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
• Mail it to Carolinas HealthCare System Cleveland – Labor & Delivery; 201 E. Grover St., Shelby, NC 28150
• Fax it to 980-487-3478