Hearts & Smiles
A Patient Correspondence Form for Cardiologists and Dentists

Patient Name:__________________________________
Patient Date of Birth:____________________________
Cardiologist Name: ___________________________
Cardiologist Phone: ___________________________
Dentist Name:_______________________________
Dentist Phone:_______________________________

Give antibiotics before dental procedures in line with AHA guidelines. Cardiologist provides last office visit report to dentist.

Noteworthy findings noted on most recent ECHO. Cardiologist gives printed report to dentist.

Elective dental procedures should be deferred for 6 months after cardiac procedure. Cardiologist informs dentist.

Dental clearance is needed before cardiac surgery or catheterization. Cardiologist requests written report from dentist.

Electrical precautions needed for implanted pacemaker/cardioverter defibrillator. Cardiologist calls dentist to inform and discuss plan.

Dental procedures with pharmacologic behavior guidance indicated. Dentist calls cardiologist to discuss patient risk with minimal or moderate sedation.

Modifications are needed to anticoagulant therapy. Dentist calls cardiologist before each procedure to determine plan.

Requires continuous ECG monitoring during dental procedures. Cardiologist gives printed report to dentist.

If dental surgery under general anesthesia is needed, cardiac anesthesiologist recommended.

If dental surgery under general anesthesia is needed, post operative admission should be planned.

I have examined the patient, completed this form, and reviewed its contents with the patient and caregiver(s).

Provider:____________________________________
Date:_______________________________________

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