Consent for Epidural

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 for my anesthetic prior to placement in labor and delivery.

PATIENT SIGNATURE: __________________________________________

DATE:                   ____________________

WITNESS:       _________________________________________________

DATE:        ____________________

Mail completed form to:
Carolinas HealthCare System Cleveland
Labor & Delivery
201 E. Grover St.
Shelby, NC 28150

or

Fax completed form to:
ATTN: Labor & Delivery
980-487-3478