



Name \_\_\_\_\_

Rx

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 **1-866-616-2699, TTY 711**  
if you need help finding a dentist, or visit  
**masshealth-dental.org**.

**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.