

— Prevention for Life —

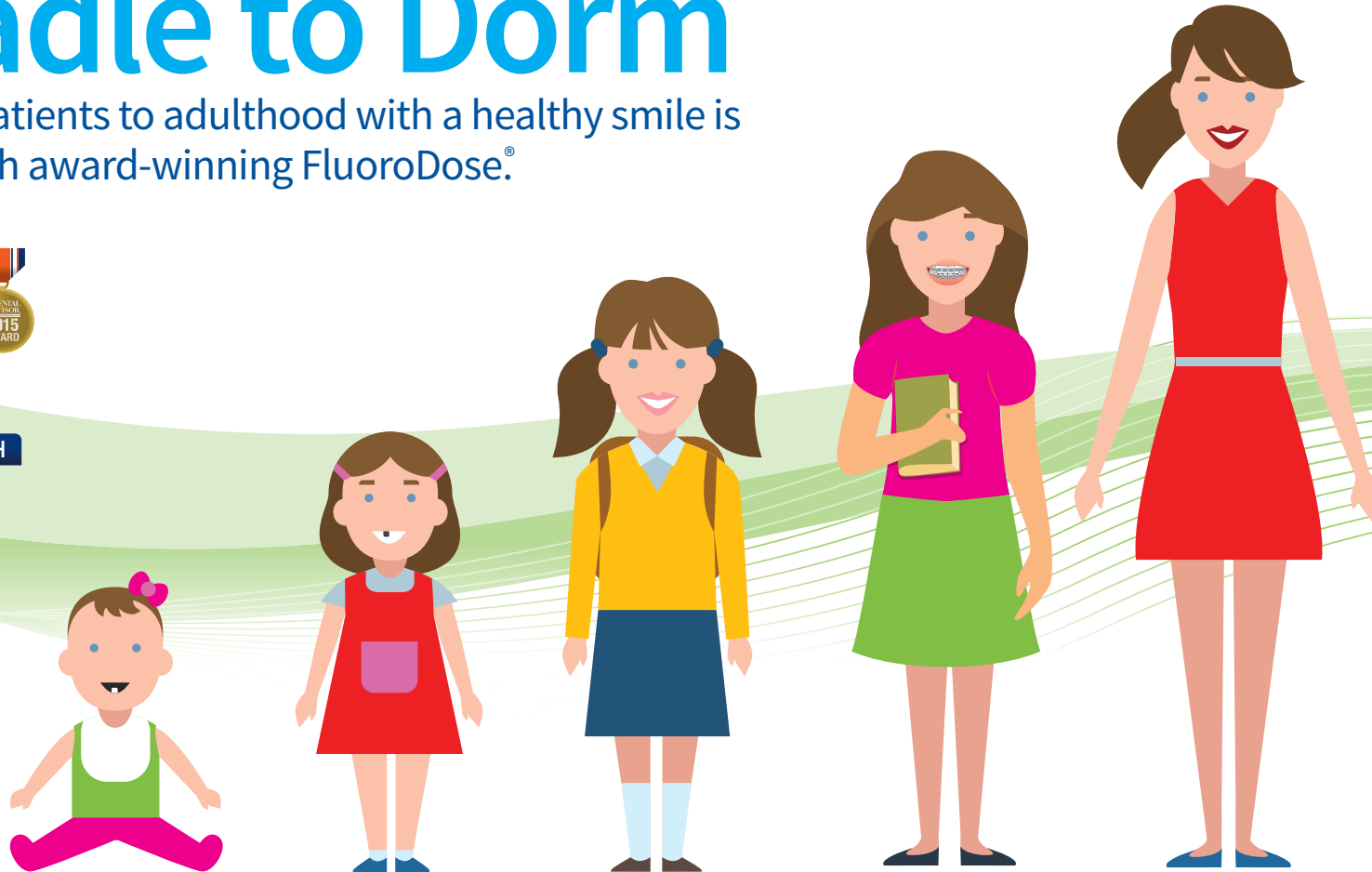
FluoroDose®

5% Sodium Fluoride Varnish with Xylitol

centrix®
Making Dentistry Easier.™

Cradle to Dorm

Getting patients to adulthood with a healthy smile is easier with award-winning FluoroDose®.



