



FIDELIS CARE®

Provider Education Fluoride Varnish Toolkit



1-888-453-2534 (TTY: 711)
[fideliscarenj.com](https://www.fideliscarenj.com) 

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PCP FLUORIDE VARNISH APPLICATION UPDATE

Dear Provider,

Thank you for your continued partnership with Fidelis Care. We have some important updates to share on fluoride varnish application billing for your patients.

The age for fluoride application by any trained medical staff has been updated to include children through the age of (5) five years old.

As a reminder, application of fluoride varnish by a PCP is reimbursed in addition to the office visit when:

- Fluoride varnish application will be combined with a risk assessment, anticipatory guidance, and **referral** to a dentist that treats children under the age of six (6) years old.
- Find A Dentist website:
https://client.libertydentalplan.com/wellcare/wellcarenj?_ga=2.216159248.723511540.1638215029-242862554.1635191947
- Directory of Dentist Treating Children Under the Age of 6 years old:
<https://www.fideliscarenj.com/members/medicaid/nj-familycare/provider-directories.html>
- Fluoride varnish may be applied by any trained medical staff. The physician must be trained and submit attestation that all staff providing the service has been trained and will be supervised.
- These three services will be reimbursed as an all-inclusive service billed using a CPT code 99188, ICD-10 code Z41.8 and Z29.3 can be provided up to four (4) times a year for children at moderate or high risk, based on medical necessity. This frequency does not affect the frequency of this service at by the dentist.
- A bi-directional referral to the dentist is a requirement of the program with document referral in patients' records. The referral process requires communication between Primary Care Providers and Primary Care Dentists. Bi-directional forms for dental referrals are available on the Fidelis Care website at: <https://www.fideliscarenj.com/providers/medicaid/forms.html>



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- **** Important**** As establishment of a dental home by the age of two (2) years old is required, a referral to a dentist is mandatory by 12 months of age or soon after the eruption of the first tooth occurs. Also required: Follow-up at well child visits to determine (at minimum) that twice-per-year dental visits with oral evaluation and preventive services occurred, and that needed treatment services have been provided or are being performed.

Training is required for reimbursement of service:

- Complete the online training; and
- Print the certificate of completion and/or complete the Fluoride Varnish Application Attestation Form as proof of training.

How online training can be completed:

- Complete the Smiles for Life – Fluoride Training Tool available on the Fidelis Care Provider Portal.

OR

1. Go to <https://www.smilesforlifeoralhealth.org/> and choose the Learn Online for Courses 6 and 7 – Caries Risk Assessment, Fluoride Varnish & Counseling and The Oral Exam – on the right side of the page;
2. Select Next, register and complete the training; and
3. Print the certificate of completion and/or complete the Fluoride Varnish Application Attestation Form as proof of training and retain the proof on file for record review.
4. Fax/Email your completed Fluoride Varnish Application Attestation Form to: **1-813-865-6759 or NJDentalServices@fideliscarenj.com**

If you have questions, please call Provider Services toll-free at **1-888-453-2534**.

Sincerely,

Fidelis Care



Bright Futures™

prevention and health promotion for infants, children, adolescents, and their families™

PROMOTING ORAL HEALTH

The Bright Futures Guidelines for Health Supervision of Infants, Children, and Adolescents, Third Edition features 10 health promotion themes. These state-of-the-art discussions focus on topics of key importance to families and health care professionals in their common mission to promote the health and well-being of children from birth through adolescence. These 10 themes are also woven into the 31 health supervision visits.



What you'll find in the "Promoting Oral Health" chapter

Overview: Setting the stage

Oral health is critically important to the overall health and well-being of children and adolescents. It covers a range of health promotion and disease prevention concerns, including dental caries (a preventable and transmissible infectious disease that is the most common chronic disease in children); periodontal health; proper development and alignment of facial bones, jaws, and teeth; oral diseases and conditions; and trauma or injury to the mouth and teeth. Oral health is an important and continuing health supervision issue for the health care professional.

