

# SALISH SEDATION SERVICES, PLLC

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## CONSENT FOR ANESTHESIA SERVICES

1. I hereby authorize Salish Sedation Services, PLLC to administer IV sedation during my procedure. I have been advised of the nature and purpose of the proposed anesthesia technique.
2. Anesthesia involves risks in addition to the risks of the medical or surgical procedure itself. These risks may include, but are not limited to, adverse drug reactions, unintended awareness during anesthesia, brain damage, death, nerve injury, damage to teeth or existing dental work, such as bridgework, crowns, and implants. Anesthesia risks can also include damage to vocal cords, respiratory problems, minor pain and discomfort, damage to arteries or veins, headaches, backaches, and aspiration (a condition where stomach contents enter the lungs and can cause an infection). In the event of a complication, neither Northwest Gastroenterology & Endoscopy nor Salish Sedation Services, PLLC will assume financial responsibility relative to the care involved in managing the complication. The risks of anesthesia have been explained to my satisfaction by an anesthesia provider, and there has been sufficient opportunity to discuss the proposed treatment and associated risks.
3. All of my questions have been answered to my satisfaction. I believe that I have adequate knowledge upon which to base an informed consent to the proposed administration of anesthetic(s) and anesthetic techniques.
4. I authorize Salish Sedation Services, PLLC's billing services/management company to apply for benefits on my behalf and authorize all payments from my designated health care insurance to be made directly to Salish Sedation Services, PLLC. I understand that I am responsible to Salish Sedation Services, PLLC for all charges, including those not covered by my insurance carrier.
5. I authorize Salish Sedation Services, PLLC to release any necessary information to my designated insurance carrier(s) and all third-party payers for the purposes of processing claims related to anesthesia services rendered.
6. I have been advised that one or more of the physicians in this practice have an ownership interest in Salish Sedation Services, PLLC – the company that furnishes anesthesia services.

I DECLARE AND REPRESENT THAT I HAVE READ THE ABOVE AND UNDERSTAND IT IS TRUE. No guarantee, warranty or representation, expressed or implied, has been made as to the result of the anesthetic procedure. All questions have been answered to my satisfaction.

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Patient/Authorized Designated Signature

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Date & Time of Patient Signature

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Witness

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Anesthesia Provider Obtaining Consent

Patient label