



**Public Health**  
Prevent. Promote. Protect.

**Meeker McLeod Sibley**  
Community Health Services

# Child and Teen Checkups



## Fluoride Varnish Consent Form

**Meeker County**  
320-693-5370

**McLeod County**  
320-864-3185

**Sibley County**  
507-237-4000

Meeker McLeod Sibley Community Health Services offers fluoride varnish for your child.

### What is Fluoride Varnish?

It is a temporary protective fluoride coating that is painted on the teeth to help prevent new cavities and to help stop cavities that have already started. It is a safe procedure and can be done on any child as soon as they have their first tooth. The application of fluoride varnish can be repeated every 3-4 months.

If you are interested in this service please complete this Consent Form (front and back) and return it to your child's school or local Public Health staff.

This service is **free** for children enrolled in one of the following Minnesota Health Care Programs (MHCP): Medical Assistance (MA), PrimeWest Health, South Country Health Alliance (SCHA), or UCare. If enrolled in one of the above health care programs we will bill on your behalf. Unfortunately we do not accept any other health care programs. For children not on the programs listed above, you can choose to Private Pay for fluoride varnish which is \$14.00 per application.

If you have any questions or concerns please contact your local Public Health office.

### CHILD DATA

Name \_\_\_\_\_  M  F Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ PO Box \_\_\_\_\_  
City \_\_\_\_\_ Zip Code \_\_\_\_\_

### SCHOOL INFORMATION

School Name \_\_\_\_\_ Grade \_\_\_\_\_  
Teacher \_\_\_\_\_ Room # \_\_\_\_\_

### MINNESOTA HEALTH CARE PROGRAM (please check one of the following)

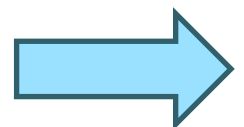
Medical Assistance (MA)  PrimeWest Health  South Country Health Alliance (SCHA)  UCare  
PMI # \_\_\_\_\_

**OR**

### PRIVATE PAY

Checks payable to your local Public Health Department

Check # \_\_\_\_\_ Amount \$14.00  Cash



**ORAL HEALTH QUESTIONS** (parent to complete)

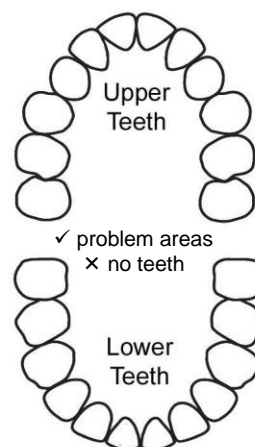
1. How often are your child's teeth brushed?
  - 1x/day       2x/day       1x/week
  - Other \_\_\_\_\_
2. Do they use toothpaste containing fluoride?
  - Yes       No
3. Does your child go to bed with a bottle?
  - Yes       No
4. Does your child use a pacifier?
  - Yes       No
5. Has your child been seen by a Dentist?
  - Yes       No
  - Last Visit \_\_\_\_\_
  - How Often \_\_\_\_\_
6. Does your child have any allergies?
  - Yes       No
  - Please List \_\_\_\_\_



If your child is allergic to nuts, STOP and consult your doctor or dentist first!

**PRE-EXISTING RISK FACTORS** (please check all that apply)

- Early tooth eruption before 6 months old
  - Overlapping/crowded incisors
  - Primary caregiver without dental home
  - Enamel defect/pits
  - Prolonged bottle/breastfeeding after 1 year
  - Well water
  - Frequent snacking (3 or more/day)
  - Drinking pop, juice, Gatorade, etc.
- How Often**  1-3x/week  3-6x/week  7+x/week



**PARENT/GUARDIAN CONSENT** By signing below you are giving permission for fluoride application.

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Telephone # \_\_\_\_\_ Email \_\_\_\_\_

**STAFF USE ONLY**

- White spots or visible decalcifications
  - Yes    No
- Obvious decay
  - Yes    No
- Restorations (fillings) present
  - Yes    No
- Visible plaque accumulation
  - Yes    No
- Gingivitis (swollen/bleeding gums)
  - Yes    No

**Caries Risk:**

Yes    No

**Completed:**

- Fluoride Varnish
- Dental Referral
- Anticipatory Guidance
- Other: \_\_\_\_\_

**Parent Contacted:**

Yes    No

Date of Service \_\_\_\_\_ Staff Initials \_\_\_\_\_

Notes: \_\_\_\_\_

