



Two Rivers Public Health Department's LifeSmiles program is providing an opportunity for children to receive a fluoride varnish application & dental sealants for the health of their teeth!

Fluoride Varnish & 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!
- ▶ Having your child participate in the LifeSmiles Dental Program can save you money & help prevent problems.
- ▶ 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.

This Program will NOT replace an exam with your Dentist

A licensed public health dental hygienist and trained assistant team will provide all dental health preventive services.

This service is 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 will be turned away.

Notice of Privacy Practices: By my signature I acknowledge that I understand the Notice of Privacy Practices of Two Rivers Public Health Department's LifeSmiles Dental Health Program is available on site when LifeSmiles Services are provided to program participants. I have had full opportunity to read and consider the contents of the Notice of Privacy Practices. I understand that by signing this Consent, I am giving Two Rivers Public Health Department's LifeSmiles permission to use and disclose my or my ward's protected health information to carry out dental care services, dental care referral communications, and payment activities. I also understand that I have the right to revoke this Consent at any time by giving written notice and that my revocation could result in the discontinuance of treatment by Two Rivers Public Health Department's LifeSmiles Dental Health Program. I further understand that Two Rivers Public Health Department's LifeSmiles Dental Health Program reserves the right to change the Notice of Privacy Practices as they have been described. If the Notice of Privacy Practices are revised, I will be notified of the new Notice of Privacy Practices that will contain the changes and an updated Notices of Privacy Practices will be available on site when LifeSmiles Services are provided to program participants. Those changes may apply to any of my protected health information.

Please return to your
school's office.

By: _____
To have a chance to
win a \$50 gift card!

School Name: _____

Teacher: _____ AM / PM

PLEASE PRINT

Child's Name: _____ Grade: _____

(Print full legal name)

Date of Birth: ____/____/____ Age: _____ Sex: Male or Female

Mailing Address: _____ City _____ Zip _____

Parent / Guardian Name: _____ Phone # _____

(Print full legal name)

For program office use:**Medicaid / MCNA** Yes or No # _____**Private Dental Insurance** Yes or No # _____**Contribution Amount** Yes or No \$ _____

**To submit contributions: Please securely attach check or money to registration form and deliver to school promptly.
** Checks to be made out to "Two Rivers Public Health Department" with "LifeSmiles" and child's name in memo space
***Credit card or Debit secure contribution payment can be made by going to www.trphd.org and clicking "Donate Now" at top of page followed by clicking the "Donate Here" icon. Please note child's name and LifeSmiles in Comments Section*

**LifeSmiles Fluoride & Sealant Program**

All children will receive a toothbrush, toothpaste, and a dental screening from a licensed Public Health Dental Hygienist. Your child will also have the opportunity to receive a preventive dental treatment. **Please circle your choices below.**

Fluoride Varnish Yes or No

Sealants Yes or No

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

2. Does your child visit the dentist office?: yearly / twice per year / as needed / never

3. Does your child have allergies? Yes or No If Yes, please list: _____
(Include food, substance, or environmental sensitivities or intolerances)4. Do you release the right to photograph your child in connection with the Life Smiles program to TRPHD? Yes or No
TRPHD may use such photographs with the child's name for news releases, publicity, illustration, advertising and web content._____
Signature of Parent / Guardian_____/_____/_____
Date