

LAKE LAND COLLEGE

BLOOD PRESSURE CLEARANCE FORM

Dental Hygiene Clinic
Allied Health Division
Lake Land College
5001 Lake Land Blvd.
Mattoon, IL 61938
Phone: 217-234-5201
Fax: 217-234-5248

Patient's Name: _____

Patient's Address: _____

Patient's Date of Birth: _____

I, the undersigned (the patient), grant permission to any physician, dentist, clinic, or hospital to release to the Lake Land College Dental Hygiene Clinic all information concerning my present and/or past medical or dental condition and treatments.

Patient or guardian signature: _____ Date: _____

Dear Doctor or Hospital:

_____ (Patient's Name) reported to the Lake Land College Dental Hygiene Clinic on _____ (date) for dental hygiene care. The patient's blood pressure on that date was _____. Dental hygiene treatment was postponed based on the Hypertension Guidelines published by the American Heart Association (AHA) and the American College of Cardiology (ACC). In respect of these published guidelines, the American Dental Association recommends physician consultation prior to elective dental treatment for blood pressure readings >160/100. **We cannot provide dental treatment until we have medical clearance.**

Dental hygiene treatment will resume if the patient's blood pressure readings meet your recommendations. **Please indicate both the maximum systolic and diastolic blood pressure with which we can treat the patient in the box below.**

Supervising Faculty and/or Dentist Signature: _____

Please include all findings and recommendations below:

Signature of M.D. _____ Date: _____

Printed Name of Physician: _____ Telephone Number: _____ Fax Number: _____

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Eastern Region Center
224 South Sixth St.
Marshall, Illinois 62441
217-826-8490

The Kluthe Center for Higher
Education and Technology
1204 Network Center Blvd.
Effingham, Illinois 62401
217-540-3555

Lake Land College
5001 Lake Land Blvd.
Mattoon, Illinois 61938
217-234-5253
lakelandcollege.edu

Western Region Center
600 East First St.
Pana, Illinois 62557
217-562-5000

Workforce
Development Center
305 Richmond Ave. East
Mattoon, Illinois 61938
217-235-2222