



Centerville Animal Hospital  
300 S. Centerville Turnpike  
Chesapeake, VA 23322  
(757) 482-9410

### **DENTAL PROCEDURE AUTHORIZATION**

It can be difficult to determine the extent of dental disease with visual inspection of the mouth during your pet's physical examination. There are certain factors that may limit the detection of additional problems that may be identified during your pet's procedure:

- Lack of patient cooperation during the exam may impair visualization of all affected teeth.
- Dental tartar may conceal underlying gum disease or tooth abnormalities such as crown fractures.
- Alveolar bone loss, retained tooth roots, and other signs of periodontal disease may only be visible on dental x-ray images.

In cases where additional unforeseen services are recommended and further expenses may result, we ask that you leave a telephone number where you or your agent can be reached for authorization of these services. Every attempt will be made to contact the authorized agent to discuss these recommendations and the associated cost.

### **PREAUTHORIZATION FOR ADDITIONAL DENTAL SERVICES.**

In the event that our staff is unable to reach you for authorization while your pet is under general anesthesia, you may elect to pre-authorize additional recommended services. Please check which services you would authorize if the doctor deems it necessary. Approximate costs are included below. If contact cannot be made at the phone numbers provided within 15 minutes, I prefer the following:

- ☐ Proceed with all recommended procedures, including unforeseen tooth extractions, as determined by the doctor.
- ☐ Have the doctor proceed with recommended procedures, including unforeseen extractions, up to \$\_\_\_\_\_ in cost (additional extractions and treatment cost can range from \$75-\$1500).
- ☐ Antibiotic gel for severe gum disease (\$37.09)
- ☐ Medications such as oral rinses, antibiotics or pain medications if extractions are performed (variable costs)
- ☐ I do not authorize any additional dental services on my pet if I cannot be contacted for permission. I understand if I cannot be reached within 15 minutes, the doctor may recommend an additional anesthetic procedure at a later time to provide the services recommended at this visit and that this will increase the cost of treatment.
- ☐ I prefer my pet be referred to a board certified Veterinary Dental Specialist and do not authorize any additional treatments or extractions

Authorized Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_ or \_\_\_\_\_

Other Authorized Agent Phone Number: \_\_\_\_\_ Ask for \_\_\_\_\_

Technician/DVM Witness: \_\_\_\_\_