## **Cornerstone Animal Clinic**

Phone 972-385-3555 Fax 972-392-4520

## **Dental Authorization Form**

Clients Name:	Patients Name:		Date:	
All patients undergo	oing a dental cleaning/polishing r	eceive the following	<u>:</u>	
which has been prove	en to slow the re-accumulation of d	ance that is applied the	ishing intal Exam interpretation freetion free and monitoring to the teeth after cleaning and polishing	
			<u>t</u> dontal disease. If periodontal disease	e is
advanced, extraction to help retard progres includes root cleaning diseased area. Extrac	of a tooth/teeth. Cost of treatment sion of disease, is \$88.50 for the fig of the diseased site and application	for periodontal "poc irst pocket & \$53.00 on of an antibiotic ge eded, ranges from \$2	hefected areas of the gums, or if further kets", which in most cases is necessar of for any additional pockets. This is that hardens to protect and heal the 2.75-\$227.00 per tooth, depending \$41.50 per area.	ıry
I wish my pet to rece YES [	eive ANY needed treatment for p		if present.	
YES [ (If checking yes and I  If the cost of these tra	ed at the phone number below BI  ] contact me first No cannot be reached, the extractions we eatments, in addition to dental cos	O [ ] do vill not be performed a	extractions as needed	ne.
first:  □ \$50 □ \$100 □ \$200 □ \$300 □ Contact me	e first before any tests regardless o	f cost.		
Animal Clinic to performation realize results cannot more involved resulti	form the surgery. I understand all some be guaranteed. While performing any in additional cost, I will be contact the doctor to perform the necessary.	surgeries and anesthe the surgery should th tacted at the phone n		
Signature of owner/ca	aretaker:			
1st contact phone # (	)	2nd # (	)	