In-depth: Exploring the topic

The introductory section of this chapter discusses the importance of a dental home, the use of supplemental fluoride, and the oral health of children and youth with special health care needs.

Infancy: Birth to 11 Months

- Oral hygiene and feeding practices that promote oral health
- Oral health risk assessment

Early Childhood: 1 to 4 Years

- Oral hygiene, fluoride, and feeding practices that promote oral health
- Oral health risk assessment
- Other oral health issues, such as pacifier use, and finger or thumb sucking

Middle Childhood: 5 to 10 Years

- Oral hygiene, fluoride, and nutrition practices that promote oral health
- Other oral health issues, such as finger or other sucking habits, tobacco use, and traumatic injury to the mouth

Adolescence: 11 to 21 Years

- Oral hygiene, fluoride, and nutrition practices that promote oral health
- Other oral health issues, including periodontal conditions, and traumatic injury to the mouth



How the theme of “Promoting Oral Health” fits into Bright Futures visits

Each Bright Futures health supervision visit is structured around *five priority topics* that help focus the health care professional’s guidance to parents and children. Some priorities are unique to a particular visit; others are featured often and their components evolve in concert with the child’s development.

These examples of priorities, taken from selected visits, show how Bright Futures helps health care professionals talk to families about promoting oral health during each developmental stage:

Infancy: 6 Month Visit

Oral health, including supplemental fluoride, oral hygiene and using a soft toothbrush, and avoiding the use of a bottle in bed

Early Childhood: 15 Month Visit

Healthy teeth, with guidance focused on daily brushing, transmission of caries-promoting bacteria, and bottle usage

Middle Childhood: 5 and 6 Year Visits

Oral health, including regular visits with dentist, daily brushing and flossing, and adequate fluoride

Late Adolescence: 18 to 21 Year Visits

Physical growth and development, including physical and oral health, body image, healthy eating, and physical activity

Additional Resources on Promoting Oral Health

- American Academy of Pediatrics www.aap.org
- Maternal and Child Health Bureau, Health Resources and Services Administration <http://mchb.hrsa.gov>
- National Maternal and Child Oral Health Resource Center www.mchoralhealth.org

Bright Futures is a national health care promotion and disease prevention initiative that uses a developmentally-based approach to address children’s health needs in the context of family and community.

Other Bright Futures Health Promotion Themes

Family Support

Child Development

Mental Health

Healthy Weight

Healthy Nutrition

Physical Activity

Oral Health

Safety and Injury Prevention

Community Relationships and Resources

Healthy Sexual Development and Sexuality

*To learn more about Bright Futures,
visit www.brightfutures.aap.org.*






















Oral Health Risk Assessment Tool

The American Academy of Pediatrics (AAP) has developed this tool to aid in the implementation of oral health risk assessment during health supervision visits. This tool has been subsequently reviewed and endorsed by the National Interprofessional Initiative on Oral Health.

Instructions for Use

This tool is intended for documenting caries risk of the child, however, two risk factors are based on the mother or primary caregiver's oral health. All other factors and findings should be documented based on the child.

The child is at an absolute high risk for caries if any risk factors or clinical findings, marked with a  sign, are documented yes. In the absence of  risk factors or clinical findings, the clinician may determine the child is at high risk of caries based on one or more positive responses to other risk factors or clinical findings. Answering yes to protective factors should be taken into account with risk factors/clinical findings in determining low versus high risk.

Patient Name: _____ Date of Birth: _____ Date: _____			
Visit: <input type="checkbox"/> 6 month <input type="checkbox"/> 9 month <input type="checkbox"/> 12 month <input type="checkbox"/> 15 month <input type="checkbox"/> 18 month <input type="checkbox"/> 24 month <input type="checkbox"/> 30 month <input type="checkbox"/> 3 year <input type="checkbox"/> 4 year <input type="checkbox"/> 5 year <input type="checkbox"/> 6 year <input type="checkbox"/> Other _____			
RISK FACTORS	PROTECTIVE FACTORS	CLINICAL FINDINGS	
<ul style="list-style-type: none">  Mother or primary caregiver had active decay in the past 12 months <input type="checkbox"/> Yes <input type="checkbox"/> No  Mother or primary caregiver does not have a dentist <input type="checkbox"/> Yes <input type="checkbox"/> No  Continual bottle/sippy cup use with fluid other than water <input type="checkbox"/> Yes <input type="checkbox"/> No  Frequent snacking <input type="checkbox"/> Yes <input type="checkbox"/> No  Special health care needs <input type="checkbox"/> Yes <input type="checkbox"/> No  Medicaid eligible <input type="checkbox"/> Yes <input type="checkbox"/> No 	<ul style="list-style-type: none">  Existing dental home <input type="checkbox"/> Yes <input type="checkbox"/> No  Drinks fluoridated water or takes fluoride supplements <input type="checkbox"/> Yes <input type="checkbox"/> No  Fluoride varnish in the last 6 months <input type="checkbox"/> Yes <input type="checkbox"/> No  Has teeth brushed twice daily <input type="checkbox"/> Yes <input type="checkbox"/> No 	<ul style="list-style-type: none">  White spots or visible decalcifications in the past 12 months <input type="checkbox"/> Yes <input type="checkbox"/> No  Obvious decay <input type="checkbox"/> Yes <input type="checkbox"/> No  Restorations (fillings) present <input type="checkbox"/> Yes <input type="checkbox"/> No  Visible plaque accumulation <input type="checkbox"/> Yes <input type="checkbox"/> No  Gingivitis (swollen/bleeding gums) <input type="checkbox"/> Yes <input type="checkbox"/> No  Teeth present <input type="checkbox"/> Yes <input type="checkbox"/> No  Healthy teeth <input type="checkbox"/> Yes <input type="checkbox"/> No 	
ASSESSMENT/PLAN			
Caries Risk: <input type="checkbox"/> Low <input type="checkbox"/> High	Self Management Goals:		
Completed: <input type="checkbox"/> Anticipatory Guidance <input type="checkbox"/> Fluoride Varnish <input type="checkbox"/> Dental Referral	<input type="checkbox"/> Regular dental visits <input type="checkbox"/> Dental treatment for parents <input type="checkbox"/> Brush twice daily <input type="checkbox"/> Use fluoride toothpaste	<input type="checkbox"/> Wean off bottle <input type="checkbox"/> Less/No juice <input type="checkbox"/> Only water in sippy cup <input type="checkbox"/> Drink tap water	<input type="checkbox"/> Healthy snacks <input type="checkbox"/> Less/No junk food or candy <input type="checkbox"/> No soda <input type="checkbox"/> Xylitol

Treatment of High Risk Children

If appropriate, high-risk children should receive professionally applied fluoride varnish and have their teeth brushed twice daily with an age-appropriate amount of fluoridated toothpaste. Referral to a pediatric dentist or a dentist comfortable caring for children should be made with follow-up to ensure that the child is being cared for in the dental home.

Adapted from Ramos-Gomez FJ, Crystal YO, Ng MW, Crall JJ, Featherstone JD. Pediatric dental care: prevention and management protocols based on caries risk assessment. *J Calif Dent Assoc.* 2010;38(10):746-761; American Academy of Pediatrics Section on Pediatric Dentistry and Oral Health. Preventive oral health intervention for pediatricians. *Pediatrics.* 2003; 122(6):1387-1394; and American Academy of Pediatrics Section of Pediatric Dentistry. Oral health risk assessment timing and establishment of the dental home. *Pediatrics.* 2003;111(5):1113-1116.

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Oral Health Risk Assessment Tool Guidance

Timing of Risk Assessment

The Bright Futures/AAP “Recommendations for Preventive Pediatric Health Care,” (ie, Periodicity Schedule) recommends all children receive a risk assessment at the 6- and 9-month visits. For the 12-, 18-, 24-, 30-month, and the 3- and 6-year visits, risk assessment should continue if a dental home has not been established. View the Bright Futures/AAP Periodicity Schedule—http://brightfutures.aap.org/clinical_practice.html.

