

## SURGERY CENTER INFORMATION

- All surgery center cases will be completed at the *Surgical Center of South Jersey*
  - Surgical Center address and phone: 130 Gaither Drive, Suite 160, Mount Laurel, 856-722-7000
- All children must be NPO (have nothing to eat or drink) beginning at midnight before their scheduled surgery
- You will receive a packet of information from us. This packet will include:
  - Kids First Pediatric Dentistry Information, Consent, and Payment Authorization.
  - Patient History- *Please complete front and back and return to us immediately.*
  - Ambulatory Care History and Physical- **MUST BE FILLED OUT BY YOUR PEDIATRICIAN WITHIN 30 DAYS** of the surgery date. Also your child must be current with all immunizations, please obtain a copy of the shot record and return to us with all completed paperwork.
  - Information pamphlet about the surgery center including the date of your child's surgery.
- If for any reason you need to cancel or reschedule, **YOU MUST NOTIFY US NO LATER THAN 1PM ON FRIDAY BEFORE THE SCHEDULED SURGERY.** Failure to do so will result in a \$100 cancellation fee as well as moving the child to the bottom of the waiting list of surgery patients.

## PROCEDURAL INFORMATION AND CONSENT

- During your child's surgery, we will take a full mouth series of radiograph's (x-rays) and complete all of your child's work, including any new cavities that we may find on the day of the surgery.
- The procedure that your child is undergoing is:
  - Complete Oral Rehabilitation to include Exam, Radiographs (X-Rays), cleaning, fluoride, Stainless Steel (Silver) Crowns, Composite (white) and Amalgam (silver) fillings, pulpotomies (nerve treatments), and extractions as deemed necessary.
- **ALL CAVITIES, INCLUDING ANY NEW CAVITIES FOUND THE DAY OF THE PROCEDURE, WILL BE FIXED.**

*I hereby authorize Dr. Berman to perform the above procedure. I certify that I have read the description and all information provided to me and fully understand what will be performed.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date