

Pediatric Dentistry Orthodontics

Barry D. Lyon, D.D.S. & Associates, L.L.C.

Pediatric Dentistry

Barry D. Lyon, D.D.S.
Jamila K. Chase, D.D.S.
Wendy Daulat, D.D.S.

Orthodontics

Françoise E. Engel, D.D.S.
Diplomate, American Board of Orthodontics

Sarah Bowling, D.D.S.
Sylvia Yen, D.M.D., M.P.H.

Date: _____

Dear Dr. _____:

Your patient, _____, has come to this office for dental care.

There is a history of heart murmur or heart surgery.

Other _____

Would you please complete the lower half of this letter and return it via facsimile (410 760-1999) as soon as possible.

Thank you for your cooperation.

Sincerely,

Barry D. Lyon, D.D.S.

Patient's name _____

The above named patient (circle one) **DOES** **DOES NOT** require SBE prophylaxis.

Special precautions or considerations include _____

Signature of physician _____ Date _____

CONFIDENTIALITY NOTICE: THIS FACSIMILE CONTAINS INFORMATION WHICH MAY ALSO BE LEGALLY PRIVILEGED AND WHICH IS INTENDED ONLY FOR THE USE OF THE ADDRESSEE(S) NAMED ABOVE. IF YOU ARE NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION OR COPYING OF THIS INFORMATION MAY BE STRICTLY PROHIBITED. IF YOU RECEIVED THIS FACSIMILE IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE AND RETURN THE ENTIRE FACSIMILE TO US AT THE ABOVE ADDRESS VIA THE US POSTAL SERVICE.