

ANNE ARUNDEL COMMUNITY COLLEGE

School of Health Sciences - Dental Hygiene Clinic
Health and Life Sciences Building (HLSB), Room 137
101 College Parkway, Arnold, MD 21012 Phone: 410-777-7213

MEDICAL CONSULTATION / CLEARANCE REQUEST – PREGNANCY

Patient Information

Patient Name: _____ Date of Birth: _____

Phone Number: _____ Date: _____

Physician/Provider Section

Dear Healthcare Provider:

Please review your patient's health status and provide recommendations for any medical conditions, pregnancy-related complications, precautions regarding local anesthetics, and any other health concerns that may impact the provision of dental care.

Due Date: _____ Trimester: _____

1. Current Diagnosis/Condition:

2. Medications (including anticoagulants, insulin, etc.):

3. Blood pressure / A1C / other relevant values (if applicable):

4. Is this patient medically stable for routine dental hygiene care? (Please check the appropriate box.)

- Yes, no restrictions
- Yes, with modifications (please specify):
- No, defer dental treatment until further notice

5. Additional Recommendations/Precautions:

Provider Information

Provider Name: _____ Specialty: _____

Office Phone: _____ Fax/Email: _____

Signature: _____ Date: _____

Office use:

Received By: _____ Date: _____

Dentist Name: _____ Date: _____

Dentist Signature: _____