

## LB SMILES



**Loup Basin**  
PUBLIC HEALTH DEPARTMENT



**LB SMILES** is providing an opportunity for children to receive a fluoride varnish application for their teeth.

### Fluoride Varnish Facts

- Fluoride varnish is a sticky, honey like material that is applied to the teeth with a small brush. It is called varnish due to its sticky consistency.
- Fluoride varnish can be applied 4-6 times per year, and can decrease further cavity development by about 38%.
- A typical fluoride varnish application costs roughly \$25.00 plus the cost of an office visit.
- Fluoride varnish is safe. It adheres to teeth once it comes in contact with saliva and is precisely applied to the teeth.
- Fluoride varnish is approved by the American Dental Association and the Federal Drug Administration.

**This program should NOT replace your child's regular dental visits.**

**A public health coordinator and a dental hygienist will be coming to your school to apply the fluoride.**

This service is covered by Kids Connection/Medicaid insurance.

**A donation is helpful in order to provide this as an ongoing service.**

A \$15 donation is suggested, but any monetary donation is appreciated.

**NO** child will be turned away.

Please return to your  
school's office.

Medicaid or Kids Connection # \_\_\_\_\_ Coventry Cares # \_\_\_\_\_

(For billing purposes only)

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Sex: Male or Female

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



## LB SMILES Program

**All** children will receive a toothbrush and an oral screening from a licensed Public Health Dental Hygienist.

Your child will also have the opportunity to receive a fluoride varnish treatment. Please circle the appropriate option below.

Fluoride Varnish                      **Yes**                      or                      **No**

\_\_\_\_\_  
Signature of Parent / Guardian

\_\_\_\_\_  
Date

1. Do you have a family dentist?    Yes    No    If Yes, Name of Dentist: \_\_\_\_\_

2. Does your child visit the dentist office:                      yearly                      twice per year                      as needed

3. Does your child have any allergies including latex?                      Yes                      No

If Yes please list: \_\_\_\_\_

I prefer my child does **NOT** receive an oral screening. \_\_\_\_\_