

Central Arizona Endoscopy


Informed Consent for Clinical Anesthesia Services

- 1) I hereby authorize Central Arizona Endoscopy to provide clinical anesthesia to myself.
- 2) The CRNA 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 the CRNA and my GI physician.
- 4) The CRNA, 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 the CRNA.
 - c. All feasible alternatives to the administration of intravenous anesthesia have been adequately explained by the CRNA.
 - 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 the CRNA.
- 7) All of my questions have been answered adequately by the CRNA.
- 8) I certify that I have read and fully understand the above consent statement which has been preceded by an explanation by Central Arizona Endoscopy and that the explanation herein referred to was made to me by the CRNA on duty.
- 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) Central Arizona Endoscopy Anesthesia will bill my insurance carriers when applicable. I hereby authorize my insurance benefits to be paid directly to Central Arizona Endoscopy Anesthesia, and I acknowledge and accept full financial responsibility for my account balance. Central Arizona Endoscopy Anesthesia will abide by all regulations of participating insurance plans.

Patient/Legal Authorized: _____ Witness: _____

Date: _____ Time: _____ CRNA: _____

PATIENT LABEL

 Central Arizona Endoscopy

Red Mountain Professional Plaza
2158 N. Gilbert Road, Building 1, Suite 103
Mesa, AZ 85205
W 480.751.3002 F 480.751.3003
www.centralazendo.com