First tooth

Toddler

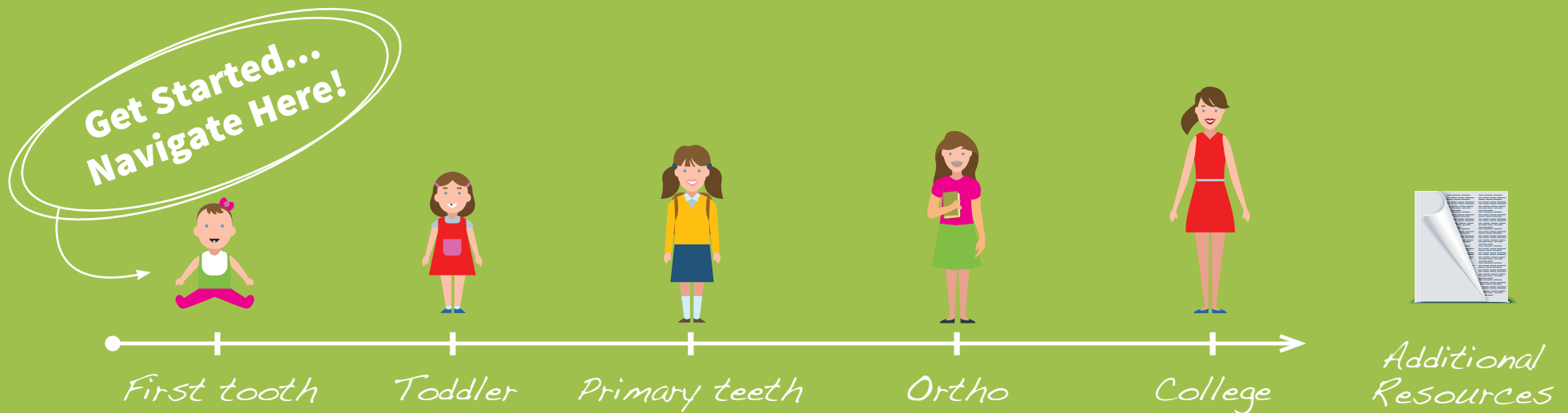
Primary teeth

Ortho

College

— Prevention for Life —
FluoroDose[®]
5% Sodium Fluoride Varnish with Xylitol

FluoroDose is with them every step of the way! From the very first tooth, they will love the **great taste**. Toddlers¹ will sit still for the **fast, 30-second application** – four swipes and you’re done! Whether on primary teeth or during ortho, they’ll enjoy the **smooth feeling**; and the **maximum uptake** helps stop **white-spotting**.² And, all kids love that FluoroDose **stays clear, with no yellowing**. Get them to college with a happy, healthy FluoroDose smile!



1. There are several studies on the ADA website explaining the uses/benefits of fluoride varnishes, visit: <http://www.ada.org>.

2. Jainara Maria Soares Ferreira; Ana Karla Ramalho Aragão; Adriana Dias Batista Rosall; Fábio Correia Sampaio; Valdenice Aparecida de MenezesV "Therapeutic effect of two fluoride varnishes on white spot lesions: a randomized clinical trial" Braz. oral res. vol.23 no.4 São Paulo Oct./Dec. 2009 <http://dx.doi.org/10.1590/S1806-83242009000400015>; Stafford GL "Fluoride varnish may improve white spot lesions". Evid Based Dent. 2011 Dec;12(4):104-5. doi: 10.1038/sj.ebd.6400823.



Donna Brogan
RDH, BS

Donna Brogan is a graduate and former faculty member of the University of Oklahoma Dental Hygiene Program. An educational consultant of twenty years, Donna has presented a wide range of topics to audiences throughout the world and online. She has also written for such publications as RDH, Journal of Practical Hygiene, Contemporary Oral Hygiene, and the Women's Dentist Journal. To follow Donna go to www.donnabroganrdh.com

 **EASY TO APPLY!**
WATCH VIDEO.

First Tooth, First Visit: But They Are Just Baby Teeth

First tooth, first visit?

Many dental professionals are under the erroneous impression that a child should see a dentist by their 3rd birthday; this guideline is outdated. The American Academy of Pediatric Dentists recommends infants see a pediatric dentist when the first tooth appears, or no later than his/her first birthday. At this visit, the child's risk will be determined and proper recall length will be established. Factors such as diet, fluoride exposure and parents' dental health will be researched. The parents will also receive education in developmental milestones, the importance of baby teeth, diet, and oral habits and the child will likely receive a fluoride varnish treatment.

Why treat an infant's first tooth with fluoride varnish?

Most parents are unaware that cavities are a transmissible disease and can be passed to the infant. If the mother or father have had a cavity in the last two years they have a bacterial imbalance and are likely to pass the harmful oral bacteria on to the child. This is just one of several reasons I share with parents that U.S. Preventive Services Task Force (USPSTF) "recommends that primary care clinicians apply fluoride varnish to the primary teeth of all infants and children starting at the age of primary tooth eruption... Research shows that providing fluoride varnish at 6 months instead of waiting until 24 months significantly reduced caries exposure and restorative costs."¹

(See chart).

