



Laxer, Long & Savage

Specialists In Pediatric Dentistry & Orthodontics

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Checklist for General Anesthesia

Hospital: Carolinas Medical Center- One Day Surgery, Main
Address: 1001 Blythe Boulevard, Suite 100
Charlotte, NC 28203
(704)-355-5776

Schedule an appointment with your child's pediatrician or medical doctor **within 7 days prior to the date of surgery**; have the pediatrician complete the form entirely (no blank spaces) and return to us via fax or in person. **The completed form must be received by our office as follows, For Monday surgeries, the history and physical is required by noon the Thursday prior to surgery. For Thursday surgeries the history and physical is required no later than Noon the Wednesday prior to surgery.**

***Direct Fax (704) 541-5380 , Attn: Melissa

Information forms signed by patient's parent or legal guardian and returned to office prior to hospital treatment.

Contact your medical insurance to start the pre-authorization and pre-certification process for facility charges (hospital/41899) and anesthesia (00170) charges. You may need to contact your pediatrician or primary care physician if you are covered by an HMO or POS requiring a referral. Please remember **that you will be billed separately** by the hospital for these charges and it is *your* responsibility to obtain the pre-certification or authorization. Melissa will be glad to assist you in any way possible with attaining any necessary benefits.

For General Anesthesia, there will be fees associated with the following:

*Hospital and Facility-billed by CMC Main (704) 355-3001

*Anesthesiologists- Billed by Southeast Anesthesiology Associates (800) 354-3568

*Pediatric Dentist Charges –billed by Laxer, Long and Savage, Pediatric Dentistry & Orthodontics (704) 759-0000, ext 215

Absolutely nothing to eat or drink after midnight the night prior to surgery date. It's best to wake your child just minutes prior to departure due to restrictions.

A \$100 deposit is due at time of scheduling the hospital appointment. This deposit will be applied to the total fee of treatment. This deposit will only default due to lack of contact with our office or **cancellation 7 days prior to the scheduled treatment date.** The balance of your estimated out of pocket expenses for your dental treatment (the amount not covered by dental insurance) is **due 5 days prior to surgery** (____/____/____). If payment is not made by this date your deposit will default and treatment for general anesthesia will be cancelled.

If your child were to become ill on the day of treatment, Please contact our office and follow the prompts to page a doctor so that our staff will be aware. Also please contact the hospital to advise them that you will not be keeping your appointment at (704) 355-5923.

Signature of Parent or Guardian _____ Date _____

If you have other questions, please feel free to contact our office.

Melissa Starnes, Sedation Coordinator, ext 215
Judy S. Laxer, DDS, Cert Pedo
Matthew F. Savage, DDS, MS