

SWEDISH CARDIAC SURGERY

1600 E. Jefferson, Suite 110, Seattle, WA 98122
T 206.320.7300 F 206.320.4698
swedish.org



SWEDISH
HEART & VASCULAR
INSTITUTE

Dental Clearance Letter

Re _____ DOB _____

Glenn R. Barnhart, MD
Chief, Cardiac Surgical Services

David M. Gartman, MD
Cardiac Surgeon

Eric J. Lehr, MD, PhD
Cardiac Surgeon

Joseph F. Teply, MD
Cardiac Surgeon

To Whom It May Concern:

Our mutual patient noted above is scheduled to undergo heart valve surgery at Swedish Cardiac Surgery. Prior to surgery, it is important to verify that the patient has had a dental exam within the past six months, has no current dental infection and no anticipation of dental care within the next six months excluding restoration.

This letter is an important part of our preoperative patient evaluation; please fax this letter back to us as soon as possible.

Thank you for your assistance,

Drs. Glenn Barnhart, David Gartman, Eric Lehr and Joseph Teply

I certify that the patient has had a dental exam within the past six months and does not have a dental infection requiring treatment.

Date of last dental exam: _____

Dentist name (please print): _____

Dentist signature: _____

Date: _____

Please fax this letter to Swedish Cardiac Surgery: 206-320-4698.