

**Rx**

Name _____

ID # / MRN _____

 YOU RECEIVED A FLUORIDE VARNISH ON: _____ **REFERRAL TO SEE THE DENTIST**

It's time for your child to visit the dentist!

Call MassHealth at **1-800-207-5019** if you

need help finding a dentist, or visit

www.masshealth-dental.net. **IT'S TIME FOR YOUR FLUORIDE VARNISH**

Call this number to schedule an appointment

for fluoride varnish: _____

* Fluoride varnish does not replace the need for regular dental check-ups. Visit your dentist every 6 months for a routine exam, or as determined by your dentist.