

Term of Science and Consent for Anesthesia or Sedation

1) Authorize the Dr _____ to be held me or the patient for whom I am responsible for the following Anesthesia / Sedation: _____

2) The proposal of anesthesia / sedation that will be submitted is benefits, risks, alternatives and potential complications of the procedure that I have been clearly explained. I had the opportunity to ask questions, which were answered satisfactorily. I understand that there is no absolute guarantee on results to be obtained, but that will be used every resource, drugs and equipment available at the Hospital to be reached the best result.

3) I check that I received, read, understood and agree to the above items, and I was given the opportunity to cancel any white space, words or paragraphs with which it disagreed.

O Patients O Responsible

Legible name:

Degree of Relationship:

RG No:

Signature:

Rio de Janeiro, ____/____/____

Time: ____:____

To be completed by the Anesthesiologist

I explained the procedure Anesthesia / Sedation to the patient named above, or his guardian its head on the benefits, risks and alternatives, and answered satisfactorily all the questions raised by them. According to I understand the patient understood everything that was explained.

Doctor's Name (legible):

Signature:

CRM:
