Blood Pressure Training Curriculum for the Dental Team
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LEARNING OBJECTIVES

At the end of this training, the participant should:

• Understand the basics of hypertension.
• Identify various categories of hypertension.
• Understand the appropriate technique of recording blood pressure.
• Recognize the need to measure blood pressure for every new patient, and at least annually on follow-up visits.
• Recognize the need to refer a patient with hypertension to a primary care provider.

Hypertension: An Introduction

What is blood pressure?

Blood pressure is the force of blood pushing against the walls of the arteries that carry blood from the heart to other parts of the body. Blood pressure normally rises and falls throughout the day based on an individual’s activity. High blood pressure, also known as hypertension (HTN), is a disease that occurs when blood pressure stays above normal for a long time. As a result, the walls of arteries get stretched beyond their healthy limit and damage occurs creating a variety of other health problems.¹

What is the burden of hypertension?²

• Hypertension is the 12th leading cause of death in the United States.

• In North Carolina in 2013, hypertension was the primary cause of 855 deaths (about 1% of all deaths) and a contributing cause to 23,808 heart disease and stroke deaths. That means HTN causes or contributes to at least 30% of all deaths in North Carolina each year.

• Almost one out of every three adults in the United States (31% or 76 million people) has been diagnosed with hypertension. In addition, up to one out of five adults with HTN may be unaware of their condition.

• About 2.7 million North Carolina adults (36%) have been diagnosed with HTN by a health professional. Assuming that national rates also apply to North Carolina, up to an additional 560,000 North Carolinians may have hypertension but are unaware of their condition.

• The North Carolina Medicaid program spent $189 million on 166,700 beneficiaries with HTN in 2011. That's about $1,100 per beneficiary with hypertension.
What are the risk factors for hypertension?

Hypertension has many modifiable and non-modifiable risk factors such as:

<table>
<thead>
<tr>
<th>Non-modifiable risk factors</th>
<th>Modifiable risk factors</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Advancing age:</strong> Blood vessels lose flexibility with age which can contribute to increasing pressure throughout the system.</td>
<td><strong>Overweight or obesity</strong></td>
</tr>
<tr>
<td><strong>Race/ethnicity:</strong> Hypertension is particularly common among African Americans, often developing at an earlier age than it does in Whites. Serious complications, such as stroke, heart attack, and kidney failure also are more common in African Americans.</td>
<td><strong>Physical inactivity</strong></td>
</tr>
<tr>
<td><strong>Family history/Genetic factors:</strong> Hypertension tends to run in families.</td>
<td><strong>Poor diet</strong>, especially one that is high in sodium and low in potassium</td>
</tr>
<tr>
<td></td>
<td><strong>Smoking, second-hand smoke and use of other tobacco products</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Excessive alcohol consumption</strong></td>
</tr>
</tbody>
</table>

It is important to bear in mind that a few of the risk factors mentioned above have dental implications as well. Advancing age puts people at risk for darkened teeth, dry mouth, diminished sense of taste, root decay, gum disease, tooth loss, uneven jaw bone and denture-induced stomatitis. Smoking and use of tobacco products lead to stained teeth and tongue, diminished sense of taste and smell, slow healing after tooth extraction or oral surgery, gum disease and oral cancer.

What are the signs or symptoms of hypertension?

Hypertension is frequently referred to as the silent killer, because it often has no warning signs or symptoms, and many people do not know they have it. Rarely, HTN can cause symptoms such as headache or vomiting. Even though it typically has no symptoms, HTN can have fatal consequences if not treated. Having HTN increases risk for heart disease and stroke, which are leading causes of death in the United States. There is only one way to know whether you have hypertension—have a doctor or other health professional measure it.
What are the effects of hypertension?

Uncontrolled HTN can lead to:

- **Damage to the heart and coronary arteries.** HTN can harden the arteries, which decreases the flow of blood and oxygen to the heart, and lead to heart disease. In addition, decreased blood flow to the heart can cause chest pain (angina), heart failure, and heart attack.

- **Stroke.** Hypertension can burst or block arteries that supply blood and oxygen to the brain, causing a stroke. Brain cells die during a stroke because they do not get enough oxygen. Stroke can cause serious disabilities in speech, movement and other basic activities, and a stroke can be fatal.

- **Kidney damage.** Adults with HTN have a high risk of developing chronic kidney disease. Hypertension is the second leading cause of kidney failure, and approximately one in five adults with HTN has chronic kidney disease.

