

Dental Procedure Authorization

CLIENT NAME: _____ PATIENT: _____ DATE: _____

A routine dental prophylaxis (prophylaxis) is performed to PREVENT dental disease. Frequently, patients are brought to us AFTER dental disease is already present. Dental health is your choice; we are here to help keep your pet as healthy as possible.

Our standard dental prophylaxis includes the following:

- Pre-anesthetic physical exam
- General anesthesia (Isoflurane Gas) using the safest protocol available for your specific pet
- Examine the mouth and probe around teeth
- Scale the tartar off the teeth
- Polish the teeth
- Fluoride application
- Antibacterial rinse

Since it is difficult to predict the extent of dental disease on a visual exam, variations in cost from the estimate may occur once your pet is anesthetized. We will make recommendations based on the best health for your pet.

Pets with dental disease may need the following treatments at an additional charge:

- Dental X-rays to examine the roots of suspected or visibly diseased teeth
- Full mouth x-rays are strongly recommended at least every 2 years to check for hidden problems
- Extraction of diseased or painful teeth
- Treatment of gum disease with surgery or perioceudic antibiotic gel
- Antibiotic injection and/or take-home medications
- Pain Medication

Optional Recommended Services: (Please initial all desired)

- _____ **Full Mouth Digital X-Rays** as part of the initial exam.
- _____ **SANOS Dental Sealant:** Applied to all of the teeth after cleaning to slow down the buildup of plaque and tartar.
- _____ **Pet-Safe Toothpaste and Brushes** for home maintenance.
- _____ **Tartar Control Pet Foods and Chews.**

We will attempt to contact you DURING your pet's dental if additional treatments are needed.

We recommend completing all needed dental procedures during this visit. Otherwise, we can schedule additional dental work at another time. This will require additional anesthesia for your pet as well as additional charges.

IF I CANNOT BE REACHED within 15 minutes, I agree to the following:

Please initial ONE choice.

- _____ **Proceed with ALL recommended procedures**, including unforeseen extractions, as determined by the doctor.
- _____ **Limit additional recommended procedures** to \$ _____ in cost.
- _____ **Perform ONLY the requested dental prophylaxis and pre-authorized procedures at this time.**
(Additional treatments will require another visit.)

****Notes to our staff:** _____

By signing, I authorize for my pet to be anesthetized for dental cleaning and other recommended procedures. I understand that no guarantee or warranty for success can be given and that some risks are involved in all procedures. I understand that the ultimate success of the proposed dental treatment may depend on adequate home care and follow-up and acknowledge my responsibility in this regard, particularly for periodontal disease. I assume full responsibility for all services provided and associated expenses.

Owner/Agent's Signature: _____ **Date:** _____

Reviewed by staff member: _____ **Date:** _____