

## INFORMED CONSENT FORM (Surgical Operation and Invasive Procedures)

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ SSB#: \_\_\_\_\_

Name: \_\_\_\_\_ D. O. B. \_\_\_\_/\_\_\_\_/\_\_\_\_

Sex: M / F Address: \_\_\_\_\_

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*Note: To be filed in patient's medical record along with Operation Progress Notation and Anesthesia report.*

### I. CONSENT TO SURGICAL OPERATION /INVASIVE ROCEDURE

I, \_\_\_\_\_,  
(Name of patient – Print name in space provided)

authorize \_\_\_\_\_ the  
(Anesthetic Provider)

administration of anesthetics with vigilant monitoring of my bodily functions.

I have been explained and I agree to permit the performance of one of the following anesthetic techniques suitable for my surgical procedure:

- **GENERAL ANESTHESIA** including and inhaled anesthetic agent, and ( orointubation or laryngeal mask), which will cause unconsciousness, muscle relaxation, amnesia, analgesia
- **SEDATION CONSCIUOS OR DEEP** with intravenous or/and inhaled agents: sedation, amnesia, analgesia
- **REGIONAL ANESTHESIA:** ( spinal, epidural, caudal, nerve block): needle insertion near centroneuraxis or major nerves, which temporarily cause me to loose sensations ( motor and sensitive block) in certain areas of my body.
- **LOCAL ANESTHESIA:** including local anesthetic agents with or without sedation.

If my regional or local anesthetic technique is not satisfactory to me or my surgeon, I consent to the administration of general anesthesia.

I understand that during the course of an operation, unforeseen changes in my condition may arise which would necessitate changes in the care being provided to me. In that case, the anesthesia provider will act in my behalf with my safety as the first priority.

I am aware that the practice of anaesthesiology is not an exact science and that no guarantees can be made concerning the results of administration of anesthetics to me.