- In addition, uncontrolled HTN can lead to **memory loss, vision loss, erectile dysfunction** and **peripheral artery disease**, especially the extremities (narrowing of the arteries in the legs).

How is hypertension diagnosed?

Hypertension is diagnosed by performing a simple, quick and painless blood pressure test using various types of blood pressure measurement devices. This test can be performed at a health care provider’s office, hospital, clinic, nurse’s office, company clinic or health fair to diagnose hypertension. The bicep/upper arm cuff device yields the most accurate reading among various types of devices. (More information in the section on Recording Blood Pressure)

What do the blood pressure numbers mean?

Blood pressure is measured using two numbers. The first or the top number, called systolic blood pressure, measures the pressure in blood vessels when the heart beats. The second or the bottom number, called diastolic blood pressure, measures the pressure in blood vessels when the heart rests between beats.

If the measurement reads 120 systolic and 80 diastolic, you would say “120 over 80” or write “120/80 mmHg.” A systolic BP reading ≥ 140 mm Hg and/or a Diastolic BP reading of ≥ 90 mm Hg over repeated measurements is considered hypertension. If the patient has diabetes or chronic kidney disease, a blood pressure of 130/80 mmHg or higher is considered hypertension.

The following chart reflects blood pressure categories defined by The Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of Hypertension.5
Blood Pressure Classification

JNC 7 Definition

<table>
<thead>
<tr>
<th>Blood Pressure (mm Hg)</th>
<th>Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Systolic</td>
<td>Diastolic</td>
</tr>
<tr>
<td>&lt;120</td>
<td>and &lt;80</td>
</tr>
<tr>
<td>120–139</td>
<td>or 80–89</td>
</tr>
<tr>
<td>140–159</td>
<td>or 90–99</td>
</tr>
<tr>
<td>≥160</td>
<td>or ≥100</td>
</tr>
</tbody>
</table>

Hypertension: Implications for the Dental Team

The dental office can play an important role in the detection and management of hypertension because dental care is one of the few health care services utilized consistently by a large section of the general population. The Centers for Disease Control and Prevention (CDC) estimated that 65.4% of Americans older than two years had at least one dental visit in 2009. Furthermore, studies indicate that in 2008, of the 26.0% of children and 24.1% of adults who did not have contact with a general health care provider, a sizeable proportion (34.7% of these children and 23.1% of these adults) did visit a dental practice that year. Studies have also shown that dental care professionals can play an important role in a patient’s overall health by measuring blood pressure, potentially identifying undiagnosed or uncontrolled hypertension, and referring individuals to their physicians when treatment is indicated. It is because of this opportunity and the relative ease of measuring blood pressure that we recommend screening for hypertension at dental office visits.

The American Dental Association (ADA) recommends that all dental care providers become involved in the detection and management of hypertension. The ADA recommends that dental offices should take blood pressure on all new patients and annually on recalls.

Recommendation

It should be standard practice to measure blood pressure of every patient at every visit to the dental office. It is also a good practice to conduct a detailed evaluation of a patient with hypertension—taking detailed history of the condition, duration, medications, any existing complications and a family history of cardiovascular disease and other related diseases. (See Appendix A for a list of anti-hypertensive medications.)
Managing care in patients with hypertension

The ADA recommends that non-emergent procedures be avoided in patients with a blood pressure of greater than 180/110 mm Hg. Below are recommendations on dental care based on blood pressure level.⁸

**Dental Treatment and Hypertension***

<table>
<thead>
<tr>
<th>SBP†</th>
<th>DBP‡</th>
<th>MRF§</th>
<th>Dentist Guidelines</th>
</tr>
</thead>
<tbody>
<tr>
<td>120–139</td>
<td>80–89</td>
<td>Yes/No</td>
<td>Routine dental treatment OK; discuss high blood pressure guidelines</td>
</tr>
<tr>
<td>140–159</td>
<td>90–99</td>
<td>Yes/No</td>
<td>Routine dental treatment OK; consider sedation for complex dental or surgical procedures; refer for medical consult</td>
</tr>
<tr>
<td>160–179</td>
<td>100–109</td>
<td>No</td>
<td>Routine dental treatment OK; consider sedation for complex dental or surgical procedures; refer for medical consult</td>
</tr>
<tr>
<td>160–179</td>
<td>100–109</td>
<td>Yes</td>
<td>Urgent dental treatment OK; refer for medical consult</td>
</tr>
<tr>
<td>180–209</td>
<td>110–119</td>
<td>No</td>
<td>No dental treatment without medical consultation; refer for prompt medical consult</td>
</tr>
<tr>
<td>180–209</td>
<td>110–119</td>
<td>Yes</td>
<td>No dental treatment; refer for emergency medical treatment</td>
</tr>
<tr>
<td>≥210</td>
<td>≥120</td>
<td>Yes/No</td>
<td>No dental treatment; refer for emergency medical treatment</td>
</tr>
</tbody>
</table>


