



Physicians of Monmouth, L.L.C.

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ANESTHESIA SERVICES CONSENT FORM

My physician, (Surgeon's Name) _____, has requested anesthesia be provided to me during the operation or diagnostic procedure I will undergo.

I, (Patient's Name) _____, consent to have _____ M.D.
Anesthesiologist

render anesthesia care for me on (Date) _____ for Procedure(s): _____.

I understand, have had explained to me, and agree to permit the administration of one or more of the following alternative forms of anesthesia which may be suitable for the procedure I am about to have:

- a) REGIONAL ANESTHESIA - including needle injections near major nerves, which will temporarily cause me to lose pain sensations in certain areas of my body, with or without intravenously administered sedative.
- b) LOCAL ANESTHESIA - including local anesthetic agents with or without intravenously administered sedative.

I understand no guarantees can be made concerning the results of administration of anesthesia to me. I understand that during the course of the operation or diagnostic procedure that unforeseen occurrences in my condition may arise which necessitate changes in the care being provided to me.

As such, (Doctor's Name) _____ will act on my behalf and will do everything prudent, necessary and to the best of her abilities to ensure my utmost safety.

I certify I have disclosed all major illnesses I have had, all prior anesthetics I have received and any complications from them, any drug allergies I have, and all medications I have taken in the past year. I have also responded truthfully to any additional questions asked of me. I have had the opportunity to ask questions. The answers and any additional information provided have met with my satisfaction. I retain the right to withdraw this consent at any time prior to the administration of said anesthesia.

Signature of Patient/Guardian Date

Signature of Anesthesiologist Date

Signature of Witness