



A DIVISION OF UNITED MEDICAL DOCTORS

ANESTHESIA SERVICES OFFERED AT UNITED SURGERY CENTER OF TEMECULA, MURRIETA AND ENCINITAS

United Surgery Center has state of the art advanced anesthesia services provided by CRNA's (Certified Registered Nurse Anesthetist), who are highly trained and specialized to safely administer your sedation.

The medication used is Propofol, which has multiple advantages over other medications in that it generally produces a deeper level of sedation, to ensure you are asleep and comfortable for your procedure. Propofol allows you to wake up and recover much quicker after the procedure is completed. The CRNA will carefully titrate the medication while continuously monitoring your vital signs (pulse, blood pressure, breathing, pulse oximetry and EKG). Based upon your medical history your physician/physician assistant/Nurse practitioner will recommend that you have either Propofol administered by the CRNA or an alternate form of IV conscious sedation.

Please note that anesthesia services (CRNA) are separate from and in addition to routine charges for endoscopic services rendered by United Surgery Center (facility), United Gastroenterologists (physician) or pathology lab (biopsies if taken). These charges are generally covered by your health insurance policy. In the event that your insurance policy will not cover the CRNA administered Propofol IV sedation for your endoscopic procedure, alternative self-payment arrangements for this service can be made with United Surgery Center (facility).

_____ **Initial here**, I agree to receive anesthesia services as recommended by my provider. I agree to have CRNA administered IV sedation with Propofol and acknowledge that my insurance will be billed for this service. I will be responsible for payment of any deductibles or coinsurance. **I am aware that some insurance companies may not cover this service and I acknowledge that I will be responsible for \$300.00 if my insurance company denies payment.**

Patient Signature _____ **Date/Time** _____

Printed Name _____

Patient Representative (if applicable) _____

Procedure:

- EGD
- Colonoscopy
- Flexible Sigmoidoscopy
- Other _____