Children's Heart Institute

To whomsoever it may concern,

I had the pleasure of seeing _____ DOB: XX/XX/20 for a pediatric cardiology evaluation on XX/XX/2025. **He/She** had a reassuring cardiac exam, EKG and echocardiogram. **He/She** is cleared for his upcoming dental procedure under anesthesia, anesthesia and as such does not appear to be at a higher risk for developing cardiac complications from such procedures compared to the general pediatric population at this age. In addition, there is no contraindication to the use of local anesthesia with epinephrine and nitrous oxide. **He/She** does not need SBE prophylaxis.

Please feel free to contact me if you have any questions or concerns.

Thank you,

_____ Mehta, MD, FAAP, FACC or Thammineni, MD, MPH, FACC
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