

INFORMED CONSENT FOR ANESTHESIA SERVICES

I consent to the administration of deep anesthesia and local anesthesia to be administered by a credentialed provider at Hudson Valley Center for Digestive Health, LLC.

I consent to the administration of conscious/moderate anesthesia and local anesthesia to be administered by a credentialed provider at Hudson Valley Center for Digestive Health, LLC.

1. The credentialed provider has explained and discussed with me the nature and purpose of proposed anesthesia. This consists of placing a catheter into my vein and administering medicine. My vital signs will be continually monitored throughout the procedure. (Blood pressure, EKG, oxygen saturation, capnography, respiration and ventilation.)

2. I consent to the administration of intravenous anesthesia and the inhalation of oxygen under the direction and/or supervision of the credentialed provider.

3. The credentialed provider has explained and discussed with me the following issues:

A) The pre-procedure, procedure and post-procedure risks of anesthesia include but are not limited to: inflammation of the vein, bruising and/or discoloration at the injected site, trismus of the muscles of the face, lack of coordination, drowsiness, fainting, allergic reactions, vomiting, nausea, damage to teeth or oral tissues, necrosis of tissues at injection site, brain damage, paralysis, cardiac arrest and/death.

B) The possible or likely results of intravenous anesthesia are to keep me in a sedate or sleep-like state.

C) All feasible alterations to the administration of intravenous anesthesia have been explained to me.

D) I am aware that the practice of medicine is not an exact science and I acknowledge that no guarantees have been made to me concerning the results of proposed treatment and/or anesthetic.

E) The benefits of clinical anesthesia.

4. I understand that while I am receiving anesthesia, conditions may develop which require modifying or extending this consent. I therefore authorize modifications or extension of this consent that professional judgment indicated necessary under the circumstances.

5. I understand that the medications I am taking may cause complications with anesthesia and surgery. I have informed my anesthesiologist about these medications, as well as herbal or over-the-counter/nutritional supplements and/or any recreational/"street" drugs.

6. I certify that I have read and fully understand the above consent statement which I had sufficient time to discuss and that all my questions were answered fully by the credentialed provider.

7. I consent knowingly that voluntary to the administration of intravenous anesthesia as outlined above. At all times during the reading, explanation and execution of this form, I possessed all my mental faculties and was not under the influence of alcohol and/or medications.

8. **North American Partners in Anesthesia, LLP, (NAPA, LLP)** will bill my insurance carriers when applicable. I hereby authorize my insurance benefits to be paid directly to **North American Partners in Anesthesia , LLP (NAPA, LLP)**.

Patient or Legal Representative Signature:

<Patient_Sig>

Witness Signature/Date:

<Witness_Sig>

Anesthesiologist Signature/Date:

<ANESTHESIA>