



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; it makes the tooth structure stronger, so teeth are more resistant to acid attacks. Fluoride also acts to repair, or re-mineralize areas in which acid attacks have already begun. The re-mineralization effect of fluoride is important because it reverses the early decay process as well as creating a tooth surface that is more resistant to decay.

Most insurance companies cover fluoride treatment twice a year; however, some insurance companies are only paying for a once a year application.

I have been informed of all the alternatives to fluoride.

(list all children seen at this practice)

Child's name: _____ Child's name: _____
Child's name: _____ Child's name: _____
Child's name: _____ Child's name: _____

I, _____ give my consent to apply fluoride treatment twice a year. I agree that if my insurance company does not pay for the second application that I am responsible for payment.

I, _____ give my consent to apply fluoride treatment only once per year.

I, _____ do not wish fluoride treatment to be applied to my child at this time.

Parent/Guardian Signature: _____

Date: _____