

GENERAL ANESTHESIA CHECK-IN TIME COMMITMENT FORM

Parent/Guardian Consent & Acknowledgment Form

Regarding Surgical Check-In Times and Procedure Duration Expectations

Patient Name: _____

Date of Procedure: _____

As the **parent/legal guardian** of the above-named patient, I acknowledge and understand the following regarding the surgical process at Star Kids Dentistry:

1. Check-In Time is NOT a Scheduled Surgery Time

- I understand that the **check-in time provided is for arrival and registration purposes only.**
- It is **not** the actual time the surgery will begin.
- **YOU WILL BE CALLED 48-72 HOURS PRIOR TO YOUR SURGERY DATE WITH A CHECK IN TIME** (*Disregard text messages with check-in times until you receive a call from the office with your official check-in time!*)
- **NO SCHOOL/DAYCARE BEFORE OR AFTER SURGERY!**

2. Surgical Scheduling is Dynamic

- I acknowledge that due to the nature of surgeries—especially those involving **general anesthesia—exact surgery start times cannot be guaranteed.**
- The timing of procedures can vary significantly depending on many factors, including:
 - The complexity of earlier surgeries
 - Individual patient needs and recovery times
 - Unexpected delays in the surgical schedule

3. Expected Time Commitment

- I agree and understand that I should expect to be at the facility for up to **four (4) hours** or longer from the time of check-in.
- I acknowledge that this timeframe is an **estimate** and may vary based on the circumstances of the day.

4. Commitment to General Anesthesia

- I understand that by scheduling a procedure involving **general anesthesia**, I am committing to the full pre-operative, intra-operative, and post-operative process, which requires flexibility and patience.

5. No Guaranteed End Time

- I acknowledge that I will not be given an exact end time for the procedure or discharge, and that the surgical and recovery teams will prioritize patient safety and care quality over rigid timing.
-