Cornerstone Animal Clinic

Phone 972-385-3555 *Fax 972-392-4520*

Dental Authorization Form

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 $440.90. This does not include other services that may be needed.

Periodontal Disease Treatment

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 **$58.45 per pocket**. 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 **$19.50- $192.00 per tooth**, depending on time required for extraction. If dental radiographs are needed, the charge is **$36.00 per area**.

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 $440.90, will exceed the following, please contact me first:

- ☐ $50
- ☐ $100
- ☐ $200
- ☐ $300
- ☐ Contact me first before any tests regardless of cost.

I am the caretaker of the pet. I assume responsibility of care after surgery and authorize the doctors at Cornerstone 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: _____

1st contact phone # (_____)_____ 2nd # (_____)_____