

McLaren Flint

McLaren Cardiac and Thoracic Surgery
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401 South Ballenger Highway-3 North
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(810) 342-2590 - Phone
(810) 342-2591 - Fax

Dental Clearance Letter

Re _____ DOB _____

To Whom It May Concern:

Our mutual patient noted above is scheduled to undergo heart valve surgery at McLaren-Flint. 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 month 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,

The staff of McLaren Cardiac and Thoracic Surgery

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

Date of last exam: _____

Dentist Name (please print): _____

Dentist Signature: _____

Date: _____

Please fax this letter to McLaren Cardiac and Thoracic Surgery: (810) 342-2591



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PT.

MR.#/P.M.

DR.