

Kitchens' Pediatric Dentistry, PLLC.
Andy Kitchens, D.D.S., M.S.
Michael Kitchens, D.D.S.

10310 W. Markham, Ste. 202
Little Rock, AR 72205
(501) 223-0822

Surgery Patients covered by Arkids or Medicaid:

Surgery procedures require a prior authorization from Medicaid before we can schedule the surgery. We will submit your child's information to Medicaid for review. Medicaid may require you to take your child to another dentist for a second opinion to make sure that they agree that your child requires treatment in an outpatient facility. **This process can take up to two months to get an approval**, if you have not heard from another dentist to schedule a second opinion or you have not heard from our office in over two months, give us a call. **IF YOU MOVE OR YOUR PHONE NUMBER CHANGES, PLEASE LET US KNOW AS SOON AS POSSIBLE.** As soon as we receive the prior authorization from Medicaid, we will call you to schedule the surgery appointment.

*******Once the surgery is scheduled: *******

One week before surgery, please contact our office to confirm that you will be at the surgery appointment and to provide us with current telephone numbers if there have been any changes. If we **cannot** contact you due to disconnected or changed phone numbers and you do not contact us, the surgery will be **CANCELLED AND NOT RESCHEDULED**. Please do **not** let the patient **eat** or **drink** after midnight. If the patient has anything to eat or drink after midnight or the morning of the surgery, including a sip of water, **THE SURGERY WILL BE CANCELLED**. If for any reason you must cancel, we require a 48 hour notice or the surgery will not be rescheduled.

Thank you,

Dr. Andy Kitchens
Dr. Michael Kitchens

(Please sign) Parent or Guardian's signature:

Patients Name: _____

Date: _____