Risk Factors

Maternal Oral Health

Studies have shown that children with mothers or primary caregivers who have had active decay in the past 12 months are at greater risk to develop caries. **This child is high risk.**

Maternal Access to Dental Care

Studies have shown that children with mothers or primary caregivers who do not have a regular source of dental care are at a greater risk to develop caries. A follow-up question may be if the child has a dentist.

Continual Bottle/Sippy Cup Use

Children who drink juice, soda, and other liquids that are not water, from a bottle or sippy cup continually throughout the day or at night are at an increased risk of caries. The frequent intake of sugar does not allow for the acid it produces to be neutralized or washed away by saliva. Parents of children with this risk factor need to be counseled on how to reduce the frequency of sugar-containing beverages in the child’s diet.

Frequent Snacking

Children who snack frequently are at an increased risk of caries. The frequent intake of sugar/refined carbohydrates does not allow for the acid it produces to be neutralized or washed away by saliva. Parents of children with this risk factor need to be counseled on how to reduce frequent snacking and choose healthy snacks such as cheese, vegetables, and fruit.

Special Health Care Needs

Children with special health care needs are at an increased risk for caries due to their diet, xerostomia (dryness of the mouth, sometimes due to asthma or allergy medication use), difficulty performing oral hygiene, seizures, gastroesophageal reflux disease and vomiting, attention deficit hyperactivity disorder, and gingival hyperplasia or overcrowding of teeth. Premature babies also may experience enamel hypoplasia.

Protective Factors

Dental Home

According to the American Academy of Pediatric Dentistry (AAPD), the dental home is oral health care for the child that is delivered in a comprehensive, continuously accessible, coordinated and family-centered way by a licensed dentist. The AAP and the AAPD recommend that a dental home be established by age 1. Communication between the dental and medical homes should be ongoing to appropriately coordinate care for the child. If a dental home is not available, the primary care clinician should continue to do oral health risk assessment at every well-child visit.

Fluoridated Water/Supplements

Drinking fluoridated water provides a child with systemic and topical fluoride exposure, a proven caries reduction intervention. Fluoride supplements may be prescribed by the primary care clinician or dentist if needed. View fluoride resources on the Oral Health Practice Tools Web Page <http://aap.org/oralhealth/PracticeTools.html>.

Fluoride Varnish in the Last 6 Months

Applying fluoride varnish provides a child with highly concentrated fluoride to protect against caries. Fluoride varnish may be professionally applied and is now recommended by the United States Preventive Services Task Force as a preventive service in the primary care setting for all children through age 5 <http://www.uspreventiveservicestaskforce.org/Page/Topic/recommendation-summary/dental-caries-in-children-from-birth-through-age-5-years-screening>. For online fluoride varnish training, access the Caries Risk Assessment, Fluoride Varnish, and Counseling Module in the Smiles for Life National Oral Health Curriculum, www.smilesforlifeoralhealth.org.

Tooth Brushing and Oral Hygiene

Primary care clinicians can reinforce good oral hygiene by teaching parents and children simple practices. Infants should have their mouths cleaned after feedings with a wet soft washcloth. Once teeth erupt it is recommended that children have their teeth brushed twice a day. For children under the age of 3 (until 3rd birthday) it is appropriate to recommend brushing with a smear (grain of rice amount) of fluoridated toothpaste twice per day. Children 3 years of age and older should use a pea-sized amount of fluoridated toothpaste twice a day. View the AAP Clinical Report on the use of fluoride in the primary care setting for more information <http://pediatrics.aappublications.org/content/early/2014/08/19/peds.2014-1699>.

Clinical Findings



⚠️ **White Spots/Decalcifications**

This child is high risk.

White spot decalcifications present—immediately place the child in the high-risk category.



⚠️ **Obvious Decay**

This child is high risk.

Obvious decay present—immediately place the child in the high-risk category.



⚠️ **Restorations (Fillings) Present**

This child is high risk.

Restorations (Fillings) present—immediately place the child in the high-risk category.



