

South Georgia Pediatric Dentistry FLUORIDE CONSENT

The American Dental Association identifies fluoride varnish as effective in preventing cavities in children and adolescents. Two or more applications of fluoride varnish per year are effective in preventing cavities in high risk populations. Based on this evidence, it is the general practice of South Georgia Pediatric Dentistry to apply fluoride at each 6-month recall. However, many insurance plans will only cover fluoride one time within a 12 month time period or per calendar year. In these cases, the parent is responsible for payment in full for the fluoride the day services are rendered.

_____ I consent for my child to have fluoride ***only one time*** within a 12 month time period or one time per calendar year. I understand that should my decision change at any time regarding fluoride treatments, it is my responsibility to inform the dental office staff.

_____ I consent for my child to have fluoride ***at each recall*** regardless of my insurance benefits. I do understand that should my insurance only pay for fluoride one time per calendar year or 12 month time period, I am responsible for payment in full on the day services are rendered. I understand that should my decision change at any time regarding fluoride treatments, it is my responsibility to inform the dental office staff.

**Please check your benefit manual fluoride coverage.

Date: _____

Patient Name: _____

Print Parent/Guardian Name: _____

Parent/Guardian Signature: _____