



Randy G. Smith, D.D.S.
Mark W. Marlowe, D.D.S.
Scott A. Pickett, D.D.S
Pediatric Dentistry

3365 S. Holmes Ave.
Idaho Falls, ID 83404
(208) 542-1333
www.alligatordentist.com

HOSPITAL OVERVIEW CHECKLIST

_____ A History Physical (or H&P) is required to be administered by your child's regular physician. This is a wellness / pre-op visit to be done to verify your child is healthy enough to undergo sedation. This must be completed no sooner than 30 days prior to the appt. If it is over the 30day limit, a new H&P will need to be completed to meet the hospital's requirements. This is a requirement of the anesthesiologist and is mandatory to be completed at least **2 WEEKS PRIOR to the appt.** If this is not completed by the requested time, the hospital appointment will be rescheduled.

_____ It is Alligator Pediatric Dentistry's policy that a deposit of \$500 is paid to confirm the hospital appointment. This fee will go towards any treatment rendered and the dental hospital fee issued by Dr. Randy Smith or Dr. Mark Marlowe. This is NOT part of the fees issued by the rendering hospital. We require the \$500 deposit to be paid no later than **1 WEEK** prior to your child's appointment. If this is not completed by the requested time, the hospital appointment will be rescheduled.

_____ **The hospital will call you 1-2 days prior to your child's appointment regarding your arrival time, fasting guidelines, and any other information they have for you.** We do not set their appointment time or their fasting time, this is decided by the anesthesiologist and the hospital's scheduling staff. If you have any specific requests or concerns, you will need to call them regarding this matter.

_____ Your child's safety is our number one priority! If upon arriving at the hospital and the anesthesiologist deems your child to be unfit to be sedated, he/she has the right and the final say to cancel the appointment, Dr. Randy Smith or Dr. Mark Marlowe cannot override them. If you have any concerns about your child's health before the appointment, you need to call the treating hospital and talk to the anesthesiologist to verify your child is safe to undergo sedation.

_____ The treatment plan we give you is **ALWAYS an estimate of what insurance will pay NOT a guarantee. This estimate will only have our fees listed.** If you need the hospital's fees, you will need to contact them. We do not have their codes so we cannot provide any cost estimates for the treating hospital. **PAYMENT PLAN (6 MONTHS AUTO-PAY) OR CARE CREDIT.**

This document certifies that Alligator Pediatric Dentistry has gone over and reviewed the hospital scheduling rules for your child's hospital appointment. Please sign and date to confirm that you are aware and agree to these rules.

Patient Name: _____

Parent/Guardian's Signature: _____ DATE: _____

Signature of Witness: _____ DATE: _____



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