

PROFESSIONAL DENTAL CLEANING AUTHORIZATION FORM

Owner's Name: \_\_\_\_\_ Pet's Name: \_\_\_\_\_
Species: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex: \_\_\_\_\_

My pet is here to have a Professional Dental Cleaning performed. The following are included in the cost of this procedure:

- Pre-op. pain medication - Complete dental exam - Polishing
- Gas anesthesia - Ultrasonic scaling - Fluoride treatment
- Anesthetic monitoring - Periodontal scaling - Antibiotic injection

NOT INCLUDED in the Professional Dental Cleaning:

- Dental X-ray(s) (to evaluate the tooth roots and overall health of the tooth)
- Periodontal pocket treatment (loss of gum attachment to tooth)
- Minor tooth extractions (very loose teeth, NO oral surgery necessary)
- Major tooth extractions (fractured, multi-rooted teeth, oral surgery is necessary)
- Post-operative medications dispensed for home administration

While under anesthesia, it may become obvious that there are problems with some of the teeth. Minor extractions may be deemed necessary, dental X-rays may be warranted to determine the extent of a problem, and periodontal pockets may be found that need treatment (if indicated by dental X-rays). These additional minor procedures, if authorized, can be performed today at the time of cleaning. More severe cases involving unexpected oral surgery will require consultation with you and a second anesthetic procedure to treat the problem.

I understand that severe cases involving unexpected oral surgery will require consultation and a second anesthetic procedure to treat the problem. However, if deemed necessary, I authorize the following minor procedures to be performed today:

- 1. Dental X-rays, which are approximately \$15.00 for the first one and \$10.00 for each additional film. YES [ ] NO [ ] CALL FIRST\* [ ]
2. (Dogs only) Periodontal pocket treatment as indicated by Dental X-rays. The cost varies from \$30.00 to \$45.00 depending on severity and number of teeth involved. YES [ ] NO [ ] CALL FIRST\* [ ]
3. Minor extractions: YES [ ] NO [ ] CALL FIRST\* [ ]

\* CALL FIRST: In the event that I cannot be immediately reached, I understand that these procedures WILL NOT be done.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_