

Analysis Form to Determine Fluoride Intake

A Note from Drs. Johnny & Maggie:

This information is to be used solely by our office to determine that our patients are receiving the proper amount of fluoride to benefit their teeth against decay. As with all of our patient's confidential information, it will be kept in the patient's chart and will not be shared with any outside sources in accordance with HIPAA regulations.

Family Name: _____ **Date:** _____

Filters: Reverse Osmosis /"RO" Whole House Carbon (*not* per tap, ie., Brita)
(**The above filtration systems successfully remove most fluoride from water, so testing will be recommended if these are used in the home*)

Water: Is your home in a fluoridated area (see map)? Yes No Unsure

- Home **Drinking** Water: Tap, RO, Bottled (Brand = _____ with / without fluoride?)
- Home **Cooking** Water: Tap, RO, Bottled (Brand = _____ with / without fluoride?)
- **Mix Juices** with: Tap, RO, Bottled (Brand = _____ with / without fluoride?)

Child: _____ **Child's d/o/b** _____

Taking Fluoride Supplements or Prescription Vitamins with Fluoride? Yes No

If yes, Dosage: ___ mg Tab ___ ml Liquid Brand _____

Check all that apply: Does your child spend time at a school, daycare, or caretakers' home ?

List: _____

Days/week _____ Hours/day _____

Is the •school, •daycare, or •caretakers' home in a fluoridated area (see map)?

School: Yes No Unsure

Daycare: Yes No Unsure

Caretaker's Home: Yes No Unsure

Do you send water to •school, •daycare, or •caretakers' home from home?

Yes No

If "Yes", Tap or Bottled?

(Bottled Brand = _____ with / without fluoride?)

Signature / Person completing this form

Date

(for additional children please complete a separate form)

For Office Use:

Recommendations:

Home Water If it contains no Fluoride, switch to fluoridated bottled water. Yes No

Currently Available: **Checking**

Filtration: Yes No (If Yes, call us back with results)

RO Whole House Carbon

Supplements: Discontinue: Yes No

Modify: Yes No

Dosage: _____

Comments: