## **Cornerstone Animal Clinic**

Phone 972-385-3555		Fax 972-392-4520
	<b>Dental Authorization Form</b>	
Clients Name:	Patients Name:	Date:

All patients undergoing a dental cleaning/polishing receive the following:

Pre-Surgical Exam	Ultrasonic Scaling
Pre-medication drugs	Complete Polishing
IV Catheter and Fluids	Complete Dental Exam
Induction Drugs	Fluoride Treatment
Gas Anesthesia	Antibiotic Injection
Anesthetic monitoring	In-Patient Care and monitoring

All patients are also treated with Oravet®, a waxy substance that is applied to the teeth after cleaning and polishing which has been proven to slow the re-accumulation of dental plaque and tartar.

The total cost of the above procedures is \$471.65. This does not include other services that may be needed.

<u>Periodontal Disease Treatment</u> Most older pets receiving dental cleaning have already some degree of periodontal disease. If periodontal disease is present, additional procedures may be needed for best treatment.		
Treatment of periodontal disease may require the treatment of "pockets" in infected areas of the gums, or if further advanced, extraction of a tooth/teeth. Cost of treatment for periodontal "pockets", which in most cases is necessary to help retard progression of disease, is <b>\$82.00 for the first pocket &amp; \$49.00 for any additional pockets</b> . This includes root cleaning of the diseased site and application of an antibiotic gel that hardens to protect and heal the diseased area. Extractions of badly diseased teeth, if needed, ranges from <b>\$21.50- \$192.00 per tooth</b> , depending on time required for extraction. If dental radiographs are needed, the charge is <b>\$39.00 per area</b> .		
I wish my pet to receive ANY needed treatment for periodontal disease, if present. YES [ ] NO [ ]		
I wish to be contacted at the phone number below BEFORE any extractions are performed.         YES       [] contact me first       NO       [] do extractions as needed         (If checking yes and I cannot be reached, the extractions will not be performed and would need to be rescheduled).		
If the cost of these treatments, in addition to dental cost of \$471.65, will exceed the following, please contact me first:		
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Animal Clinic to perform the surgery. I understand all surgeries and anesthesia involve a degree of risk and realize results cannot be guaranteed. While performing the surgery should the Dr. find the procedure(s) to be more involved resulting in additional cost, I will be contacted at the phone numbers listed below. If I cannot be contacted, I authorize the doctor to perform the necessary procedure(s). I understand that full payment is required when the patient is discharged.

Signature of owner/caretaker: \_\_\_\_\_

1<sup>st</sup> contact phone # (\_\_\_\_\_)\_\_\_\_ 2nd # (\_\_\_\_)\_\_\_\_