

Cosmetic Surgery Anesthesia Consent Form

Patient Information

Full Name

Date of Birth

Address

Phone Number

Procedure Information

Procedure Name

Scheduled Date

Surgeon's Name

Anesthesia Information

- ☐ Local Anesthesia
- ☐ Regional Anesthesia
- ☐ General Anesthesia
- ☐ Sedation

Medical History

Allergies

Current Medications

Medical Conditions

Consent and Acknowledgement

- ☐ I have been informed about the nature and purpose of the anesthesia and procedure.
- ☐ I understand the risks, benefits, and alternatives.
- ☐ I have had the opportunity to ask questions.
- ☐ I consent to receive the designated anesthesia.

Patient / Guardian Signature

Date