

EPIX Anesthesia.

Informed Consent for Clinical Anesthesia Services

- 1) I hereby authorize EPIX Anesthesia, to provide clinical anesthesia to myself.
- 2) EPIX Anesthesia has explained and discussed with me the nature and purpose of the 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, electrocardiogram, oxygen saturation, respiration and ventilation).
- 3) I consent to the administration of intravenous anesthesia and the inhalation of oxygen under the direction and/or supervision of EPIX Anesthesia.
- 4) EPIX Anesthesia, has explained and discussed with me the items that are summarized below:
 - a. The pre-procedure, procedure, and post-procedure risks anesthesia including but are not limited to: inflammation of the vein, bruising and/or discoloration at the injection site, trismus or spasm of the muscles of the face, lack of coordination, drowsiness, fainting, allergic reaction, vomiting, nausea, damage to teeth or oral tissues, necrosis of the tissue at the injections site, brain damage, paralysis, cardiac arrest and/or death.
 - b. The possible or likely results of intravenous anesthesia have been adequately explained by EPIX Anesthesia.
 - c. All feasible alternatives to the administration of intravenous anesthesia have been adequately explained by EPIX Anesthesia.
 - 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 the proposed treatment and/or anesthetic.
 - e. The benefits of anesthesia.
 - f. I have received and read the procedure instructions and have followed as directed. I will note that the instructions advise "no driving" until the day following the procedure.
- 5) I certify that I have not consumed solid food since midnight and liquids since four hours before the time of the procedure.
- 6) I have sufficient time to discuss options to, benefits form, and risks of anesthesia with EPIX Anesthesia.
- 7) All of my questions have been answered adequately by EPIX Anesthesia.
- 8) I certify that I have read and fully understand the above consent statement which has been preceded by an explanation by my CRNA/anesthesiologist and that the explanation herein referred to was made to me by EPIX Anesthesia.
- 9) I consent knowingly and voluntarily to the administration intravenous anesthesia as outlined above. At all times during the reading, explanation and execution of this Form, I possessed all of my faculties and was not under the influence of alcohol and/or medications.
- 10) EPIX Anesthesia will bill my insurance carriers when applicable. I hereby authorize my insurance benefits to be paid directly to EPIX Anesthesia, and I acknowledge and accept full financial responsibility for my account balance. EPIX Anesthesia will abide by all regulations of participating insurance plans

Patient/Legal Authorized: _____ Witness: _____

Date: _____ Time: _____ EPIX Anesthesia.: _____