



**To Our Patients:**

Thank you for your interest in your dental health and the appointment you have scheduled. We appreciate the confidence you have placed in us. Because we take great pride in providing our patients with the highest in quality dental care, we have created this medical and CDC disclosure.

In an effort to ensure that your experience and care is the best that can be offered, we would like to be informed if you have or have ever been treated for specific medical conditions. These conditions would require you to take a preventative antibiotic prior to your dental visit and knowing these conditions in advance will ensure that we can give you reminders and the pre-medication you need. The conditions are as follows:

1. Artificial heart valves
2. A history of Infective Endocarditis
3. Specific, serious congenital (present at birth) heart conditions, including:
  - \*unrepaired or completely repaired cyanotic congenital heart disease, including those with palliative shunts and conduits.
  - \*a completely repaired congenital heart defect with prosthetic material or device, whether placed by surgery or by catheter intervention, during the first six months after the procedure.
  - \*any repaired congenital heart defect with residual defect at the site or adjacent to the site of a prosthetic patch or prosthetic device.
  - \*a cardiac transplant that develops a problem in the heart valve.

(American Heart Association, updated October, 2007, reprinted from [www.ada.org](http://www.ada.org))

We would also like to take this opportunity to reassure you that our office and staff take all possible measures to ensure the cleanliness of our office. As set forth by the Centers for Disease Control (CDC), all dental instruments are completely disinfected and sterilized before each use. We use a steam autoclave in order to sterilize all instruments and comply with infection control. Please do not hesitate to ask if you have any questions regarding our sterilization procedures and infection control.

Please sign and date this letter that you have been provided this information.

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