



FLUORIDE CONSENT FORM

PATIENT INFORMATION					Chart Number:		
PATIENT'S Last Name:			First Name:			MI:	
Date of Birth:		Age:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female			
Mailing Address:			Apt. No.:	City:		State:	ZIP:
Phone Number:							
PARENT/GUARDIAN Name:							
School:					Grade:		
Has the patient seen a dentist within the last year? <input type="checkbox"/> Yes <input type="checkbox"/> No							

Flint Hills Community Health Center (FHCHC) is dedicated to improving children's oral health by offering outreach dental services. We encourage you to take advantage of this opportunity to improve your child's oral health in an effort to prevent cavities.

- Dental decay is the most common childhood disease and can cause pain, difficulty with eating, speaking and sleep.
- 40% of American children have decay by age 6.
- Research has shown 25%-45% decrease in dental decay with the use of a fluoride varnish application.

What is fluoride varnish?

- Fluoride varnish is 5% sodium fluoride resin that is painted on teeth to help make the enamel stronger and more resistant to dental decay.
- Studies show that fluoride varnish is most effective when applied at least 3 times a year.
- Fluoride varnish is safe because it creates a coating over the teeth and is not swallowed.

Please note that FHCHC will be covering the cost of the services and **YOU WILL NOT BE RESPONSIBLE TO PAY ANY FEES**, but if you have dental insurance your insurance carrier will be billed. Please make sure you complete the insurance information below.

By completing any portion of this form, you are authorizing FHCHC to provide fluoride varnish services for your child and to collect payment from KanCare and/or Private Dental Insurance.

KanCare #: _____

United Health Care Aetna Envolve

Private Insurance - Name of Company: _____

ID#: _____ Group #: _____

Subscriber Information (All information must be provided):

Last Name:		First Name:		Date of Birth:	Social Security Number:	
Address:			City:		State:	ZIP:
Employer:			Relationship to Child:			
Parent/Guardian Signature:					Date:	