

## School Screening, Fluoride Varnish, Dental Sealant Consent

Dear Parent or Guardian,

Indian Health Service Dental Program will be offering free dental screenings, fluoride varnish and sealants at your child's school.

### Fluoride Varnish

Procedure: Fluoride varnish is applied directly onto the teeth.

Benefits: Fluoride Varnish coats the outside of the tooth and makes it resistant to a cavity.

Risks: Used in the proper amount, fluoride varnish is safe and effective.

### Dental Sealant

Procedure: A plastic coating is applied on the chewing surface of the back teeth.

Benefits: Sealants help prevent cavity-causing germs from getting stuck in the deep grooves in the back teeth.

Risks: There are no known commonly occurring adverse effects or hazards associated with dental sealants.

Preventive Services provided by Indian Health Service at your child's school **DO NOT** replace a regular dental checkup. We will send a notice home with your child of all treatment they received in school.

Please list any medical conditions that the school should be aware of (asthma, allergies, chronic illnesses, etc.): \_\_\_\_\_

Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Grade & Teacher: \_\_\_\_\_

Parents Name and phone number \_\_\_\_\_

### ***Parental Permission***

I give permission to have a screening, fluoride varnish and dental sealants placed.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

Please check if you **DO NOT** want your child to participate in all or part of the prevention services:

I **DO NOT** want my child to participate in the program.

I **DO NOT** want my child to have a fluoride varnish application.

I **DO NOT** want my child to have sealants placed.

*Note: all procedures rendered at these visits are billable to Medicaid and third party insurance as authorized in The Indian Health Care Improvement Act.*

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Indian Health Service

**INFORMED CONSENT FOR SILVER ION ANTIMICROBIAL TREATMENT**

Procedures to be performed: You have been examined and found to have tooth decay. If untreated these cavities are likely to progress and cause pain and disability. We are recommending the placement of Silver Ion Antimicrobial (SIA) with the goal of stopping tooth decay. SIA is not approved by the Food and Drug Administration for this purpose. You do have the option to choose conventional dental treatment instead of Silver Ion Antimicrobial.

Possible complications that have been explained to me include:

1. The affected area will stain black permanently. Healthy tooth structure will not stain. Stained tooth structure can be covered with a filling or crown.
2. Tooth colored fillings and crowns may discolor. Most of these color changes can be polished off but the edge between the tooth and the filling may keep the color.
3. Patient may notice a metallic taste. This goes away quickly
4. If accidentally applied to the skin or gums, a brown or white stain may appear that causes no harm and will disappear in one to three weeks.

Benefits of this procedure are:

1. SIA can stop tooth decay
2. SIA can relieve tooth sensitivity

Possible risks if the procedure is not done include:

1. If tooth decay is not arrested, the decay will progress. In this case the tooth will require further treatment.

Contraindications to this procedure:

1. Silver allergy (rare)
2. Pregnancy (only if potassium iodide is used with the SIA to slow down the color changes)
3. Painful sores or raw areas on my gums (ulcerative gingivitis) or anywhere in my mouth (stomatitis)

Alternative(s) to this procedure are:

- No treatment
- Depending upon the location and extent of the tooth decay, other treatment may include placement of fluoride varnish, fillings, crown, extraction or referral for advanced treatment modalities.

Patient Identification:

I consent and understand to the above procedure and agree to cooperate with \_\_\_\_\_. I will follow post-operative instructions to the best of my ability. I have had an opportunity to ask questions about the above treatment.

\_\_\_\_\_  
Patient or Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Provider (who obtains consent)

\_\_\_\_\_  
Witness or Interpreter