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Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

DOB: \_\_\_\_\_

Your Patient: \_\_\_\_\_

Dear Dr. \_\_\_\_\_

On completion of the Henderson Pediatric Dentistry Medical History questionnaire, your patient has a history of a heart condition. From the history given, it is unclear whether or not their cardiac condition falls within a category that the American Heart Association (AHA) recommends infective endocarditis (IE or SBE) prophylaxis. If antibiotic coverage is indicated, then the appropriate medication according to the AHA 2007 Guidelines will be prescribed prior to any dental procedure likely to induce gingival bleeding.

Please indicate below, the child's specific heart condition and check whether or not this patient requires antibiotic prophylaxis. Once your determination has been made, please forward a copy of your written documentation by fax to 252-492-5440.

Thank you in advance for your prompt attention to this matter.

\_\_\_\_\_  
Rhonda L. Kearney, DDS, MS  
Pediatric Dentist

Patient's Cardiac Condition: \_\_\_\_\_

\_\_\_\_\_ YES - this patient requires IE (or SBE) Antibiotic prophylaxis.

\_\_\_\_\_ NO - this patient does NOT require IE (or SBE) Antibiotic prophylaxis.

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician's Name (Print)