

ESTIMATE

Client: K [REDACTED]

Doctor: Dr. Tony Cambridge
Clinical Record: 630129
Estimate: 157624 (04-09-2019)

MPL Revision - Left (Fixed Fee)

DESCRIPTION	QTY	TOTAL
VSS1 (In House, Comp. & Cbc)	1 → 1	\$139.00 → \$139.00
Isoflurane Anest Units	60 → 60	\$150.00 → \$150.00
Premed Injection	1 → 1	\$100.00 → \$100.00
Induction Agent	1 → 1	\$75.00 → \$75.00
Soft Wrap Leg or Feet	1 → 1	\$75.00 → \$75.00
Catheter - IV	1 → 1	\$42.00 → \$42.00
Fluids-Lavage	1 → 1	\$38.00 → \$38.00
IV Fluids/Liter	1 → 1	\$45.00 → \$45.00
Soluset Admin. Set	1 → 1	\$22.00 → \$22.00
Overnight Care Per Night	1 → 1	\$140.00 → \$140.00
Examination-Courtesy	1 → 1	\$0.00 → \$0.00
Hospital Care 1st Day	1 → 1	\$80.00 → \$80.00
Injectable Meds Estimate	2 → 2	\$260.00 → \$260.00
Pharmacy for Est \$120	2 → 2	\$240.00 → \$240.00
Consumable (Gown, Glove & Drape)	1 → 1	\$85.00 → \$85.00
Major/Minor Pack	1 → 1	\$140.00 → \$140.00
Suture	4 → 4	\$96.00 → \$96.00
Surgical Power Drill Pack	1 → 1	\$45.00 → \$45.00
Surgery-Orthopedic	0.3 → 0.3	\$189.00 → \$189.00
Operating Room	1 → 1	\$125.00 → \$125.00
Xray Preoperative-2 View	1 → 1	\$220.00 → \$220.00
Xray Postoperative - 2 View	1 → 1	\$220.00 → \$220.00
Fixed Fee	1 → 1	-\$2026.00 → -\$2026.00

Subtotal	\$500.00
Tax	\$0.00
Total	\$500.00
Required Deposit	\$250.00

Client Signature:

This is an estimate of fees for the examinations, procedures, surgery, or diagnostic services currently anticipated for appropriate treatment and diagnosis of the patient indicated. Should additional services become necessary to properly care for the patient, it is possible the actual fees will be as much as 25% greater than those currently anticipated.

I do hereby consent and agree that photographs, videotape, or digital recordings of my pet obtained during hospitalization may be used for the purpose of medical case reports, educational presentations, and advertising purposes. Client confidentiality will be maintained.

I authorize VSS to disclose my contact information, including my name and address, and information about my pet to third parties for the purpose of providing reminders, issuing product recalls, or other veterinary healthcare information that may be of interest to me. This Authorization to Disclose is intended as my written authorization pursuant to California Business and Professions Code section 4857 and is limited to the items listed above and does not authorize disclosure of my pet's medical records beyond what is specifically authorized pursuant to section 4857.

I, as an authorized agent for the above described patient, hereby approve the performance of the listed services and assume financial responsibility for the charges incurred by the patient. If anesthetic, sedation, or surgery is planned, I hereby acknowledge that the risks inherent to such procedures have been explained to me.

I understand that if medications are prescribed, they can be dispensed by Veterinary Surgical Specialists, or at an off-site pharmacy.

Payment of the balance is due at time of release or completion of services.

When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. For inquiries, please call 949-936-0055.

In case of emergency, please call AVSG After Hours at 949-653-9300. AVSG After Hours is located inside our building.

Client signature: Date: 04-09-2019

Diane Craig, D.V.M., Diplomate A.C.V.S.

Tony Cambridge, B.V.M.S., Diplomate A.C.V.S.

Peter Sebestyen, D.V.M., Diplomate A.C.V.S.

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