

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 2018 Guidelines will be prescribed prior to any dental procedures 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 (602) 715-0404.

Thank you in advance for your help!

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