

Alemany Dental

Chad Lyew, DDS

FLUORIDE TREATMENT CONSENT FORM

In an effort to provide the best preventive dental care available, we have added FLUORIDE to our teeth cleaning protocol. In some cases your insurance will cover adult fluoride, if not there will be a co-payment of **\$33.00**. Here is some information about the benefits of Fluoride:

Professionally-applied fluorides are in the form of a gel and are applied by a dentist or dental hygienist during dental visits. These fluorides are more concentrated than the self-applied fluorides.

Fluoride therapy is commonly practiced and generally agreed upon as being useful in the modern dental field. Fluoride combats the formation of tooth decay primarily in three ways:

Fluoride promotes the remineralization of a tooth.

Fluoride has been found to enhance the tooth remineralization process. Fluoride found in saliva will absorb onto the surface of a tooth where demineralization has occurred. The presence of this fluoride in turn attracts other minerals (such as calcium), thus resulting in the formation of new tooth mineral.

Fluoride can make a tooth more resistant to the formation of tooth decay.

The new tooth mineral that is created by the remineralization process in the presence of fluoride is actually a "harder" mineral compound than existed when the tooth initially formed. Teeth are generally composed of hydroxyapatite and carbonated hydroxyapatite. Fluorapatite is created during the remineralization process when fluoride is present and is more resistant to dissolution by acids (demineralization).

Fluoride can inhibit oral bacteria's ability to create acids.

Fluoride decreases the rate at which the bacteria that live in dental plaque can produce acid by disrupting the bacteria and its ability to metabolize sugars. The less sugar the bacteria can consume, the less acidic waste which will be produced and participate in the demineralization process.

I understand the above information and my choice is: (please check one of following)

- Accept fluoride treatment
 Refuse fluoride treatment

Patient Name

Patient Signature or Guardian

____/____/____
Date