

Anesthesia Consent Form

Patient Name:

Date of Birth:

Procedure Information

Name of Procedure:

Date of Procedure:

Type of Anesthesia Planned:

Physician/Anesthesiologist:

Consent Statement

I acknowledge that the anesthesia procedure, its risks, benefits, and possible alternatives have been explained to me. I have had a chance to ask questions and all my questions have been answered to my satisfaction. I consent to the administration of anesthesia as deemed appropriate for my condition.

Additional Comments/Concerns:

Patient Signature:

Date:

Physician/Anesthesiologist Signature:

Date:

Witness Signature:

Date:
