SEALS ON WHEELS!

SCHOOL BASED SEALANT PROGRAM
ALACHUA COUNTY HEALTH DEPARTMENT

Dear Parent/Legal Guardian:

A **FREE** Preventative Dental Program will be coming to your child's school! You child can receive:

- Oral Screening/Dental Assessment
- Education on how to properly brush and floss their teeth
- Fluoride treatment
- Toothbrush, toothpaste, and floss
- Dental sealants
- Silver Diamine Fluoride
- Information for follow up care, if needed

Permission is required from one parent or the legal guardian before your child can take part in this program. There is no cost to the parent or guardian. If your child is covered by insurance, please provide the requested information on the attached forms. A licensed dentist or dental hygienist from the Florida Department of Health will provide these services. **You child will not be given sedatives, shots, medications, or x-rays.** After your child is seen, a letter will be sent home describing what was done and what follow-up care is needed. **If you have any questions, please contact**:

Brittany Kingery, Registered Dental Hygienist
Office: 352-334-8839
Email: ACHDDentalClinics@flhealth.gov

Please fill out the packet legibly and neatly. **Be sure to sign all pages and do not leave any blank spaces or unanswered questions!** This will delay your child's care while papers are being returned to you for completion. We will attempt to provide as much care as our time and resources allow. If you would like to receive these services, you must complete, sign, and return **ALL** the attached forms to your child's teacher or front desk. Thank you!

Parents/Guardians: KEEP THIS PAGE

DENTAL SEALANTS

What are dental sealants? Dental sealants are thin plastic coatings that are applied to the grooves on the chewing surfaces of the back teeth to protect them from tooth decay. Most tooth decay in children and teens occurs on these surfaces. Sealants protect the chewing surfaces from tooth decay by keeping germs and food particles out of these grooves.

Which teeth are suitable for sealants? Permanent molars are the most likely to benefit from sealants. The first molars usually come into the mouth when a child is about 6 years old. Second molars appear at about age 12. It is best if the sealant is applied soon after the teeth have erupted, before they have a chance to decay.

How are sealants applied? Applying sealants does not require drilling or removing tooth structure. The process is short and easy. After the tooth is cleaned, a special gel is placed on the chewing surface for a few seconds. The tooth is then washed off and dried. Then, the sealant is painted on the tooth. The dentist or dental hygienist also may shine a light on the tooth to help harden the sealant. It takes about a minute for the sealant to form a protective shield.

Are sealants visible? Sealants can only be seen up close. Sealants can be clear, white, or slightly tinted, and usually are not seen when a child talks or smiles.

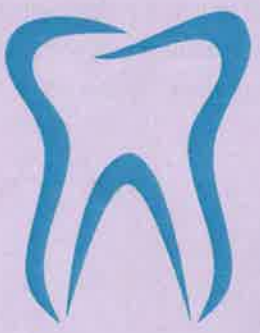
Will sealants make teeth feel different? As with anything new that is placed in the mouth, a child may feel the sealant with the tongue. Sealants, however, are very thin and only fill the pits and grooves of molar teeth.

How long will sealants last? A sealant can last for as long as 5 to 10 years. Sealants should be checked at your regular dental appointment and can be reapplied if they are no longer in place.

Will sealants replace fluoride for cavity protection? No. Fluorides, such as those used in toothpaste, mouth rinse, and community water supplies also help to prevent decay, but in a different way. Sealants keep germs and food particles out of the grooves by covering them with a safe plastic coating. Sealants and fluorides work together to prevent tooth decay.

How do sealants fit into a preventive dentistry program? Sealants are one part of a child's total preventive dental care. A complete preventive dental program also includes fluoride, twice-daily brushing, wise food choices, and regular dental care.

Why is sealing a tooth better than waiting for decay and filling the cavity? Decay damages teeth permanently. Sealants protect them. Sealants can save time, money, and the discomfort sometimes associated with dental fillings. Fillings are not permanent. Each time a tooth is filled, more drilling is done, and the tooth becomes a little weaker.



Parents/Guardians: KEEP THIS PAGE

Notice of Privacy Practices

Aviso de Prácticas de Privacidad

Parents/Guardians: KEEP THIS PAGE

To receive an electronic copy of the information displayed, scan the coordinating qr code according to your preferred language.

Para recibir una copia electrónica de la información mostrada, escanee el código qr correspondiente según su idioma preferido.

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Dental Sealant Program Consent Form
Elementary School

Name of School and dates of visit _____

TEACHER: _____ **GRADE:** _____

Dear Parent/Guardian:
The Alachua County Health Department (DOH-Alachua) is offering a dental sealant program at your child's school at no cost to parents. Dental sealants help prevent cavities on permanent back teeth. Dental providers from DOH-Alachua will examine your child's teeth and decide which teeth can be sealed. No x-rays will be taken. Those teeth will be coated with a plastic sealant, and we will apply a fluoride treatment. Sealants are safe, painless, and easy to apply. If time allows us, we will repair or replace any sealants that have broken or come off. Sealants are approved and recommended by the American Dental Association. For a full explanation of a dental sealant please read the reverse side.

___ **Yes, my child has permission to participate.**
___ **No, my child does NOT have permission to participate.**

Name of Child: _____ **Age:** _____
Date of Birth: _____ **[ ] Male [ ] Female**
Address: _____

Race/Ethnicity: ☐ **White** ☐ **Black/African American** ☐ **Asian** ☐ **Hispanic** ☐ **Other**
☐ **American Indian/Alaska Native** ☐ **Hawaiian/Pacific Islander**

Please answer the following questions:
1. Is your child currently under a physician's care? __**YES** __**NO**
2. Is your child currently taking any medications? __**YES** __**NO**
   If **YES**, please list: _____
3. Has your child ever had an allergic reaction? __**YES** __**NO**
   Please explain a **YES** answer: _____
4. Does your child have a dentist? __**YES** __**NO** -If **YES,** Name: _____
5. My child's most recent dental visit was within the last:
   __6 months __12 months __3 years __5 years __My child has never seen a dentist.

ALL children can participate in this program, whether they have dental insurance or not. We will bill Medicaid insurance, but NO PAYMENT will be required from you. To help us better serve those in need of services, please provide the following information:

Child Insurance: **Medicaid?** ☐ **Yes** ☐ **No** **Other Insurance:** ☐ **Yes** ☐ **No**

Child's Insurance Company and Policy #: _____

By signing this form, I confirm my receipt of the Notice of Privacy Practices and give permission for my child to participate in this program.

Parent/Legal Guardian Signature: _____ **Date:** _____
Phone Number: _____

CONSENT FOR SILVER DIAMINE FLUORIDE

Patient/Student's Name _____ DOB_____

If your child is diagnosed with having active dental decay (cavities) after an oral screening/assessment by our licensed dentist or dental hygienist, he/she may qualify for this treatment depending on the location and severity of the decay. **Please read this form in its entirety before signing the consent.** If you have questions regarding this treatment, contact our dental program manager, Brittany Kingery, RDH, at 352-334-8839. Please return the signed form to your child's teacher or front desk. If you do not wish to consent, simply leave this page blank or do not return it. This treatment will not be performed on your child unless we have received a signed consent.

Silver Diamine Fluoride (SDF):

- A liquid that helps stop tooth decay. It may need to be applied more than once.
- The decayed tooth will stain brown/black permanently. Healthy tooth structure will not stain.
- SDF will only be applied to posterior (back) teeth that qualify for treatment.
- Your child should not be treated for SDF if:
    1. They are allergic to silver.
    2. There are painful sores or raw areas on their gums or anywhere in their mouth.

Benefits:

- Helps stop tooth decay.
- Do not need to numb/painless.
- Fast working

I have been informed and fully understand:

- SDF will stain treated areas within minutes to hours after treatment.

Consequences if NO treatment: tooth will continue to break down, causing symptoms to get worse.
Alternative Treatments: Placement of fillings or crowns, extractions, or referral to a specialist

_____ I give my consent for the proposed filling procedure as described above.

_____ I refuse to give my consent for the proposal filling procedures as described above. I have been informed of the potential consequences of my decision to refuse this treatment.

_____ _____
Signature of parent/guardian Date

Time 3:02 PM

FL Dept Of Health - Alachua CHD

Date 9/27/2021

Eaglesoft Medical History

Patient Name:

Birth Date:

Date Created:

Although dental personnel primarily treat the area in and around your mouth, your mouth is a part of your entire body. Health problems that you may have, or medication that you may be taking, could have an important interrelationship with the dentistry you will receive. Thank you for answering the following questions.

Are you under a physician's care now?	◯ Yes ◯ No	If yes
Have you ever been hospitalized or had a major operation?	◯ Yes ◯ No	If yes
Have you ever had a serious head or neck injury?	◯ Yes ◯ No	If yes
Are you taking any medications, pills, or drugs?	◯ Yes ◯ No	If yes
Do you take, or have you taken, Phen-Fen or Redux?	◯ Yes ◯ No	If yes
Have you ever taken Fosamax, Boniva, Actonel or any other medications containing bisphosphonates?	◯ Yes ◯ No	If yes
Are you on a special diet?	◯ Yes ◯ No	
Do you use tobacco?	◯ Yes ◯ No	
Do you use controlled substances?	◯ Yes ◯ No	If yes

Women: Are you...

☐ Pregnant/Trying to get pregnant? ☐ Nursing? ☐ Taking oral contraceptives?

Are you allergic to any of the following?

☐ Aspirin ☐ Penicillin ☐ Codeine ☐ Acrylic

☐ Metal ☐ Latex ☐ Sulfa Drugs ☐ Local Anesthetics

Other? ☐ If yes

Do you have, or have you had, any of the following?

AIDS/HIV Positive ◯ Yes ◯ No	Cortisone Medicine ◯ Yes ◯ No	Hemophilia ◯ Yes ◯ No	Radiation Treatments ◯ Yes ◯ No
Alzheimer's Disease ◯ Yes ◯ No	Diabetes ◯ Yes ◯ No	Hepatitis A ◯ Yes ◯ No	Recent Weight Loss ◯ Yes ◯ No
Anaphylaxis ◯ Yes ◯ No	Drug Addiction ◯ Yes ◯ No	Hepatitis B or C ◯ Yes ◯ No	Renal Dialysis ◯ Yes ◯ No
Anemia ◯ Yes ◯ No	Easily Winded ◯ Yes ◯ No	Herpes ◯ Yes ◯ No	Rheumatic Fever ◯ Yes ◯ No
Angina ◯ Yes ◯ No	Emphysema ◯ Yes ◯ No	High Blood Pressure ◯ Yes ◯ No	Rheumatism ◯ Yes ◯ No
Arthritis/Gout ◯ Yes ◯ No	Epilepsy or Seizures ◯ Yes ◯ No	High Cholesterol ◯ Yes ◯ No	Scarlet Fever ◯ Yes ◯ No
Artificial Heart Valve ◯ Yes ◯ No	Excessive Bleeding ◯ Yes ◯ No	Hives or Rash ◯ Yes ◯ No	Shingles ◯ Yes ◯ No
Artificial Joint ◯ Yes ◯ No	Excessive Thirst ◯ Yes ◯ No	Hypoglycemia ◯ Yes ◯ No	Sickle Cell Disease ◯ Yes ◯ No
Asthma ◯ Yes ◯ No	Fainting Spells/Dizziness ◯ Yes ◯ No	Irregular Heartbeat ◯ Yes ◯ No	Sinus Trouble ◯ Yes ◯ No
Blood Disease ◯ Yes ◯ No	Frequent Cough ◯ Yes ◯ No	Kidney Problems ◯ Yes ◯ No	Spina Bifida ◯ Yes ◯ No
Blood Transfusion ◯ Yes ◯ No	Frequent Diarrhea ◯ Yes ◯ No	Leukemia ◯ Yes ◯ No	Stomach/Intestinal Disease ◯ Yes ◯ No
Breathing Problems ◯ Yes ◯ No	Frequent Headaches ◯ Yes ◯ No	Liver Disease ◯ Yes ◯ No	Stroke ◯ Yes ◯ No
Bruise Easily ◯ Yes ◯ No	Genital Herpes ◯ Yes ◯ No	Low Blood Pressure ◯ Yes ◯ No	Swelling of Limbs ◯ Yes ◯ No
Cancer ◯ Yes ◯ No	Glaucoma ◯ Yes ◯ No	Lung Disease ◯ Yes ◯ No	Thyroid Disease ◯ Yes ◯ No
Chemotherapy ◯ Yes ◯ No	Hay Fever ◯ Yes ◯ No	Mitral Valve Prolapse ◯ Yes ◯ No	Tonsillitis ◯ Yes ◯ No
Chest Pains ◯ Yes ◯ No	Heart Attack/Failure ◯ Yes ◯ No	Osteoporosis ◯ Yes ◯ No	Tuberculosis ◯ Yes ◯ No
Cold Sores/Fever Blisters ◯ Yes ◯ No	Heart Murmur ◯ Yes ◯ No	Pain in Jaw Joints ◯ Yes ◯ No	Tumors or Growths ◯ Yes ◯ No
Congenital Heart Disorder ◯ Yes ◯ No	Heart Pacemaker ◯ Yes ◯ No	Parathyroid Disease ◯ Yes ◯ No	Ulcers ◯ Yes ◯ No
Convulsions ◯ Yes ◯ No	Heart Trouble/Disease ◯ Yes ◯ No	Psychiatric Care ◯ Yes ◯ No	Venereal Disease ◯ Yes ◯ No
			Yellow Jaundice ◯ Yes ◯ No

Have you ever had any serious illness not listed above? ◯ Yes ◯ No If yes

Comments:

To the best of my knowledge, the questions on this form have been accurately answered. I understand that providing incorrect information can be dangerous to my (or patient's) health. It is my responsibility to inform the dental office of any changes in medical status.

Signature of Patient, Parent or Guardian:

X

Date:_____

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School Dental Sealant Program

Dear Parent/Guardian of: _____ **Teacher:** _____

Thank you for allowing your child to take part in the School Dental Sealant Program.

Your child has received dental sealants on the following teeth that are checked:

_____ (2) upper right second permanent (adult) molar
_____ (3) upper right first permanent (adult) molar
_____ (14) upper left first permanent (adult) molar
_____ (15) upper left second permanent (adult) molar
_____ (18) lower left second permanent (adult) molar
_____ (19) lower left first permanent (adult) molar
_____ (30) lower right first permanent (adult) molar
_____ (31) lower right second permanent (adult) molar

Dental sealants are thin plastic coatings we apply on the permanent (adult) molars that help prevent tooth decay. The teeth that we sealed may feel a little "bigger" for a few days. This feeling will go away after a few days.

We have circled the letter A, B, or C to show you the results of your child's dental screening.

A. Your child was found to have no immediate problems at this time. He or she should have a routine dental checkup every six months by a dentist.

B. Your child has evidence of dental problems. To avoid serious problems, your child should have a dental checkup as soon as possible.

C. Your child has dental problem(s) that need **immediate attention**. You should immediately make a dental appointment for your child.

Comments: _____

_____

_____

_____

If you have any questions, you may contact Brittany Kingery at 352-334-8839 or via email at ACHDDentalClinics@FLHealth.gov.