

Cary Pediatric Dentistry

Dr. Robert D. Elliott

Dr. Julie R. Molina

540 New Waverly Place • Suite 300 • Cary, NC 27518 • Telephone: (919) 852-1322 • FAX: (919) 852-1230

Date: ____/____/____

Dear Dr. _____

Your patient: _____ DOB: ____/____/____

On completion of our Health History Form, a heart condition was noted for this child. From the history given, it is unclear whether or not their cardiac condition falls within a category that the American Heart Association (AHA) recommends subacute endocarditis (SBE) prophylaxis. If antibiotic coverage is indicated, then the appropriate medication according to the AHA 1997 Guidelines will be prescribed prior to any dental procedure likely to induce gingival bleeding.

Please indicate below, the child's specific heart condition and check whether or not this patient requires SBE prophylaxis. Please return this document to our office by fax to **(919) 852-1230**.

Thank you in advance for your help!



Robert D. Elliott, D.M.D., M.S.

Julie R. Molina, D.D.S., M.S.

Pediatric Dentistry

Patient's Cardiac Condition: _____

This patient **REQUIRES** SBE prophylaxis

This patient does **NOT** require SBE prophylaxis

Physician's Signature

Date

Physician's Office Phone Number