Recommendation Summary

Summary of Recommendations and Evidence

Population	Recommendation
Children From Birth Through Age 5 Years	The USPSTF recommends that primary care clinicians prescribe oral fluoride supplementation starting at age 6 months for children whose water supply is deficient in fluoride.
Children From Birth Through Age 5 Years	The USPSTF recommends that primary care clinicians apply fluoride varnish to the primary teeth of all infants and children starting at the age of primary tooth eruption.

<https://www.uspreventiveservicestaskforce.org>

(Continues on page 4)



First tooth



Toddler



Primary teeth



Ortho



College



Additional Resources

(Continued from page 3)

First Tooth, First Visit: But They Are Just Baby Teeth

Why treat a tooth if it is only going to fall out?

The health of baby teeth is important for many reasons. Decay and loss of baby teeth can lead to pain, difficulty chewing or speaking, problems with social interaction and self-esteem issues. They also aid in forming a path of eruption that permanent teeth follow. According to the CDC, “Tooth decay is one of the most common chronic conditions of childhood in the United States. About 1 of 5 (20%) children aged 5 to 11 years have at least one untreated decayed tooth.”²

Cavities can spread easily due to the enamel being thinner on primary teeth. When this happens, children will experience pain due to the pulp becoming infected and in some cases this can cause facial infections. When teeth are extracted, teeth tend to shift resulting in ortho complications because of limited space for permanent teeth to erupt.

As a result, I tell my patients’ parents that prevention matters! Preventive treatments are based on what is in the best interest of the patient. According to the AAPD, children at moderate caries risk should receive a professional fluoride treatment at least every 6 months; those with high caries risk should receive greater frequency of professional fluoride applications (ie, every 3-6 months).³ We know that caries is a preventable disease. Research shows that fluoride varnish can prevent about one-third of decay in the primary teeth.”²

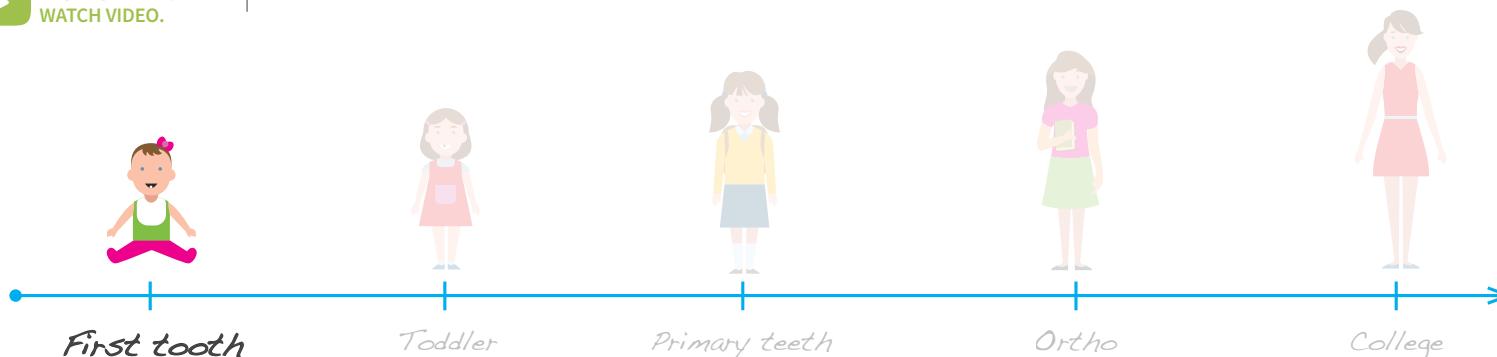
1. www.uspreventiveservicestaskforce.org
2. www.cdc.gov/OralHealth/children_adults/child.htm
3. <http://www.aapd.org/resources>

Prevention Matters!



1 of 5
 children aged 5
 to 11 years have at
 least one untreated
 decayed tooth.²

 EASY TO APPLY!
 WATCH VIDEO.



