

**Anesthesia Associates of Southwest Florida  
Anesthesia Consent**

I consent to the administration of anesthetics by or under the direction and supervision of an anesthesiologist.

I understand that, though it is unlikely, administration of anesthesia involves risks to me which range from minor discomfort to paralysis, cardiac arrest or death. These risks include headache, backache and injury to the vocal cords, teeth, eyes, nerves, blood vessels, brain, heart and breathing system.

I understand that no guarantee can be made regarding the results of anesthesia. I realize that circumstances may warrant the use of various anesthesia techniques, and therefore, I authorize my doctor and his/her designee, to use anesthesia procedures as my doctor or his/her designee deems necessary.

I have read this form and consent to the administration of anesthetics. I understand that risks associated with eating or drinking before an anesthetic include vomiting, pneumonia and death. I have had nothing to eat or drink (including water) since:

\_\_\_\_\_  
NPO status

\_\_\_\_\_  
NPO comments

\_\_\_\_\_  
Patient / Guardian Signature

\_\_\_\_\_  
Witness Signature

**ANESTHESIA PERSONNEL AFFIRMATION**

I certify that I have informed the patient or his/her representative of the nature and purpose of the administration of anesthesia, the risks, involved, and the potential complications.

\_\_\_\_\_  
Anesthesiologist Signature