**Consent for Anesthesia & Assignment of benefits**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ consent for ECCO Anesthesia PLLC to provide me nitrous oxide inhalation anesthesia. Nitrous oxide is an inhaled gas commonly referred to as “laughing gas”, that is used to provide less pain, to reduce overall anxiety, and for mild amnesia (for a more forgetful experience of an unenjoyable procedure) during anoscopy or other surgical procedures.

Surgery may be performed during your exam if necessary, if it applies to your condition, including: inhalation and local anesthesia, anoscopy, incision/excision and drainage, abscess, prolapse, stenosis, hemorrhoids, fissures, injections, and removal of lesion(s).

This consent reaffirms that I understand the risks associated with medical procedures, including anesthesia, and have had the opportunity to ask any questions. I read and have had the opportunity to read again: the “Informed consent for surgical procedures” form which I signed that is a part of my initial patient registration package and have addressed any concerns.

I hereby authorize ECCO Anesthesia PLLC to bill insurance for the services provided, and to receive payment from my insurance company. I understand that if payment is made directly to the insured, I am to forward it to ECCO Anesthesia PLLC, or be legally liable for all costs associated with the collection of this debt.

Patient Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_