

Address to the referral
centre of the relevant CDS

Dear Colleague,

Re:

Diagnosis:

Planned surgery:

Antibiotic prophylaxis recommended: No / Yes Details _____

I would be grateful if you would assess the above patient and provide any required dental treatment prior to their planned cardiac surgery.

Please complete and return the enclosed fit for surgery form at your earliest convenience.

Cardiac surgery will not proceed until we have received confirmation that the patient is dentally fit.

Many thanks for your assistance,

Yours sincerely,

A. Cardiologist

CC. General dental practitioner

Dear colleague, please contact the community dental service to share any recent clinical information and radiographs for this patient to avoid unnecessary repetition of investigations.