



Brady Building, Harrisburg Campus, 205 South Front Street, 4th Floor, Harrisburg, PA 17104

Telephone: (717) 231-8555

Fax: (717) 231-8698

Dental Clearance Letter

Re _____ DOB _____

To Whom It May Concern:

Dr. Mubashir Mumtaz, MD, FACS
Chief, Cardiovascular &
Thoracic Surgery

Our mutual patient noted above is scheduled to undergo heart valve surgery at PinnacleHealth. Prior to surgery, it is important to verify that the patient has had a dental exam within the past 6 months, has no current dental infection and no anticipation of dental care within the next 6 months excluding restoration.

Dr. David Loran, MD
Cardiovascular Surgeon

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. Mubashir Mumtaz & David Loran

I certify that the patient has had a dental exam within the past 6 months and does not have a dental infection requiring treatment.

Dentist name (please print): _____

Dentist signature: _____

Date: _____

**PLEASE FAX THIS LETTER TO PINNACLE HEALTH
CARDIOVASCULAR & THORACIC SURGERY: (717) 231-8568**