†SBP: Systolic blood pressure.
‡DBP: Diastolic blood pressure.
§MRF: Medical risk factors (such as prior myocardial infarction, angina, high coronary disease risk, recurrent stroke prevention, diabetes, kidney disease).

Patients with hypertension are at an increased risk of developing adverse effects in a dental office. It is important that patients with hypertension be monitored throughout each dental visit, especially visits that involve complex procedures, since elevations of blood pressure can increase a patient’s risk of experiencing a stroke or heart attack in the dental chair.⁹ Local anesthetics that contain epinephrine or other vasoconstrictors can increase blood pressure and risk of development of an arrhythmia which is dangerous in patients with hypertension. Because of the high prevalence of disease and medication use for hypertension, dentists should also be aware of the oral side effects of antihypertensive medications.
1. Orthostatic Hypotension
Those at greatest risk are:
- Older adults
- Those on multiple antihypertensive medications
- Those undergoing lengthy dental procedures

2. Xerostomia (Dry Mouth)
Caused by many antihypertensive medications, particularly:
- Central α2-agonists and other centrally acting drugs
- α1-adrenergic blockers
- β-adrenergic blocking agents
- Diuretics
- ACE inhibitors
- Calcium channel blockers
Risk increases when taking multiple xerostomic medications.

3. Gingival Overgrowth
Caused by most calcium channel blockers, particularly Nefidipine.

4. Lichenoid Reactions
Caused by several anti-hypertensive medications, particularly:
- Thiazides (diuretics)
- Furosemide (diuretic)
- Spironolactone (diuretic)
- Propanalol (β-blocker)
- Labetalol (β-blocker)
- ACE inhibitors
- Methyldopa

5. Dysgeusia (Taste Alteration)
Caused by:
- ACE inhibitors
- Diltiazem (calcium channel blocker)

6. Potential Drug Interactions
Epinephrine in local anesthetics can interact with:
- Non-selective β-blockers leading to reduced cardiac output
- Non-potassium-sparing diuretics leading to dysrhythmias
Recording Blood Pressure

**Preparation**

Effort should be made to help the patient relax for at least five minutes before measuring blood pressure. Care should be taken to eliminate external factors, such as a noisy environment. Patient should be reassured that results of the blood pressure measurement will be confidential.

The patient should not smoke, drink caffeinated beverages or exercise for 30 minutes prior to the measurement. The patient should also empty his/her bladder, as a full bladder can increase blood pressure slightly. (All of these can be advised to the patient at the time of making an appointment or during a telephone confirmation if applicable.)

**Positioning**

The patient should be seated in a relaxed, comfortable position with back well supported, feet flat on the floor and legs uncrossed. If the feet do not reach the floor, use a book or similar object on which to rest the feet. If the patient is slouched, both the systolic and diastolic pressures will be inaccurately high.

The cuff should preferably be placed on bare skin. If one is going to roll up a sleeve to place the blood pressure cuff, it must be rolled up as high as possible, and it must be possible to place two fingers under the sleeve with no difficulty.

The arm should be slightly flexed, the palm of the hand facing up, with the entire forearm supported on a smooth, flat surface. The brachial artery must be at heart level. Desk-high tables will position the arm at heart level. If an individual is exceptionally tall or short, adjustments should be made to position the arm properly. If the brachial artery is above the level of the heart, both the systolic and diastolic blood pressures will be inaccurately low. If the brachial artery is below the level of the heart, the opposite will be true.

The patient should not talk and should stay still while blood pressure is being measured.
**Equipment**

If you are using an aneroid manometer (manual), make sure the instrument is **calibrated** every six months or as recommended by the manufacturer. Note: The dial position at the zero mark of an aneroid manometer under no pressure does not mean the instrument is accurate; routine calibration is necessary.

For automatic blood pressure monitors, make sure you purchase only **validated devices**. The instrument also needs to be checked for accuracy as recommended by the manufacturer.

