



PANTHER

Pediatric Dentistry

ACKNOWLEDGEMENT OF REFERRAL FOR IN-OFFICE DENTAL SURGERY

(Complete dental care under sedation/while asleep in the office by a mobile anesthesia team)

Date: _____

Dear Parent/Guardian of _____:

Thank you for bringing your child to Panther Pediatric Dentistry - Euclid's Leading Sedation Location. We have partnered with a mobile anesthesia provider to have the ability to complete dental care for children while they are asleep in our office, as opposed to a surgery center or children's hospital. Our initial assessment shows your child may qualify for this in-office service.

YOUR CHILD'S SURGERY IS TENTATIVELY SCHEDULED FOR: _____

Please understand that this date is subject to change based on availability of the anesthesia group, the follow-up health assessment of your child, and/or approval by the insurance provider. If there is any change to the schedule, you will be notified as soon as possible at the number provided on completed paperwork. If your number changes, please let us know.

HEALTH CLEARANCE

Our anesthesia provider's medical clearance team will call you to discuss your child's health history. If you have not heard from them and the procedure is 2 weeks away, please call our office at 216-938-8501. They may contact your pediatrician to get information needed to provide medical clearance for your child to be placed under general anesthesia for their dental work. If the anesthesia team feels your child does not meet the health criteria for their services, you will be notified and Panther Pediatric Dentistry will give you a referral to the children's hospital. If you do not connect with the anesthesia provider to obtain medical clearance, the case may be canceled. The PPD Surgery Coordinator will reach out to you to confirm the tentative surgery date once medical clearance has been received from the anesthesia team.

*PLEASE NOTE, IF YOUR CHILD'S BODY MASS INDEX (BMI) IS OVER THE 99TH PERCENTILE ON THE DATE OF SURGERY, THE CASE MAY BE CANCELED AND REFERRED TO A CHILDREN'S HOSPITAL.

TIME OF SURGERY DATE INFORMATION

Our surgery coordinator will contact you after 12:00p on the day before the dental surgery with an ARRIVAL TIME for the procedure. Plan to be at our office 4-5 hours for your child's dental surgery. You will meet with the nurse for a pre-operative assessment, then you will meet with the dentist, and finally the anesthesiologist prior to the start of the procedure. After the dental work is complete, your child will need time to recover following the procedure. Your arrival time will be between 6:30a and 12:15p.

Due to limited availability of the anesthesia group to provide in-office sedation for our patients, no-shows, late arrivals, or cancelation may result in referral to another pediatric dental sedation provider.

NO EATING AND DRINKING BEFORE GENERAL ANESTHESIA

Your child should have NOTHING to eat or drink after 11:00p the night before surgery, regardless of the time you are expected to arrive. If food or drink are on the stomach while receiving general anesthesia, your child could vomit and damage their lungs – a serious medical condition. NO WATER, NO FOOD, NO GUM. Violation of this rule will result in cancelation of the procedure and we may refer your child to another pediatric dental anesthesia sedation provider. We cannot guarantee that the case will be rescheduled.

PARENT/GUARDIAN MUST BE PRESENT ON DAY OF SURGERY

On the day of surgery, the parent/legal guardian MUST be present with the child to sign the necessary paperwork and must remain in the office during the procedure. If the parent/guardian is not present, the surgery will be canceled and the patient may be referred to another pediatric dental sedation provider.

ILLNESS ON THE DAY OF SURGERY

Please do not bring your child to the office if they are ill. Report any changes in medical status before or on the day of surgery, including cold, flu, cough, fever, wheezing, congestion, and newly diagnosed allergies. If they are sick, test positive for COVID-19, or have been exposed to someone who has tested positive for COVID-19, the appointment may be rescheduled based on the guidelines of the anesthesia provider and the availability of our office. If your child uses an inhaler, you MUST BRING THE INHALER with you to the dental surgery appointment.

TREATMENT PLAN

Your child's treatment plan may include multiple diagnostic/preventive (x-rays, exam, cleaning, fluoride), restorative (fillings, silver crowns on back teeth, baby root canals, etc.) or surgical procedures (extractions, draining of infection, etc.). It is important to follow through with comprehensive care as untreated dental decay only gets worse over time. This treatment plan is subject to change based on the clinical presentation of teeth once treatment begins and cannot always be determined only from the x-rays taken.

FINANCIAL POLICY FOR PATIENTS WHO ARE SELF-PAY/FEE-FOR-SERVICE

At present, this service is reserved for patients who are self-pay/fee-for-service or those with the following state-funded insurances ONLY: AmeriHealth Caritas, Buckeye, CareSource, Humana Healthy Horizons, Molina, and United HealthCare Community Plan. Failure to disclose a private insurance (which is considered primary) when your child also has a secondary Medicaid managed care plan is considered insurance fraud and will result in your child being removed from our schedule and referred elsewhere for care. For patients who are self-pay/fee-for-service, once medical clearance has been received from our anesthesia provider, 100% of the balance from the planned procedures (UCR) is due no less than 2 weeks before the scheduled procedure. **Once treatment is completed, any differences in money owed will be collected on the day services are rendered.** Any refunds will be sent to the address the office has on file for the patient. Our anesthesia partner has fees associated with their services that will be due to them based on their payment arrangement.

MISSED APPOINTMENT POLICY

If the parent/guardian is unable to be reached by Panther Pediatric Dentistry or the anesthesia provider to confirm the appointment, give preoperative instructions, or to receive medical clearance, a child's opportunity to receive oral rehabilitation services in-office could be placed in jeopardy. **ONCE MEDICALLY CLEARED, IF WE DO NOT SPEAK WITH/RECEIVE A TEXT FROM YOU TO REVIEW THE DETAILS ONE WEEK BEFORE THE PLANNED PROCEDURE, WE WILL REMOVE YOUR CHILD FROM THE SCHEDULE.** You must call to notify us of your desire to continue with the surgery and we will work with you to get your child rescheduled. When we have confirmed the surgery date one week in advance, families who miss the surgery appointment may be dismissed from the practice as a whole and referred to another provider for comprehensive care. We will conclude that you do not have a desire to move forward with us.

CHECKLIST IN PREPARATION FOR DENTAL SURGERY

- Be available to take the phone call from our anesthesia partner to begin the medical clearance process.
- Monitor your child's cough/cold/fever/congestion/flu symptoms. They **MUST BE SYMPTOM FREE** for 10 days prior to surgery.
- Be available to take the phone call from the PPD Surgery Coordinator 1 week prior to surgery to confirm the child's health status.
- **If we do not speak with you 1 week before the surgery to confirm the status of your child's health and your continued availability for the date, WE WILL REMOVE your child from the schedule until we are able to confirm your child is symptom free and ready to proceed.**
- Be prepared to take a phone call from our anesthesia partner 3 days and 1 day before the surgery to review pre-operative instructions.
- Receive confirmed arrival time the afternoon before the scheduled surgery date by the PPD Surgery Coordinator.

Thank you for working with us to help your Cub SMILE with Panther Pride!!