

# IMPACT

oral surgery

## SURGERY SCHEDULING

*Dear patient or legal guardian,*

Please be advised that when a surgery is scheduled for you that includes intravenous anesthesia (IV), we are reserving a time slot specifically for you, as well as for a Nurse Anesthetist. We must remit payment to the Nurse Anesthetist regardless of changes you may need to make to your surgery schedule. If you are not able to keep your originally scheduled appointment, you may be charged a \$250 change fee to cover this expense. We are happy to reschedule if necessary, but we require a minimum of 48-hours notice.

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*Signature of patient or legal guardian*

*Date*

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