



## AUTHORIZATION FOR EXTRACTIONS

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

I understand that the doctors cannot predetermine the exact condition of all the teeth without my pet being fully anesthetized. I understand that there may arise unforeseen procedures, incurring additional costs, when a full oral evaluation is performed on the day of the dental procedure.

The most common additional cost to a dental prophy is the need for tooth extractions. Most simple extractions cost and additional \$15.00/tooth.

If there are any changes to the previously discussed procedure:

- \_\_\_\_\_ Please do not perform any additional procedures unless I am contacted and give my authorization for said procedures. I can be reached at \_\_\_\_\_.
  
- \_\_\_\_\_ It is not necessary to contact me. Please proceed forward at the doctor's discretion with any further procedures necessary for my pet's continued health.

Understand that we cannot maintain your pet under anesthesia for extended lengths of time while awaiting authorization. **If you cannot be reached within a 10 minute time frame** for authorization, **we will not perform any further procedures.** Any further necessary work will have to be rescheduled on another day and under another anesthetic protocol.

Signed: \_\_\_\_\_