Brighter Smiles

SE DISTRICT HEALTH DEPT. Cooperating for Your Good Health

NEBRASKA DHHS Office of Oral Health & Dentistry

Dear Parent/Guardian:

A **Community Dental Disease Prevention Program** is available for your child through the Southeast District Health Department. The purpose of the program is to educate families about the importance of a healthy mouth, and provide preventive services for the children in our Johnson, Nemaha, Otoe, Pawnee and Richardson counties.

Your child will be able to visit with a Nebraska Public Health Dental Hygienist, who will…

- ☐ Screen your child's teeth to check for tooth decay and other dental problems. A screening form will be sent home for you to review.
- ☐ Talk with your child about good dental health, proper nutrition, and the importance of seeing a dentist.
- ☐ Apply recommended fluoride varnish to your child's teeth as a **preventive measure against tooth decay**, if recommended. A prophy cleaning if hygienist deems necessary in order to complete the dental screening.

Fluoride Varnish and Sealant Facts

- Fluoride varnish is a sticky, honey-like material that is applied to the teeth with a small, soft brush. It is called varnish due to its sticky consistency. Sealants are a clear or white "plastic-like" material and are easily placed on the molars without need for drilling.
- Fluoride varnish can be applied 4-6 times per year, and can decrease further cavity development by about 38%! Applying sealants can reduce decay by up to 80%! WOW!
- Fluoride varnish & sealants are safe. Fluoride adheres to teeth once it comes in contact with saliva and is applied only to the teeth. Sealants are protective coatings easily & comfortably placed on the molars. They safely protect from bacteria in the grooves & pits to reduce risk of decay.
- Fluoride varnish & sealants are approved by the American Dental Association and the Federal Drug Administration.

****** PLEASE FLIP PAGE OVER TO REGISTER CHILD AND SIGN******

This project is/was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number T12HP30315, Grants to States to Support Oral Health Workforce Activities for the amount of $500,000.00 (40% financed with nonfederal sources). This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

These services are covered by Medicaid / MCNA insurance.

A contribution is helpful in order to provide this as an ongoing service, but not required.

A $15 contribution is suggested, but any monetary contribution is appreciated.

NO child with be turned away.

To receive these **preventives services** for your child you must provide consent.

☐ YES, I want my child to receive preventive services. Please check all services you are requesting today: ☐ Screening ☐ Fluoride varnish ☐ Cleaning (if Hygienist deems necessary)

☐ NO, I do not want my child to receive preventive services.

*PARENT / GUARDIAN PLEASE FILL OUT AND SIGN ONE PAGE PER CHILD *

Child INFORMATION			
Child's Name:	**Grade:**	**Age:**	**DOB: / /**
Does your child have a regular Dentist/Dental Home? **No** ☐ **Yes** ☐			
Covered by Medicaid/Children's Health Insurance Program (CHIP)? **No** ☐ **Yes** ☐ **Medicaid Member ID #:_____** *** Any insurance information will kept confidential.***			
Covered by private dental insurance? **No** ☐ **Yes** ☐			

Parent/Guardian INFORMATION	
Parent 1 Name:	
Parent 2 Name:	
Telephone:	**Email:**
Address:	
Do you have a regular Dentist/Dental Home? **No** ☐ **Yes** ☐	

Parent Signature **Date**

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