
PATIENT'S NAME

**HOSPITALIZATION INSTRUCTIONS FOR
GENERAL ANESTHESIA**

It has been recommended your child be seen in the hospital by use of general anesthesia in order to complete the necessary dental treatment. The hospital's anesthesiologist will provide the anesthesia, monitor and follow your child through the recovery while he/she is in the hospital.

If you intend to utilize your insurance, a pre-determination of benefits will be completed prior to scheduling the appointment. The pre-determination is for dental services only. However, we may also be required by your medical insurance policy to acquire a pre-authorization or pre-certification for admission to the hospital. In addition, a month prior to the surgery date, a fee of \$350.00 is required to be paid for the doctor's hospital visit.

Please note: The following treatment plan is based on today's visual examination only. On the day of surgery, x-rays will be taken if necessary. There may be changes or additions to your child's treatment plan based on the diagnosis of the x-rays. Preventative procedures such as sealants may also be completed if needed.

After hospitalization arrangements have been made, you will receive a packet of instructions in the mail. Please read through those instructions very carefully.

Should you have any further questions please feel free to contact our office. If you need to contact the doctor after hours, the answering service will assist you.

Thank you in advance for your cooperation.

Signature of Parent or Legal Guardian

Print Name

Date

Signature of Doctor

Witness

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