

# Dental Release Form

My pet \_\_\_\_\_ is undergoing anesthesia today to have a dental cleaning and/or possible extraction(s). My doctor has discussed the procedure with me and has given me a detailed treatment plan for review.



## All of our dental cleanings include:

1. Pre-Anesthetic bloodwork
2. Anesthesia & monitoring to safely complete necessary treatments
3. Comprehensive Oral Exam, a probing of gums & teeth, visualizing entire oral cavity & throat
4. Ultrasonic cleaning above & below the gum line for complete removal of tartar
5. Polishing to create smooth surfaces to inhibit recolonization of bacteria

## Basic Cleaning & Exam

\* Dog: \$470

\* Cat: \$455

## Dental x-rays

\* Cost: \$ 89.00

Dental x-rays are an important standard of care because they allow visualization of the root system as well as diagnosis of periodontal and bony disease of the mouth. They also help guide dental extractions or other treatments if needed.

## Potential additional costs

\$ 200 - \$ 1000+

Additional costs are dependent on level of disease found for extractions, restorations, pain management, periodontal treatments, or antibiotic therapy.

**The doctor will attempt to call you at the number you provided to discuss unexpected complications, treatment options, and additional costs. As your pet will remain under anesthesia, it is important that you be available to answer your phone during your pets procedure.**

If, in the doctor's professional judgment, these teeth should be removed do you give your consent?

\_\_\_\_\_ Yes, I give my consent for extractions **AFTER** I have been called and informed of the situation. If I am **NOT** available, then I **DO** give my consent for the doctors to extract any teeth necessary.

\_\_\_\_\_ Yes, I give my consent for extractions **AFTER** I have been called and informed of the situation. If I am **NOT** available, then I **DO** give my consent for the doctors to extract any teeth within dollar amount described below\*\*

\_\_\_\_\_ Yes, I give my consent for extractions **AFTER** I have been called and informed of the situation. If I am **NOT** available, then I **DO NOT** consent for the doctors to extract any teeth. I am aware that the doctors believe teeth may need to be removed and that my pet may have to undergo additional anesthesia in the future to have these teeth removed. If this box is checked, then no teeth will be removed without verbal authorization from the owner.

**Please do not exceed this dollar amount in additional costs for any complications\*\***

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In the event we are unable to reach you in a timely manner the doctor will perform all necessary medical treatments that are within your budget.

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Print Name	Signature	Date
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For hospital use only:

_____ Spoke with owner. <b>OK</b> to extract any teeth necessary
_____ Spoke with owner. <b>DO NOT</b> extract any additional teeth
_____ Could not reach owner prior to procedure.