



REQUEST FOR ADMINISTRATION OF ANESTHESIA

This is to notify you that your physician/practitioner has concluded that your treatment requires a surgical procedure to be performed at:

1. **Middlesex Surgery Center** located at 1921 Oak Tree Rd # 2, Edison, NJ 08820.
2. **Manalapan Surgery Center** located at 50 Franklin Ln STE 101, Manalapan Township, NJ 07726.
3. **New Horizon Surgery Center** located at 680 Broadway, Paterson, NJ 07514.

You acknowledge and agree that the procedures, as set forth below (the "Procedure(s)"), may be safely performed without anesthesia. However, due to your expressed low tolerance for pain, and for the sake of your physical and psychological comfort, you have voluntarily elected to undergo the Procedure(s) below with a level and type of anesthesia mutually agreed upon between yourself and your physician/practitioner. You acknowledge and affirm that you have been informed about the risks and benefits associated with the use of anesthesia during the Procedure(s). You further affirm that you have been given the opportunity to ask questions regarding the risks and benefits associated with the use of anesthesia during the Procedure(s), and you are fully satisfied with the responses given by your physician/practitioner.

The Procedures to be performed with anesthesia include:

- 1) _____
- 2) _____
- 3) _____

The Procedures will be performed with the following level and type of anesthesia:

Please sign below to request the administration of anesthesia.

PATIENT'S NAME (Please Print)

DATE

PATIENT'S SIGNATURE