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CONSENT FOR FLUORIDE TREATMENT

Fluoride is effective in preventing and reversing the early signs of dental caries (tooth decay). Researchers have shown that there are several ways through which fluoride achieves its decay preventive effects. Fluoride incorporates into the tooth structure making it stronger resulting in teeth that are more resistant to acid attacks. Fluoride also acts to repair or remineralize areas in which acid attacks have already begun.

Fluoride application is an important part of your comprehensive preventive program. Fluoride not only helps prevent new decay from developing, it also helps protect existing dental work so that fillings are replaced less frequently, decreases sensitivity, makes teeth last longer and saves you money! Fluoride is most effective when applied after the dental cleaning and all the plaque and build up have been removed from the tooth's surface.

It is our office protocol to apply fluoride varnish at each routine care appointment to receive maximum benefit.

Patient's Name: _____

_____ I give consent to apply fluoride treatment **TWICE per year.**

I agree that if my insurance company does not pay for the fluoride application that I am responsible Payment. I am aware that it is my responsibility to check benefits for service coverage.

_____ I give consent to apply fluoride treatment **ONCE per year.**

I agree that if my insurance company does not pay for the fluoride application that I am responsible for payment. I am aware that it is my responsibility to check benefits for service coverage.

_____ I **DECLINE** fluoride treatment.

Patient/Parent or Guardian Signature: _____ Date: _____