

## Dental Consultation Request for Cardiac Surgery – FOR PATIENTS 1 YEAR OF AGE AND OLDER

Please fax completed form to 404-785-6266 or email to [CPGCTSurgeyScheduling@choa.org](mailto:CPGCTSurgeyScheduling@choa.org)

All caries must be restored at least two weeks prior to cardiac surgery. All extractions or more extensive dental procedures must be completed at least four weeks prior to cardiac surgery. Patients who present to our pre-operative clinic with active disease, including caries, will not receive cardiac surgery.

To: \_\_\_\_\_

Dentist's name

Dentist's phone

Dentist's fax

From: CT Surgery, Children's Healthcare of Atlanta 404-785-0504 404-785-6266

Physician's name

Physician's phone

Physician's fax

Re: \_\_\_\_\_

Patient's name

Patient's date of birth

Parent/Guardian's signature authorizing exchange of information between dentist and physician Date

Our mutual patient is planning to have cardiac surgery soon. Oral infection can be a complicating factor in many types of heart surgery. Please perform a complete dental evaluation and treat any dental conditions, including caries, that may lead to future dental extractions or other invasive dental procedures.

### Dental Caries and Periodontal Status

☐

No active disease or treatment needs

☐

Active disease, including caries (requires treatment prior to the cardiac surgery)

### Orthodontic/Prosthodontic Status

☐

No active treatment

☐

Removable appliance present

☐

Fixed appliances present

### Mobility of Teeth

☐

No loose teeth, implants, or appliances of concern for intubation or transesophageal echocardiography procedures

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Loose teeth or appliances of special concern

Date of last dental appointment: \_\_\_\_\_

Comments on oral findings, pending treatment needs, and proposed dates of service:

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Dentist Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dentists should consult with patient's cardiologist directly for any recommendations prior to dental treatment.