

## Informed Consent for Anaesthesia

I hereby give my consent to receive the following anaesthesia .....

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I state that after an interview with me about my health condition and after receiving fully comprehensible explanations about the type and purpose of the above anaesthesia, including all the usual effects of anaesthesia, i.e. the effects desired for the purpose of the anaesthesia as well as its side effects, before administering the anaesthesia I was provided with details of the method to be used and of the risks involved.

The doctor, ....., evaluated the level of the risk involved and explained to me how anaesthesia works.

I have properly considered and am aware of both the positive and the possible negative effects of the anaesthesia, I give my consent to be administered anaesthesia by the anaesthesiologist .....

I have also been informed about the possibility of complications resulting from the administration of sedative drugs and from intravenous administration of analgesics, including, in particular, the following: nausea, vomiting, reduced arterial blood pressure, bradycardia, persistent pain in the areas of needle insertion, loss of consciousness, convulsions, infection, local phlebitis, endotracheal intubation, cardiac arrest, and other unforeseeable effects.

I state that in the event of any complications that could not have been prevented by the medical personnel providing treatment to me, I will not make any claims in respect of such complications.

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Patient's signature