Visible Plaque Accumulation

Plaque is the soft and sticky substance that accumulates on the teeth from food debris and bacteria. Primary care clinicians can teach parents how to remove plaque from the child's teeth by brushing and flossing.



Gingivitis

Gingivitis is the inflammation of the gums. Primary care clinicians can teach parents good oral hygiene skills to reduce the inflammation.



Healthy Teeth

Children with healthy teeth have no signs of early childhood caries and no other clinical findings. They are also experiencing normal tooth and mouth development and spacing.

For more information about the AAP's oral health activities email oralhealth@aap.org or visit www.aap.org/oralhealth.

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Dental Supply Company Contact List

Dental Supply Company Contact List		
Darby Dental	www.darbydental.com	1-800-645-2310
Henry Schein	www.henryschein.com	1-800-772-4346
Patterson Dental	www.pattersondental.com	1-800-328-5536
Practicon	www.practicon.com	1-800-959-9505

Fluoride Varnish Products		
Cavity Shield	0.25ml	5%NaF
	0.40ml	
Duraflor	0.25ml	5% NaF
	0.40ml	
	10ml tube	
Enamel Pro	0.25ml	5%NaF
	0.40ml	

NOTE: .25 ml doses are generally enough for a young child.



Please note: Fluoride varnish products can be purchased from various dental supply companies and you are not limited to the list above.

AVOID: 3M has a varnish product that contains nut extracts that can trigger reactions in those with nut allergies. The purchase of the fluoride varnish will be at the providers' expense and is not to be covered by the plan.



Reducing Pediatric Caries Risk

FLUORIDE SUPPLEMENT Q & A

Are caries risk assessments a routine part of your pediatric exams?

As a PCP/PCD, you probably evaluate a child's risk factors for dental caries. You may look at things like dietary habits, daily dental care at home and even parental knowledge of proper dental hygiene.

Could a dietary fluoride supplement help?

For your patients at higher caries risk, you may be considering dietary fluoride supplements. Clinical studies from the ADA recommend dietary fluoride supplements for certain children ages 6 months through 16 years who are at high caries risk. (See chart on back.)

How much fluoride does the patient routinely get?

In order to achieve an optimal dosing schedule, it's important to evaluate all other sources of fluoridation in the child's available water supply. This may require some discussion with the parent or guardian to determine all potential sources of drinking water. Sources could include home, school, daycare and any other environments where the child typically eats and drinks. All sources of fluoride should be considered including bottled water, tap water and even fluoride rinses. Supplements are recommended by the ADA wherever fluoride concentration in available drinking water is less than .6 ppm. (See dosing chart on back.)



Please consider making caries assessment a regular part of every pediatric exam.

And refer to the ADA guidelines on the back, when dietary fluoride supplements are indicated. Simply chewing a tablet each day may help ensure a healthy mouth for children at high risk for caries.



Fluoride Supplement Dosage Schedule – 2010

Approved by The American Dental Association Council On Scientific Affairs

Dietary Fluoride Supplements: Evidence-based Clinical Recommendations¹

Levels of evidence and strength of recommendations: Each recommendation is based on the best available evidence. Lower levels of evidence do not mean the recommendation should not be applied for patient treatment.

Correlate these colors with the text and table below.



Practitioners are encouraged to evaluate all potential fluoride sources and conduct a caries risk assessment before prescribing fluoride supplements.

For children at **low caries risk**, dietary fluoride supplements are **not recommended** and other sources of fluoride should be considered as a caries preventive intervention. **(D)**

For children at **high caries risk**, dietary fluoride supplements are **recommended** according to the schedule presented in the following table. **(D)**

When fluoride supplements are prescribed, they should be **taken daily** to maximize the caries prevention benefit. **(D)**

ADA dietary fluoride supplement schedule for children at high caries risk			
Age (Years)	Fluoride Concentration in Drinking Water (ppm)*		
	<0.3	0.3-0.6	>0.6
Birth to 6 months	None (D)	None (D)	None (D)
6 months to 3 years	0.25 mg/day (B)	None (D)	None (D)
3 to 6 years	0.50 mg/day (B)	0.25 mg/day (B)	None (D)
6 to 16 years	1.0 mg/day (B)	0.50 mg/day (B)	None (D)

