

DR. Miami/ Dr. Michael Salzhauer

This is a doctor's office regulated pursuant to the rules of the Board of Medicine as set forth in Rule Chapter 64B8, F.A.C.

CONSENT TO THE ADMINISTRATION OF ANESTHESIA

1. I am going to undergo a surgical procedure requiring the administration of anesthesia. Most operations can be performed utilizing general anesthesia (a barbiturate, narcotic and/or tranquilizer by injection and/or inhalation agents, such as gases), spinal or epidural anesthesia, nerve block anesthesia, intravenous nerve block anesthesia, local anesthesia, or a combination of these.

2. I understand that the surgeon(s) will be occupied solely with the performance of the surgery and that the determination, administration and maintenance of anesthesia are independent functions of the Anesthesiologists/Anesthetists, who I understand are independent practitioners and are not employees or agents of Dr. Michael Salzhauer.

3. I consent to the administration of such anesthetics as may be considered necessary or advisable. For my surgery I will receive:

_____ Conscious Sedation ("twilight sleep")-medication will be administered intravenously to reduce anxiety and make me comfortable. I will still be able to breathe on my own and respond to verbal command and/or touch.

_____ Deep Sedation-medication is administered intravenously. I will be asleep and not easily aroused. I may require some airway assistance.

_____ General Anesthesia-medication is administered intravenously and through inhalation agents that will make me unconscious. A tube may be placed into the windpipe to insure a proper airway and breathing will be assisted.

4. The administration of anesthesia and the common risks and alternatives have been explained to me. I understand the possibility of complications from the administration of anesthetics such as allergic reactions, damage to teeth, pneumonia, phlebitis (inflammations and infection of the veins) and complications involving the heart, lungs, brain, liver, kidneys, nerves and other organs. The psyche may be disordered and the possibility of death exists. Anesthetic agents administered during the first three (3) months of pregnancy may cause fetal abnormalities and at the time of birth may depress the newborn.

5. If during the course of the administration of anesthesia any unforeseen condition arises which calls for procedures in addition for or different from those now contemplated, I further request and authorize the Anesthesiologist/Anesthetist to do whatever is deemed advisable and necessary under the circumstances.

I ACKNOWLEDGE THAT NO GUARANTEE HAS BEEN MADE AS TO THE RESULTS THAT MAY BE OBTAINED AND I ASSUME THE RISKS OF THE ANESTHESIA.

6. I understand that an Anesthesiologist/CRNA (Certified Registered Nurse Anesthetist) will administer my anesthesia.

I _____ consent to _____
to administer the anesthesia that may be considered necessary or advisable. Should I choose an alternate anesthesia provider, one will be provided for me.

I certify that I have read and have had explained to me and fully understand the above consent for anesthesia and DO NOT desire any further explanation of the administration of anesthesia and its risks.

Patient or Responsible Party _____ Date _____ Time _____

Witness _____ Date _____ Time _____

I have explained the matters indicated above and/or procedures(s) and the risks, consequences and alternatives. The patient and/or responsible party indicated above appeared to understand and consented to the administration of anesthesia.

Anesthesia Provider _____ Date _____