## Natick Dental Partners 230 Pond Street ◆ Natick, MA ◆ 01760

## The FLUORIDE SOURCE AWARENESS Survey

This survey is intended to increase parents' awareness of the potential sources of fluoride which your child is receiving from a variety of sources.

Child's Name	Child's Age	
City/Town	Today's Date	
PLEASE CHECK AS APPROPRIATE:		
Daily fluoride supplement (Prescription from dentist or page 1. Daily fluoride supplement (Prescription from dentist or page 2.25mg F0.5mg F		
with vitamin without vitar	ninneed refi	111
2. Fluoridated water supply (Some communities 0.7 to 1.2	mg/liter)yes	no
if 'yes', do you (check any that apply)drink	cook with	have water filter
3. Well water (Must be tested)yesn	o	
if 'yes', has it beentested for fluoride (c	ontent? mg)r	not tested for fluoride
4. Processed beverages (vary from 0 to 0.67mg F)		
Does your child consume (check any that apply)	sodajuice	es
5. Food Sources (vary from 0.15mg to 0.4mg F)		
Does your child consume (check any that apply)		
breadscookies/crackers _	processed fruits/vegetab	les
6. Toothpaste (varies from 0.01 to 1.5mgF)		
indicate amount per use on brush		
7. Fluoride mouthrinses or gels (other than toothpaste) (ifyesno (if yes)prescribed		ngF) -the-counter
Comment: Balancing the Fluorie		and he significant
As you can see, the sources of fluoride in dental products, the ware Remember that systemic fluorides (swallowed) differs from to be aware of these fluoride sources and monitor the amount of putting on their toothbrush. The younger your child, the greater and the state of the s	topical fluorides (direct tooth fluoridated toothpaste that you	n contact). We ask you
Having completed this survey, are there any questions that you would li	ke answered about fluoride use? _	
	Thank you for completi	ing this survey!