*1.0 ppm = 1 mg/liter

¹Rozier, et al. Evidence-based clinical recommendations on the prescription of dietary fluoride supplements for caries prevention: a report of the ADA Council on Scientific Affairs. Evidence-based clinical recommendations on the prescription of dietary fluoride supplements for caries prevention. JADA 2010; 141:1480-1489. Copyright © 2010 American Dental Association, All rights reserved. Adapted with permission. To see the full text of this article, please go to <http://jada.ada.org/cgi/reprint/141/12/1480>.

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Consult the ADA chart online at:

www.ada.org/en/member-center/oral-health-topics/fluoride-supplements#dosage



Medical Clearance Form for Dental Treatment



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To Dr.: _____ From: _____

Please Return By: _____ Dentist Signature: _____

Pertinent Medical History:

Reason for Request:

The patient listed above is registered at our office. <He/She> will receive dental care that may include extractions, endodontics, and deep cleanings under local anesthesia with epinephrine.

X: _____
Patient Signature for Authorization of Medical Consult

Please Advise The Following Items and Circle:

1 What is the patient's general medical status? Excellent Fair Poor

2 Yes No

Does this patient take any medications that must be discontinued or where the dose must be changed prior to dental treatment? (i.e. blood thinners, steroids, immunosuppressants, bisphosphonates, etc.)

If Yes, which and for how long?

3 Yes No

Are there any medical contraindications or recommendations with the anticipated dental treatment?

If Yes, please describe:

(continued on back)

4 Yes No

Does this patient have a need for antibiotic prophylaxes prior to dental treatment?

If Yes, which:

Patient Cleared For Dental Treatment

Patient Not Cleared For Dental Treatment

Physician Signature: _____ Physician Name: _____

Address: _____

Phone: _____ Fax: _____

Pediatric medical-to-dental care referral form

Patient Information

Patient Name: _____ DOB: ____ / ____ / ____
Parent/Guardian: _____ Height: _____
Telephone: _____ Weight: _____

Medical Professional Information

Pediatric Care Professional: _____ Date: ____ / ____ / ____
Telephone: _____ Fax: _____
Signature: _____

Follow-Up Request

This patient is being referred for a dental evaluation and care in a dental home. If this patient requires sedated care, please contact our office to discuss next steps. Until this child can be seen regularly by a dental professional, our office will provide periodic oral health screenings, oral hygiene guidance, and fluoride varnish/supplementation as needed. *Please indicate if this child was seen in your office by faxing our office a short note with information regarding the visit and a follow-up plan. Thank you.*

Referral Information for Dental Professional

Reason for Referral: Immediate care needed Abnormal oral screening Routine dental care
 Other, please describe

Concerns: _____

Describe conditions that could affect their receipt of routine or restorative dental care that could require anesthesia:

Known Allergies: _____

(continued on back)

Medications Patient is Currently Taking:

Significant Medical Conditions: None Yes (specify)

Teeth Present: None Yes

Oral Exam Findings: Good oral health White spots or obvious dental caries Gingivitis

Other, please describe

Notes:

Does someone brush the child's teeth daily? Yes No Don't know

Does the child use toothpaste with fluoride? Yes No Don't know

Does the child go to bed with a bottle or cup? Yes No Don't know

Was fluoride varnish applied? Yes, Date _____ No Don't know

Were fluoride supplements prescribed? Yes, Date _____ No Don't know

Other oral health concerns:

Dental Professional Information

This child has been referred to

Dental Professional Name: _____

Telephone: _____ Fax: _____

Questions about how to pay for dental care? Call your dental benefits professional or get information about coverage at insurekidsnow.gov or by calling 2-1-1.

