

Date: _____

Cardiac Services Waiting List Office
Room 114
Division of Women's and Children's Services
Paul O'Gorman Building
Bristol
BS2 8BJ

Dear Cardiology Team,

Re:

Patient details/sticker

I confirm that I have provided a dental assessment for the above child, who has a cardiac condition and is due to have a cardiac procedure in the near future, and that:

- ✓ All carious primary or permanent teeth have been restored
- ✓ Teeth with caries and/or restorations close to the pulp, that could cause sepsis, have been extracted
- ✓ Oral hygiene is good
- ✓ All calculus has been removed

Signed	
Name and designation	
Practice address	
Practice telephone	