

Out-Patient Dental Surgery

Dr. Wright Has recommended that your child's dental treatment be completed at Cincinnati Children's Hospital Medical Center. The purpose is to make your child's procedure comfortable and to perform the best service we can.

Your Child WILL be put to sleep with general anesthesia.

To schedule this appointment we require payment in full for your estimated portions, which your insurance is not expected to cover. There are separate bills from both Cincinnati Children's Hospital Medical Center and the anesthesiologist. These may not be covered by your medical insurance. You will want to check with them prior to the dental surgery regarding the coverage of your policy. If your medical insurance requires a letter of medical necessity from us, we will be happy to provide one. It is important to ask your medical insurance if a pre-certification is required. If so, please let us know. If your child has a medical condition that makes treatment at the hospital necessary, a letter to that effect from your pediatrician will help.

Before the Surgery

It may be necessary to contact your child's physician to arrange for you child to have a complete physical. This physical will need to be completed within **2** weeks of the scheduled hospital appointment.

Day of Surgery

Cincinnati Children's Hospital Medical Center requires everyone to arrive promptly and on time the day of your scheduled appointment. If you arrive late or the appointment is missed it is usually a few months before we are able to reschedule your child's missed appointment. Your child must not have solid food or milk **8** hours prior to dental surgery. They may have **ONLY** clear liquids, such as 7up, clear juices (not orange juice), or broth up to **4** hours prior to dental surgery.

*** NO FOOD OR DRINKS ARE PERMITTED TO BE GIVEN TO YOU CHILD FOUR HOURS PRIOR TO DENTAL SURGERY!**

Our goal is to provide your child with the best dental care and to make the process as easy as possible for you and your child. Please feel free to contact us at (937)885-2222 if you have any questions and we will be glad to review this information with you.

I have fully read and understand the above recommendations, policies, and procedures given to me by Wright Smiles Pediatric Dentistry. If I choose to schedule and arrive to Cincinnati Children's Hospital Medical Center I am, hereby giving my full consent to Dr. Jody L. Wright to do the necessary treatment that she has proposed for my child. I have been given the opportunity to ask questions and receive answers regarding the proposed treatment, policies, and procedures regarding this out-patient dental surgery for my child.

Patients Name: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Witness: _____ **Date:** _____