



Great Lakes Anesthesia for Dentistry

Anesthesia for children and adults

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AUTHORIZATION AND INFORMED CONSENT FOR ANESTHESIA

I, _____, authorize and request _____, a licensed anesthesiologist
(Self or Legal Guardian) (Anesthesiologist)
to provide anesthesia for _____ as explained to me and any other procedure
(Patient)

necessary or advisable as a necessity to the planned anesthesia. I consent, authorize and request the administration of anesthetics by any route 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 this is an independent function from the surgery/dentistry.

The most frequent side effects of any IV anesthesia are drowsiness, nausea/vomiting, and phlebitis. Most patients remain drowsy or sleepy for the remainder of the day. As a result, coordination and judgment will be impaired for as long as 24 hours. It is recommended that adults refrain from activities such as driving, and children remain in the presence of a responsible adult during this period. Nausea and possible vomiting following anesthesia will occur in approximately 20-25% of patients. Phlebitis is a raised, tender, hardened, inflammatory response at the intravenous site which usually resolves with local application of warm moist heat. Tenderness and a hard lump may however be present for a year.

I have been informed and understand that rarely there are complications of anesthesia including, but not limited to: pain, hematoma, numbness, infection, swelling, bleeding, discoloration, nausea, vomiting, allergic reaction, pneumonia, stroke, brain damage, heart attack and death. 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 from patient to patient. Local anesthesia is usually considered to have the least risk and general anesthesia the greatest risk.

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 the anesthesiologist of the possibility of being pregnant or a confirmed pregnancy with the understanding that this will necessitate the postponement of the anesthesia. I also understand that I must inform the anesthesiologist if I am a nursing mother.

Medications, drugs, anesthetics, and prescriptions may cause drowsiness and lack of coordination which may be adversely influenced by the use of alcohol or drugs. I have been advised of the necessity for direct parental supervision of my child for 24 hours or until fully recovered from the effects of the anesthetics.

I have been fully advised and completely understand the alternatives to sedation and general anesthesia. I accept the possible risks, side effects and dangers of anesthesia. I acknowledge the receipt of and understand both the pre-operative and post-operative anesthesia instructions. I have had the opportunity to ask questions about my child's or my anesthesia. It is also understood that the anesthesia services are completely independent from the operating dentist's procedure. The anesthesiologist assumes no liability from the surgery/dentistry performed while under anesthesia and that the dentist assumes no liability from the anesthesia performed.

Signed: _____ Relationship: _____

Print Name: _____ Date: _____

Provider Dentist _____ Date: _____

Anesthesiologist Signature: _____ Date: _____

If you have concerns or questions before or after your anesthesia appointment, call Dr. David R. Backus at 419-476-1484