

(PLACE PATIENT STICKER HERE)

DISCLOSURE REGARDING PROVISION OF ANESTHESIA SERVICES
Orthopedic Surgery Center, L.L.C.-Baton Rouge, Louisiana

For your upcoming procedure at the **Orthopedic Surgery Center, L.L.C.** (“OSC”), a fully licensed anesthesia provider from **Diversified Professionals, Inc.** (“Diversified”), will administer your anesthesia. Your Anesthesiologist and/or CRNA from Diversified will be with you during all phases of your anesthetic procedure. **Diversified’s anesthesia providers are integral parts of your surgical team but are not employees of OSC.**

By your signature below, you agree to the administration of one or more forms of anesthesia suitable for your procedure by Diversified’s anesthesia care team, which may include an Anesthesiologist, a Certified Registered Nurse Anesthetist, or a combination of both. Diversified is responsible for providing you with a separate consent form detailing the specific risks associated with the anesthesia technique to be utilized in your procedure.

1. I hereby consent to the administration of anesthesia by an anesthesia care team from **Diversified Professionals, Inc.**, including the use of Certified Registered Nurse Anesthetists (CRNA) under the supervision of an Anesthesiologist, all of whom are credentialed to provide anesthesia services at this facility.

2. I understand that all Anesthesiologists and Certified Registered Nurse Anesthetists of **Diversified Professionals, Inc.** are credentialed to administer anesthesia at this facility, but are not employees of OSC. I understand that students and/or residents, including student registered nurse anesthetists, may assist in my anesthesia care as part of their training, and I hereby approve of such use.

3. I certify that I have read or have had it read to me and fully understand the above disclosure which has been preceded by an explanation from a representative of **Diversified Professionals, Inc.** regarding the specific risks associated with the anesthesia technique to be utilized during my procedure. I certify and acknowledge that I have had ample time to ask questions regarding my anesthesia care.

Patient's Signature

Date and Time

Patient’s Guardian or Representative Signature
(If applicable)

Date and Time