

Patient's Name \_\_\_\_\_

Date of Surgery \_\_\_\_\_ Time \_\_\_\_\_ AM PM

### **LOCAL/NITROUS OXIDE ANESTHESIA**

**You will always be given local anesthesia for your surgery. Local anesthesia will produce a numb feeling in the area being operated on and a feeling of pressure during surgery. You will be awake and recall the surgery but there should be no significant discomfort. Nitrous oxide is also known as "laughing gas". You will be relaxed and somewhat less aware of your surroundings, but will recall most of the surgical event.**

- I have been informed by Dr. Howard Cooke of my condition and understand the following requirements for anesthesia:
- I understand that the type of anesthesia that will be administered is local and or nitrous oxide.
- I have been verbally told and understand that I may have a light meal four (4) hours before my surgery.
- I have been verbally told and understand that it is best to have someone drive me home and to rest for the remainder of the day.
- I agree and allow my doctor and/or his selected assistants, permission to explain postoperative instructions to the person(s) that accompany me on the day of my surgery.
- I have been verbally told and understand that the amount of \$\_\_\_\_\_ is due and payable on the day of surgery.

\_\_\_\_\_  
Patient's (or legal guardian's) signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness's Signature

\_\_\_\_\_  
Date

Our goal is to provide you with a safe, pleasant and effective anesthesia. In order to do this it is imperative that we have your full cooperation. Please feel free to ask or call about any questions regarding your surgery or anesthetic