All rights reserved. The recommendations in this publication do not indicate an exclusive course of treatment or serve as standard medical care. Variations, taking into account individual circumstances, may be appropriate. The information contained in this publication should not be used as a substitute for the medical care and advice of your professional. There may be variations in treatment that your professional may recommend based on individual facts and circumstances. Listing of resources does not imply an endorsement by the American Academy of Pediatrics (AAP). The AAP is not responsible for the content of external resources. Information was current at the time of publication. Products and Web sites are mentioned for informational purposes only and do not imply an endorsement by the American Academy of Pediatrics. Web site addresses are as current as possible but may change at any time. This poster is supported by the Grant or Cooperative Agreement Number, [6 NU38OT000167-04-01], funded by the Centers for Disease Control and Prevention (CDC). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the CDC or the Department of Health and Human Services. The American Academy of Pediatric Dentistry, American College of Obstetricians and Gynecologists, American Dental Association, and the American Dental Hygienists' Association support the value of this clinical document as an educational tool, April 2019. © American Academy of Pediatrics 2019.



American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®





Medical Provider Referral to Dentist

COMPLETED BY MEDICAL PROVIDER ONLY

Instructions:

- 1 Complete this section.
- 2 Copy for your records.
- 3 Send copy to dental office.
- 4 Ask parent/guardian to take this form to a child's dental appointment.

Referral Date: _____

Patient's Name: _____ Date of Birth: _____

Medical Provider's Name: _____ Phone: _____

Address: _____

City, State & ZIP code: _____

Fax: _____ E-mail: _____

Dental Provider's Name: _____ Phone: _____

Address: _____

City, State & ZIP code: _____

Fax: _____ E-mail: _____

Reason for Referral: Age 1 Routine Emergency

Suspected Problem: _____

Any Medical Precautions for Dental Treatment: Yes No

Explain: _____

Alert: Please list if any of the following is applicable.

Taking Medications: _____

Has Allergies: _____

Oral Health Care given by this provider:

Fluoride Rx Recommended drinking fluoride water

Fluoride Varnish Recommended brushing with fluoride toothpaste

(continued)

Dental Report to Medical Provider

COMPLETED BY DENTIST ONLY

Dental Provider: _____ Date: _____

Instructions:

- 1** Complete this section.
- 2** Copy for your records.
- 3** Mail, fax or e-mail form to medical provider.

- Oral hygiene Cleaning Restorative tx Exam/X-rays
 Sealants Fluoride Rx Fluoride Varnish/Topical Fluoride

Comments: _____

tx completed Additional tx needed Approx. # of units needed: _____



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Fluoride Varnish Application Attestation Form

Physician Name: _____ Provider ID#: _____

Street Address: _____

City: _____ State: New Jersey ZIP Code: _____

Phone: _____

Fluoride Varnish Attestation

Training: Training for the topical application of fluoride varnish can be obtained through a link on the Fidelis Care Provider Portal directly at the Smiles for Life website provided below.

Credit to Dr. Joanna Douglass and the Smiles for Life National Oral Health Curriculum – Fluoride Varnish Module

- Smiles for Life (click Quick Link Course 6, “Caries Risk Assessment, Fluoride Varnish & Counseling” at: <http://www.smilesforlifeoralhealth.org>).

Please attest to the appropriate statements below by printing your name on the respective lines.

I, _____, have completed the Caries Risk Assessment, Fluoride Varnish & Counseling trainingcourse and assessment on the Smiles for Life National Oral Health Curriculum website. I have the proper knowledge and understanding to administer applications of fluoride varnish to Fidelis Care members through the age of 5.

Upon the completion of the Fluoride Varnish Application Attestation form Fax or Email to:

Fax: 813-865-6759 or Email: NJDentalServices@fideliscarenj.com

I, _____, have completed the Caries Risk Assessment, Fluoride Varnish & Counseling trainingcourse and assessment on the Smiles for Life National Oral Health Curriculum website, and I have trained the following medical staff in my office on the application of fluoride varnish to Fidelis Care members through the age of 5.

Physician Signature: _____ Date Signed: _____

Certificate Date: _____

Personnel Trained on Caries Risk Assessment, Fluoride Varnish & Counseling

Print Name: _____ Signature: _____

Print Name: _____ Signature: _____



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