

FLUORIDE VARNISH



bright smiles
FROM BIRTH

Dear Parent:

Your child is at risk for early childhood caries. Early childhood caries causes tooth decay and cavities. As a way to prevent cavities and tooth decay, _____, this office is offering to apply a protective coating called *fluoride varnish* to your child's teeth. Fluoride is a safe and effective way to prevent tooth decay. The fluoride varnish sets on contact with saliva so children will not swallow the varnish. It may cause the teeth to look yellow or dull until it is brushed off the next day. Fluoride varnish has been shown in scientific studies to reduce cavities by 25-40%. Because only a small amount of fluoride is used, the chance of side effects such as nausea and vomiting are very low. You should call your child's doctor or dentist if your child becomes ill after treatment.

To receive these no-cost services you must agree by signing this form.

Yes, I want my child to receive fluoride varnish (please fill in the bottom of this form.)

No, I do not want my child to receive these fluoride varnish services.

Name of Child: _____ Date of Birth: _____

1. Has your child ever had serious health problems? Yes: No: If yes, please explain: _____

2. Does your child have any allergies? Yes: No: If yes, please list: _____

3. Does your child have a dentist? Yes: No: If yes, who? _____

4. Has your child been to a dentist in the last year? Yes: No: If yes, when? _____

5. Has your child had fluoride varnish before? Yes: No: Don't Know:

Parent/Guardian's name (PRINT):

Parent Signature: _____ Date: _____

**This service does not replace a complete evaluation.
We recommend that a dentist regularly examine your child.**

For Office Use Only

Comments _____

Varnished placed on: _____ by: _____

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™



Illinois Chapter