



Lynn Keefe, MD
pediatrics

Preventative Dental Care and Vision Screening Services

Patient Name: _____ **DOB:** _____

Following the AAP guidelines, we will provide fluoride varnish applications and vision screenings as your child grows. If not covered by your insurance company, you will be charged \$20 per service.

Fluoride varnish application occurs upon presence of first teeth through 3 years.

_____ I **DO** want these services for my child. **(Initial)**

_____ I **DO NOT** want these services for my child. **(Initial)**

Vision screenings will take place at these recommended ages:

6 months
12 months
18 months
2 years
3 years
4 years
5 years
6 years
8 years
10 years
12 years
15 years

_____ I **DO** want these services for my child. **(Initial)**

_____ I **DO NOT** want these services for my child. **(Initial)**

Guardian/Patient Signature: _____

Date: _____

Guardian/Patient printed name: _____

Relation to patient: _____