about my (or my child’s) anesthesia and am satisfied with the information provided to me(us). It is also understood that the anesthesia services are completely independent from the surgeon’s services.

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Patient’s Name (printed)

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Signature of Patient (or Patient’s Guardian)

\_\_\_\_\_  
Signature of Dr. Payne

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Date Signed