It is highly recommended that you use an **upper arm/bicep cuff** for measuring blood pressure. The [www.dableducational.org](http://www.dableducational.org) website provides information regarding validated blood pressure devices. This is a great resource to check regarding blood pressure device quality. It lists if the devices are acceptable via criteria set by the British Hypertension Society, the International Protocol of the European Society for Hypertension and the American Association of Medical Instrumentation.

Finger blood pressure devices are not recommended for use, but some wrist devices have been validated. Wrist devices can be used without having to remove clothing, and they are small and easily transportable. Additionally, since wrist circumference varies less with body weight than upper arm circumference, wrist devices can be used with larger patients. The disadvantage of wrist devices is that accuracy is dependent on precise patient positioning—having the arm at heart level during the measurement (see manufacturer’s instructions for the device). The position of the lower arm can greatly influence the measurement from a wrist device. Visit [dableducational.org](http://dableducational.org) for more information regarding wrist devices.

Another aspect of using the right equipment is using the right cuff size to measure blood pressure. It is advised that you measure the patient’s upper arm and use the appropriate cuff. **For adults**, the bladder (the inflatable portion inside a cuff) of the cuff length must encircle at least 80% of the upper arm circumference. The width of the bladder must encircle at least 40% of the arm circumference.

For routine adult screening activities, four different cuff/bladder sizes are required. See table below:

<table>
<thead>
<tr>
<th>Name of cuff</th>
<th>Arm Size (circumference)</th>
<th>Bladder Size</th>
</tr>
</thead>
<tbody>
<tr>
<td>Small Adult</td>
<td>9–10 inches</td>
<td>5 inches wide X 9 inches long</td>
</tr>
<tr>
<td>Adult</td>
<td>10–13 inches</td>
<td>6 inches wide X 12 inches long</td>
</tr>
<tr>
<td>Large Adult</td>
<td>13–17 inches</td>
<td>6 inches wide X 14 inches long</td>
</tr>
<tr>
<td>Thigh</td>
<td>17–20 inches</td>
<td>6 inches wide X 16.5 inches long</td>
</tr>
</tbody>
</table>

If you use a cuff that is too small, the resulting blood pressure reading will be too high. If you use a cuff that is too large, the reading will be too low.
There are two additional checks to do to make sure the cuff is applied correctly.

1. The lower edge of the cuff should be at least one inch (2-1/2 cm) above the bend in the elbow (antecubital fossa). Palpate the location of the brachial pulse at the antecubital fossa, and center the inflatable bladder directly above the brachial artery. Wrap the cuff smoothly and snugly around the arm.

2. Test for proper cuff application by placing both thumbs under the applied cuff and tug gently; the cuff should not move. If the cuff is too loose, the blood pressure will be incorrectly high.

Watch a short video demonstrating the right technique to measure blood pressure. Click here.

Special Case Scenarios

Blood pressure recording in an:

- **Anxious patient**: Allow the patient to relax in a calm environment at least five minutes before measuring blood pressure. It is also advisable to take two blood pressure readings, one to two minutes apart, and average the readings to obtain an accurate blood pressure.

- **Patient with white coat hypertension or masked hypertension**: White coat hypertension refers to a persistently elevated office blood pressure with normal blood pressure outside of the office, which has been attributed to anxiety, or a conditional response to the unusual situation. Masked hypertension refers to when a patient has a normal office blood pressure but has hypertension outside of the office. The prevalence of white coat hypertension during physician visits is approximately 20%, but its prevalence in the setting of visits to the dentist's office has not been established. White-coat hypertension and masked hypertension can be diagnosed through various methods including home blood pressure monitoring and 24-hour ambulatory blood pressure monitoring.10

- **Patient with signs of illicit drug use, arteriovenous fistula, lymphedema, wounds or prior blood work**: Determine if the opposite arm is more suitable for recording blood pressure.
Close the Loop: Refer to the Primary Care Physician

Hypertension-associated morbidity and mortality is a major health concern; however, with appropriate treatment, hypertension can be managed and the associated sequelae reduced. The key to controlling this disease depends on proper and timely prevention, detection, evaluation and treatment. The involvement of dental care providers in strategies to identify individuals with undiagnosed or uncontrolled hypertension will extend disease prevention and control efforts, and provide a portal for individuals who do not see a physician on a regular basis to enter into the general health care system.

The dental team plays a very important role in creating a patient-centered health home for a patient to experience more effective and coordinated evidence-based health care that integrates medicine, dentistry and social/environmental factors. A patient-centered health home is a model of health care delivery which is patient-centered, comprehensive, coordinated, accessible, and committed to quality and safety.

