

## Surgery Consent Form/Geriatric Dental

Owners Name: \_\_\_\_\_

Pets Name: \_\_\_\_\_

Procedure: \_\_\_\_\_

Today's Phone Number: \_\_\_\_\_

Thank you for trusting us with the care of your pet. Our goal is to provide the best possible care for both you and your pet. In order to carry out this goal, we require pre-operative blood work, intravenous fluid therapy and post-operative pain management. Laser usage will depend on dental procedure, age of patient and the discretion of the doctor. These procedures are standard care in human medicine as well.

### CO2 Laser Usage \$53.27

REDUCED PAIN: The CO2 laser beam seals nerve endings as it incises through tissue. This ultimately reduces the amount of pain that an animal feels during and after surgery.

REDUCED BLEEDING: When making an incision, the CO2 laser beam cauterizes and seals blood vessels up to 1mm in diameter. This laser energy achieves homeostasis and provides the surgeon with a virtually bloodless surgical field.

REDUCED SWELLING: Physical contact between the laser and the surgical region is never established, thus eliminating the crushing, tearing and bruising of tissue associated with traditional surgical methods. Lymphatic vessels are also sealed.

REDUCED INFECTION: CO2 laser energy acts as an antimicrobial/antibacterial agent by producing high temperatures, effectively eliminating microorganisms.

EXTREME SURGICAL PRECISION: The CO2 laser produces a highly monochromatic coherent beam of light that is accurately delivered to a point of focus. The accuracy of this focused beam of energy allows for the vaporization of cells while causing minimal damage to the healthy tissues.

CO2 Laser WILL be used unless declined by you.

I understand the benefit of the CO2 Laser usage. Please **DO NOT USE** this device: \_\_\_\_\_

Every individual responds differently to surgery. Some of our pets experience higher levels of post-operative pain than others. Because of this fact, your pet will receive post-operative pain medicine.

I grant permission for Flint Veterinary Clinic to perform this procedure on my pet.

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

Is there anything else we can do for your pet today? Please initial by any service you would like performed. For any other services not listed above, please ask the receptionist.

_____	MICROCHIPPING	\$96.76
_____	EAR CLEANING	\$61.85
_____	NAIL TRIM	\$27.78
_____	EAR CLEANING / NAIL TRIM	\$75.11
_____	NAIL TRIM AND FILE	\$51.09
_____	FLUORIDE TREATMENT	\$18.10
_____	EXPRESS ANAL GLANDS	\$35.05
_____	EXTRACT BABY TEETH	\$36.64
_____	HEARTWORM TEST	\$49.35