Cardiovascular diseases represent a widespread heterogeneous group of conditions that have significant morbidity and mortality. The various diseases and their treatments can have an impact upon the dental care. In this presentation, I consider three many topics of general cardiac disease and explore their relationship to the dentist and the provision of dental treatment. The areas reviewed include the effect of cardiovascular drugs on the teeth and management of patients with dental diseases; the risk of infective endocarditis arising from periodontal procedures; the inter-relationship between dental disease and coronary artery disease. Evidence suggests that stopping anticoagulant therapy prior to dental procedures lower the risk of bleeding complications. However, increase the risk of thromboembolic disorders. The relationship between dentistry and infective endocarditis remains a controversial issue. It would appear that spontaneous bacteraemia arising from a patient's oral hygiene practices is more likely to be the cause of endocarditis than one-off periodontal procedures. The efficacy of antibiotic prophylaxis is uncertain (and unlikely to be proven), and the risk of death from penicillin appears to be greater than the risk of death arising from infective endocarditis. Finally, the association between dental disease and coronary artery disease has been explored and there seem to be many issues with respect to data handling interpretation. Many putative mechanisms have been suggested; however, these only further highlight the need for intervention studies.