



1). I agree to the use of an, IV sedation/relaxation, as agreed upon by myself and the above doctors. I understand that certain risks are inherent in all forms of anesthesia.

2). Medication, drugs, anesthetics and prescriptions may cause drowsiness and lack of awareness and coordination, which can be increased by the use of alcohol or other drugs, thus, I have been advised not to operate any vehicle, automobile, or hazardous devices, or work, while taking such medications and or drugs; or until fully recovered from the effects of same. I understand and agree not to operate any vehicle or hazardous device for at least twenty four (24) hours after my release from surgery or until further recovered from the effects of the anesthetic medication and drugs that may have been given to me in the office or hospital for my care. I agree not to drive myself home after surgery and will have a responsible adult drives me or accompany me home after my discharge from surgery.

3). I agree and understand that I am not to have and/or have not had anything to eat or drink for six (6) hours before my surgery.

Signature of Patient: _____ Date _____

When Patient is a minor or incompetent to give consent-signature of person authorized to consent for patient: _____ Date _____

Escort Signature: _____

Witness Signature: _____

Doctor
Signature: _____