

Hearts & Smiles

A Patient Correspondence Form for Cardiologists and Dentists

Patient Name: _____

Cardiologist Name: _____

Patient Date of Birth: _____

Cardiologist Phone: _____

Dentist Name: _____

Dentist Phone: _____

Give antibiotics before dental procedures in line with AHA guidelines. Cardiologist provides last office visit report to dentist.	<input type="radio"/> YES <input type="radio"/> NO
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<input type="radio"/> YES <input type="radio"/> NO	Dental procedures with pharmacologic behavior guidance indicated. Dentist calls cardiologist to discuss patient risk with minimal or moderate sedation.
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Noteworthy findings noted on most recent ECHO. Cardiologist gives printed report to dentist.	<input type="radio"/> YES <input type="radio"/> NO
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<input type="radio"/> YES <input type="radio"/> NO	Modifications are needed to anticoagulant therapy. Dentist calls cardiologist before each procedure to determine plan.
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Elective dental procedures should be deferred for 6 months after cardiac procedure. Cardiologist informs dentist.	<input type="radio"/> YES <input type="radio"/> NO
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<input type="radio"/> YES <input type="radio"/> NO	Requires continuous ECG monitoring during dental procedures. Cardiologist gives printed report to dentist.
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Dental clearance is needed before cardiac surgery or catheterization. Cardiologist requests written report from dentist.	<input type="radio"/> YES <input type="radio"/> NO
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<input type="radio"/> YES <input type="radio"/> NO	If dental surgery under general anesthesia is needed, cardiac anesthesiologist recommended.
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Electrical precautions needed for implanted pacemaker/cardioverter defibrillator. Cardiologist calls dentist to inform and discuss plan.	<input type="radio"/> YES <input type="radio"/> NO
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<input type="radio"/> YES <input type="radio"/> NO	If dental surgery under general anesthesia needed, post operative admission should be planned.
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I have examined the patient, completed this form, and reviewed its contents with the patient and caregiver(s).

Provider: _____

Date: _____