



Letter for Dental Health Professional

Date: _____

Dear Dental Health Professional: _____

Our son/daughter, _____, has an inherited bleeding disorder. Good oral health is important to his/her overall health, but certain procedures may cause increased bleeding. Most dental procedures can safely be managed at local dental offices; however, collaboration with our child's bleeding disorders comprehensive program is important. The following is basic information about his/her bleeding disorder and contact information for the bleeding disorders comprehensive program.

Type and severity of bleeding disorder: _____

Medications used to treat or prevent bleeds: _____

Additional medicines needed for oral care: _____

Special considerations: _____

Central venous access device: _____ yes/no

When to treat and how to treat are decisions that we would like to make in conjunction with our bleeding disorders team. Their contact information is as follows:

Hemophilia Treatment Center (HTC): _____

Medical Director: _____

Nurse Coordinator (Primary Contact): _____

Contact Phone/Fax: _____

Thank you for your special care of my child.

(Parent/Guardian)