

65th
street
**GI Office-Based
Surgery**

within the offices of
Yaffe Ruden & Associates
201 East 65th Street
New York, New York 10065

Anesthesia Consent Form

I, _____, authorize Dr. Graziano C. Carlon and associates/assistants of his choice to perform Monitored Anesthesia Care (MAC), commonly called IV sedation, as a part of my upcoming GI Procedure.

Additionally, I authorize the performance of any other procedures that in the judgment of Dr. Graziano Carlon may be necessary for my well-being, including such interventions as are considered medically advisable to remedy conditions discovered during the operation or procedure.

I am satisfied with my understanding of the nature of the anesthesia plan of care and the more common drawbacks and complications associated with it. These may include, but are not limited to: swelling, bleeding or discomfort at the site of injection; allergic reactions to the anesthetic agents; nausea and vomiting; prolonged recovery from anesthesia. There is also a rare potential for serious harm, including difficulties breathing and cardiac arrest. I understand the risks, complications and potential benefits of anesthesia; alternative methods of treatment, if any, have been explained to me along with their risks and benefits.

No warranty or guarantee has been made as to the outcome of the anesthesia plan of care.

Name: _____
print

DATE: _____