

# Ambulatory Surgery Anesthesia Consent Form

## Patient Information

Patient Name

Date of Birth

Medical Record Number

## Procedure Information

Surgical Procedure

Date of Surgery

Surgeon's Name

## Anesthesia Details

Anesthesia Type

Anesthesiologist

## Discussion and Risks

Risks, benefits, and alternatives discussed:

## Consent

☐

I have read and understand the above information and give my consent for anesthesia administration.

Patient/Representative Signature

Date

Witness Signature

Date

Comments/Notes