

## Obstetric Anesthesia: Exploring Your Anesthesia Options

I, \_\_\_\_\_, have viewed the epidural video and understand the risks and benefits involved in receiving an epidural for labor. I accept this risk and give permission to Southeast Anesthesiology Consultants for placement and initiation of epidural analgesia for labor. I understand that I may ask any questions specific to my anesthetic prior to placement in labor and delivery.

SIGNATURE:

\_\_\_\_\_ DATE: \_\_\_\_\_

WITNESS:

\_\_\_\_\_ DATE: \_\_\_\_\_

To submit this form once completed, you may do one of the following:

- Email it to [Betsy.Bryant@carolinashealthcare.org](mailto:Betsy.Bryant@carolinashealthcare.org)
- Mail it to Carolinas HealthCare System Cleveland – Labor & Delivery; 201 E. Grover St., Shelby, NC 28150
- Fax it to 980-487-3478