



PEDIATRIC DENTISTRY

2121 Abbot Road • East Lansing, Michigan 48823 • 517.337.0032
Fax: 517.337.8983 Email: yourchildsdds@gmail.com www.yourchildsdds.com

Dear Parent or Guardian:

Arrangements are being made to schedule your child, _____, for dental treatment in the operating room on _____ at Sparrow Hospital.

This packet includes information for you to review and complete prior to surgery. Please bring all forms to Sparrow Hospital on the day of surgery.

As the parent or guardian, you will need to **call Sparrow Hospital at 1-877-773-7341, seven to fourteen days prior to your child's surgery date** to pre-register your child.

Starting **one week prior** to your child's surgery date, please **call (517) 364-2475** and leave a message with the times and numbers best to reach you. It may take 1-2 days to have a nurse return your call. They will be asking a series of health questions and give you information regarding your child's surgery. Phone interviews are done between the hours of 11:00am and 6:00pm, Monday-Friday.

Your child will also need to be seen by their medical physician to clear them for surgery **within 7 days of their surgery.**

A form that needs to be completed by your child's physician is included in this packet. Please have your physician **sign and fax the form back to us at (517) 337-8983** on the date of the examination. Please bring the original completed form with you to Sparrow Hospital on the day of the surgery.

Your estimated co-payment of \$_____ is due by _____. For your convenience, we can take credit/debit card payments over the phone. We accept MasterCard, Visa, American Express, Discover and Care Credit.

Please feel free to contact us with any concerns or questions.

Thank you,

Lisa Bartlett
Hospital Case Coordinator