

EAST 7200 E. Virginia Street Evansville, IN 47715 (812) 479-8609 WEST 2345 W. Franklin Street #101 Evansville, IN 47712 (812) 401-6095

Dear Paren	t,	
As previou	sly agreed upon,	, is scheduled to have dental treatment at
Surgicare (Outpatient Surgical Center on	at
He/She sho	ould report to the Surgery Center 1 ½ hours before	re the scheduled time of operation. Pre-operative
instructions	s are listed below:	
1)	No more than 30 days before the operati	on. Take your child to his/her pediatrician or family
	physician and have the doctor complete the fol	owing:
	a. Physical examination	
	file at St. Mary's Surgicare Outpatient Cen	pleted 2 weeks prior to the surgery so that it may be on ter and Evansville Pediatric Dentistry on the day of are is 812-475-1001, fax number for Evansville Pediatri
2)	Your child MUST HAVE NOTHING TO	EAT OR DRINK after midnight the night before the
	surgery. (If your child has anything at all to earrescheduled.)	t or drink, the surgery will be cancelled and not
3)	If you have dental insurance, your co-payme	nt must be paid in full at least two weeks before
	the scheduled surgery. A treatment estimat	e will be provided to let you know the balance due. If
	the co-payment is not received, we may have to	cancel the surgery.
4)	Please call our office one week before the everything is going as scheduled and that we may be a scheduled and the sched	e surgery at (812) 479-8609, to let us know if ay inform you of any last minute details.
5)		number, please inform us as soon as possible . We also ne number in case we have trouble reaching you.

If we do not hear from you and the surgery appointment is missed, we will not be able to reschedule the surgery or see the patient in the office. We need at least 2 weeks notice to cancel or change a surgery date.