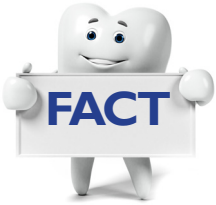
FREE Fissure Sealant and Fluoride Varnish Program

Dear Parent or Guardian,

Do you know? Tooth decay is one of the most common childhood diseases and it is **preventable.**



Fissure sealants can help prevent decay on the chewing surface of the back adult teeth.

A **FREE** Fissure Sealant and Fluoride Varnish program to help prevent tooth decay is coming to your child's school.

What are fissure sealants?

- Fissure sealants are thin coatings that are 'painted' on the grooves (or fissures) of the back adult teeth which is where decay often starts.
- Sealants are used to protect the chewing surface of the 6 year and 12 year old adult back teeth.
- Sealants are best applied soon after these teeth appear in the mouth.

Grooves (fissures)

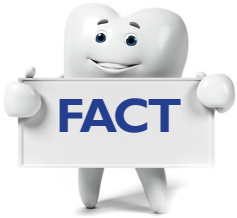
Sealants are 'painted' onto the deep grooves to help protect the teeth.

Oral Health Services Tasmania
1300 011 013

TASMANIAN HEALTH SERVICE

Tasmanian Government

Fluoride varnish is a safe and easy way to prevent and reduce tooth decay in baby and adult teeth.



Fluoride Varnish:

- Strengthens and protects teeth.
- Is safe and painless.
- Is child friendly and easy to apply.

Children will be asked to avoid eating or drinking for 60 minutes (if possible) after the varnish has been applied.

Program information:

- This is **NOT** a general dental check-up, but if it is noticed your child has other dental needs we will contact you.
- After the program you will be sent a form explaining what was provided to your child on the day.

Like to find out more?

Go to: **www.dhhs.tas.gov.au/oralhealth**
and click on the link to the Fissure Sealant and Fluoride Varnish program from the menu.

Would you like to talk to dental staff about this program?

Your local dental clinic is:

Clarence Dental Clinic

Phone: 1300 011 013

Program date/s: 12 - 15 June 2018

Healthy Mouth Healthy Body

Brush twice a day with fluoride toothpaste, spit out and don't rinse.

Oral Health Services Tasmania

Fissure Sealant and Fluoride Varnish Program

Dear Parent or Guardian,

Registration Form

Do you want your child to take part in this **FREE** program to help protect their teeth from decay?

If **YES,** please fill in **both sides** of this form and use a blue or black pen if possible.

Remove this part of the form and return it to the school office in the envelope provided.

I .....
(Parent's First name) *(Parent's Surname)*

CONSENT to my child taking part in the program for: *(Please tick)*

Fissure Sealant/s: Yes: ☐ No: ☐

Fluoride Varnish: Yes: ☐ No: ☐

Parent/Legal Guardian signature: .....

Date: ...../...../.....

Relationship to child: Mother ☐ Father ☐ Guardian ☐

This program is FREE.

By consenting to your child taking part in this program, Oral Health Services Tasmania will bulk bill Medicare for:
Fissure Sealant/s Item: No 161 @ $46.05 per tooth (maximum of 4)
Fissure Sealant/s Item: No 162 @ $23.05 per tooth (maximum of 4)
Fluoride Varnish Item: No 121 @ $34.55

Child's full name: (*Please complete all the form)*

.....

(First name) *(Middle name)* *(Surname)*

Date of Birth: ...../...../..... Male: ☐ Female: ☐

Is your child Aboriginal or Torres Strait Islander: Yes ☐ No ☐

If yes, please circle: Aboriginal Torres Strait Islander Aboriginal &Torres Strait Islander

Address: .....

.....

Phone Number/s: .....

1. Medicare Card No: .....
2. Reference number of child: .....
3. Expiry date: .....

Does your child have?	**Yes**	**No**	**Details**
Allergies			
Heart Condition			
Diabetes			
Epilepsy			
Asthma			

Is there anything else you would like us to know about your child?

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