

Informed Consent for Anesthesia

The Following is provided to inform patient, or the parent/guardian of a patient under the age of 18 years, of the choices and risks involved with having treatment under anesthesia. This information is presented to enable them to be better informed concerning their treatment. The type of anesthesia administered will be determined on an individual basis. The choices of anesthesia are local anesthesia alone, I.V. Conscious Sedation and I.V. General Anesthesia.

I hereby authorize and request Laura L. Matsunaga, DDS to perform the anesthesia previously explained to me, and any other procedure deemed necessary or advisable as a corollary to the planned anesthesia. I consent, authorize and request the administration of such anesthetic or anesthetics (from local to general) by any route that is deemed suitable by Dr. Matsunaga, who is an independent contractor and consultant. It is the understanding of the undersigned that Dr. Matsunaga will have full charge of the administration and the maintenance of anesthesia, and that this is an independent function from the surgery/dentistry. I also understand that Dr. Matsunaga has no responsibility for the dental treatment to be performed, the diagnosis, or the treatment planning involved. Dr. Matsunaga's sole attention and responsibility will be to render the optimal and safest dental anesthesia possible with the state of the art continuous monitoring medical equipment.

I have been informed and understand that occasionally there are complications of the drugs and anesthesia including but not limited to minor conditions such as: pain, hematoma, numbness, swelling, bleeding, discoloration, nausea, vomiting, allergic reaction, to serious adverse problems which can be fatal. I further understand and accept the risk that complications may require hospitalization. I have been made aware that the risks associated with local anesthesia, conscious sedation and general anesthesia vary. The most frequent side effects of any I.V. infusion are drowsiness, nausea, vomiting and phlebitis.

Because multiple medications may cause drowsiness, I have been advised not to operate any vehicle or hazardous device for at least 24 hours post anesthesia. Parents are advised of the necessity of direct adult supervision of the child for 24 hours following anesthesia..

I have been advised not to make any major or important decisions until after full recovery from the anesthesia.. I understand that those with a history of chemical dependency have a risk of relapse after anesthesia and should take appropriate precautions.

I understand that anesthetics, medications and drugs may be harmful to an unborn child and may cause birth defects or spontaneous abortion. Recognizing these risks, I accept full responsibility for informing Dr. Matsunaga of a suspected or confirmed pregnancy with the understanding that this will necessitate the postponement of anesthesia. For the same reason I understand that a I must inform Dr. Matsunaga if I am a nursing mother.

I have been fully advised of and accept the possible risks and dangers of anesthesia. I also completely understand the alternatives to Sedation and General Anesthesia. I acknowledge the receipt of and understand both the pre-operative and post-operative anesthesia instructions. It has been explained to me and I understand that there is no warranty or guarantee as to any result and/or cure. I have had the opportunity to ask questions about my or my child's anesthesia and I am satisfied with the information provided to me.

I have received and understand the Pre-Anesthesia, Day of Surgery, and the Post-Anesthesia Instruction Sheet.

Signed _____ Date _____

Circle one Patient, Parent, or Guardian

Print name _____ Witness _____