

Fluoride Applied in Trays

Because of your high need to prevent dental decay (caries) or to reduce tooth sensitivity, we recommend daily use of custom-fitted fluoride-containing trays. From well documented research, it is known that use of high concentration fluoride gel in trays prevents new decay almost totally and will slow down currently present decay. Additionally, fluoride in trays will desensitize tooth root surfaces after repeated use. However, you must be consistent in carrying out the following described procedures daily just before going to bed:

1. Cleaning Methods:

- ____ a. Brush your teeth well and floss between them at least once daily.
- ____ b. Use the described special cleaning methods that we have previously recommended.

Description _____

2. We have made custom-fitted plastic trays for you to apply fluoride to your teeth. Place about 6 drops of Colgate PreviDent Gel, or a similar product, into each tray, spacing the drops equally. This high-level fluoride requires a prescription. When you need more of the fluoride, please tell us, and we will provide you with a new prescription.

3. Place the tray(s) into your mouth, seating them completely.

4. Expectorate (spit out) the excess fluoride.

5. Let the trays and fluoride remain in your mouth for at least five minutes each day before bed. If possible, add a second five-minute application after breakfast each day to further decrease your decay.

6. Remove the trays, and wash the gel out of the trays. Place the trays upside down in a convenient place to let them drain and dry before the next use.

7. After fluoride use:

- ____ a. If you are living in an area that has fluoride in the drinking water, rinse your mouth with water, expectorate, and go to bed without eating.
- ____ b. If you are living in an area that does not have fluoride in the drinking water, you need not wash the excess fluoride out of your mouth. Expectorate the excess and go to bed without eating anything.

8. You should continue this therapy for _____.

I have read and understand the above information.

PATIENT'S NAME

SIGNATURE OF PATIENT, LEGAL GUARDIAN,
OR AUTHORIZED REPRESENTATIVE

DATE