Dentists and members of the dental team can and should play an important role in the fight against hypertension and its sequelae, by monitoring blood pressure and detecting undiagnosed/uncontrolled hypertension. The most important message to this training is to “CLOSE THE LOOP” by referring a patient with hypertension (≥140/90 mm Hg) to either his/her primary care physician or to a local safety net provider, so that the condition can be appropriately managed and/or treated. The dental team therefore plays a vital role not only in caring for their patients’ oral health but also in supporting their overall health.

A template referral form that can be used by dental offices to refer patients with hypertension is attached in Appendix B.
## APPENDIX A: List of anti-hypertensive medications

<table>
<thead>
<tr>
<th>BRAND NAME</th>
<th>OTHER NAMES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ACE INHIBITORS</strong></td>
<td></td>
</tr>
<tr>
<td>Aceon</td>
<td>Perindopril</td>
</tr>
<tr>
<td>Accupril</td>
<td>Quinapril</td>
</tr>
<tr>
<td>Altace</td>
<td>Ramipril</td>
</tr>
<tr>
<td>Capoten</td>
<td>Captopril</td>
</tr>
<tr>
<td>Lotensin</td>
<td>Benazepril</td>
</tr>
<tr>
<td>Movik</td>
<td>Trandolapril</td>
</tr>
<tr>
<td>Monopril</td>
<td>Fosinopril</td>
</tr>
<tr>
<td>Prinivil</td>
<td>Lisinopril</td>
</tr>
<tr>
<td>Zestril</td>
<td></td>
</tr>
<tr>
<td>Univasc</td>
<td>Moexipril</td>
</tr>
<tr>
<td>Vasotec</td>
<td>Enalapril</td>
</tr>
<tr>
<td>No brand name</td>
<td>Enalaprilat</td>
</tr>
<tr>
<td><strong>ANGIOTENSIN II ANTAGONISTS</strong></td>
<td></td>
</tr>
<tr>
<td>Atacand</td>
<td>Candesartan</td>
</tr>
<tr>
<td>Avapro</td>
<td>Irbesartan</td>
</tr>
<tr>
<td>Benicar</td>
<td>Olmesartan</td>
</tr>
<tr>
<td>Cozaar</td>
<td>Losartan</td>
</tr>
<tr>
<td>Diovan</td>
<td>Valsartan</td>
</tr>
<tr>
<td>Edarbi</td>
<td>Azilsartan</td>
</tr>
<tr>
<td>Micardis</td>
<td>Telmisartan</td>
</tr>
<tr>
<td>Teveten</td>
<td>Eprosartan</td>
</tr>
<tr>
<td><strong>CALCIUM CHANNEL BLOCKERS</strong></td>
<td></td>
</tr>
<tr>
<td>Norvasc</td>
<td>Amlodipine</td>
</tr>
<tr>
<td>Cleviprex</td>
<td>Clevidipine</td>
</tr>
<tr>
<td>Cardizem</td>
<td>Diltiazem</td>
</tr>
<tr>
<td>Dilacor XR</td>
<td></td>
</tr>
<tr>
<td>Tiazac</td>
<td></td>
</tr>
<tr>
<td>Plendil</td>
<td>Felodipine</td>
</tr>
<tr>
<td>DynaCirc CR</td>
<td>Isradipine</td>
</tr>
<tr>
<td>Cardene</td>
<td>Nicardipine</td>
</tr>
<tr>
<td>Adalat CC</td>
<td>Nifedipine</td>
</tr>
<tr>
<td>Procardia</td>
<td></td>
</tr>
<tr>
<td>No brand name</td>
<td>Nimodipine</td>
</tr>
<tr>
<td>Sular</td>
<td>Nisoldipine</td>
</tr>
<tr>
<td>Calan</td>
<td>Verapamil</td>
</tr>
<tr>
<td>Covera HS</td>
<td></td>
</tr>
<tr>
<td>Isoptin SR</td>
<td></td>
</tr>
<tr>
<td>Verelan</td>
<td></td>
</tr>
<tr>
<td><strong>BETA BLOCKERS</strong></td>
<td></td>
</tr>
<tr>
<td>Bystolic</td>
<td>Nebivolol</td>
</tr>
<tr>
<td>No brand name</td>
<td>Timolol</td>
</tr>
<tr>
<td>Coreg</td>
<td>Carvedilol</td>
</tr>
<tr>
<td>Corgard</td>
<td>Nadolol</td>
</tr>
<tr>
<td>Inderal, Inderal LA</td>
<td>Propranolol</td>
</tr>
<tr>
<td>No brand name</td>
<td>Betaxolol</td>
</tr>
<tr>
<td>Levatol</td>
<td>Penbutolol</td>
</tr>
<tr>
<td>Lopressor, Toprol XL</td>
<td>Metoprolol</td>
</tr>
<tr>
<td>Sectral</td>
<td>Acebutolol</td>
</tr>
<tr>
<td>Tenormin</td>
<td>Atenolol</td>
</tr>
<tr>
<td>Trandate</td>
<td>Labetalol</td>
</tr>
<tr>
<td>No brand name</td>
<td>Pindolol</td>
</tr>
<tr>
<td>Zebeta</td>
<td>Bisoprolol</td>
</tr>
</tbody>
</table>
## Blood Pressure Training Curriculum for the Dental Team

### DIURETICS
- **Aldactazide** (Aldactone)
  - Other Name: Spironolactone
- **Demadex**
  - Other Name: Torsemide
- **Diuril**
  - Other Name: Chlorothiazide
- **Enduron**
  - Other Name: Methyclothiazide
- **Microzide**
  - Other Name: Hydrochlorothiazide
- **Oretic**
  - Other Name: Hydrochlorothiazide
- **Lasix**
  - Other Name: Furosemide
- **Saluron**
  - Other Name: Hydroflumethiazide
- **Thalitone**
  - Other Name: Chlorthalidone
- **Zaroxolyn**
  - Other Name: Metolazone

### PERIPHERALLY ACTING ALPHA-ADRENERGIC BLOCKERS
- **Cardura**
  - Other Name: Doxazosin
- **Dibenzyline**
  - Other Name: Phenoxybenzamine
- **Minipress**
  - Other Name: Prazosin
- **Hytrin**
  - Other Name: Terazosin

### CENTRALLY ACTING ALPHA-ADRENERGICS
- **Catapres**
  - Other Name: Clonidine
- **Tenex**
  - Other Name: Guanfacine

### VASODILATORS
- **No brand name**
  - Other Name: Hydralazine
- **No brand name**
  - Other Name: Minoxidil

### RENIN INHIBITORS
- **Tekturna**
  - Other Name: Aliskiren

### COMBINATION DRUGS
- **Diovan HCT**
  - Other Name: Valsartan and Hydrochlorothiazide
- **Exforge**
  - Other Name: Amlodipine and Valsartan
- **Exforge HCT**
  - Other Name: Amlodipine, Valsartan, and Hydrochlorothiazide
- **Hyzaar**
  - Other Name: Hydrochlorothiazide and Losartan
- **Lotrel**
  - Other Name: Benazepril and Amlodipine
- **Tarka**
  - Other Name: Verapamil and Trandolapril
- **Tribenzor**
  - Other Name: Olmesartan, Amlodipine and Hydrochlorothiazide
- **Vaseretic**
  - Other Name: Enalapril Maleate and Hydrochlorothiazide
- **Caduet**
  - Other Name: Amlodipine and Atorvastatin
APPENDIX B: Template referral form to primary care provider

February 2, 2016

(Physician name)
(Physician address)
(Physician phone)
(Physician fax)

RE: _________(patient name)_____________ DOB ______(patient DOB)_____

Dear Partner in Health:

Today, (patient name) was seen in our office for □ routine □ urgent/emergency dental care. During the visit, we noted (his/her) blood pressure was elevated:

Reading #1 ____________ #2 ____________ #3 ____________  
sys/dia (if necessary) (if necessary)

While we are committed to providing timely dental care to our patients, we realize oral health is intimately related to overall health. Please evaluate (Mr./Mrs./Ms. patient last name)'s blood pressure and treat as deemed necessary. A summary of your findings and recommendations can be faxed or mailed back to our office. If you have additional questions, feel free to contact our office. Thank you for collaborating with our dental practice to meet the needs of our mutual patient.

PATIENT SELF-REPORTED MEDICAL HISTORY:

- Hypertension and taking prescribed medication
- Hypertension but not taking prescribed medication
- Hypertension, no medication prescribed
- No hypertension or unsure

PHYSICIAN REMARKS:
(Attach additional remarks, if needed.)

Physician Name (printed)  Physician Signature  Date
REFERENCES