Additional Resources



Donna Brogan
 RDH, BS

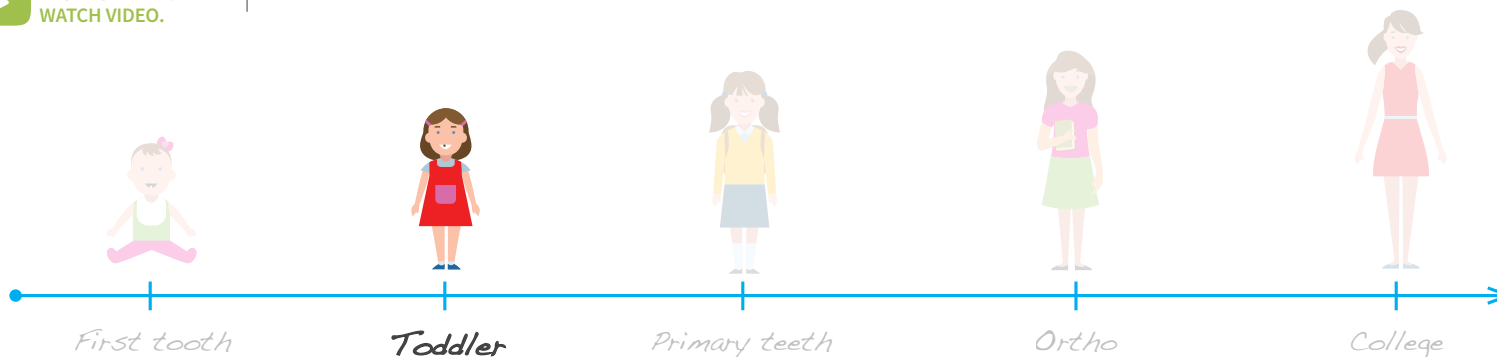
Donna Brogan is a graduate and former faculty member of the University of Oklahoma Dental Hygiene Program. An educational consultant of twenty years, Donna has presented a wide range of topics to audiences throughout the world and online. She has also written for such publications as RDH, Journal of Practical Hygiene, Contemporary Oral Hygiene, and the Women's Dentist Journal. To follow Donna go to www.donnabroganrdh.com

It's true! Toddlers will sit still for the fast, 30-second application – four swipes and you're done!

1. Fluoride varnish application is easiest sitting face to face.
2. Have the patient swallow well, open and look slightly down.
3. Using a unit-dose delivery system, the clinician loads the applicator brush and swipes varnish along the lingual of the mandibular arch.
4. Have the patient look straight ahead with teeth together; retracting the left cheek with a mouth mirror, load applicator brush as needed and swipe the facial of both arches.
5. Retract the right cheek and repeat.
6. Instruct the patient to open and look up, reload the applicator and swipe the lingual of the maxillary arch.



EASY TO APPLY!
 WATCH VIDEO.



Additional Resources



Alejandra Snyder
RDH, BSDH

Alejandra Snyder, RDH, BSDH is a graduate of the University of Texas Health Science Center at Houston (UTHSCH) School of Dental Hygiene. She has practiced clinical hygiene for over 12 years, has experience as an Oral Care Consultant, and is currently Director of Multi-Site Hygiene Operations for over 20 dental offices. In her current role she is responsible for coaching, training, and developing hygienists to provide optimal patient care and practice success.

Care for Primary Teeth – Fighting Tooth Decay Through Prevention and Patient Education

Oral health professionals focus on dental care-related procedures and treatments that are meant to prevent the development of disease at both, oral and systemic levels. Early care of dentition, starting with primary teeth, can influence a healthy development for permanent teeth. Parent and caregiver education in child dentition care continues to be a valuable key for oral disease prevention.

Parents and other caregivers for pediatric patients may not realize the contribution that primary teeth have in their child's overall development. Primary teeth (also called deciduous teeth) play a very significant role in an individual's life. This set of dentition is important for speech development and for eating and chewing nutrients which, in turn, help in arch development. In addition, primary teeth aid in keeping space available for the future eruption of permanent teeth. Moreover, the unaesthetic nature of untreated dental decay compromises the child's self-esteem and social development.¹ Primary teeth are susceptible to decay as soon as they erupt in the mouth; hence dental professionals need to educate parents on prevention of oral disease.

Dental caries is currently the most common chronic childhood disease in the United States.² The American Academy of Pediatric Dentistry (AAPD) recognizes early childhood decay as a public health problem and encourages dental health care professionals to work closely with parents and medical professionals to ensure our children

ADA. Center for Evidence-Based Dentistry™

Topical Fluoride Agent	Age Group or Dentition Affected			
	Younger than 6 Years (Primary teeth)	6-18 Years (Mixed dentition)	Older than 18 Years (Permanent Teeth)	Adult Root caries
Varnish, 2.26% fluoride	Every 3 to 6 months (In Favor)	Every 3 to 6 months (In Favor)	Every 3 to 6 months (Expert Opinion For)	Every 3 to 6 months (Expert opinion For)
Varnish, 0.1% fluoride	Not recommended (Against)	Not recommended (Expert Opinion Against)	Not recommended (Expert Opinion Against)	Panel unable to make recommendation
Professionally-applied 1.23% fluoride (APF) gel	Not recommended (Expert Opinion Against)	4 ⁺ minutes every 3-6 months (In Favor)	4 ⁺ minutes every 3 to 6 months (Expert Opinion For)	4 ⁺ minutes every 3 to 6 months (Expert Opinion For)
Prophylaxis prior to 1.23% fluoride (APF) gel application	Not necessary for caries prevention (Expert Opinion Against)	Not necessary for caries prevention (Against)	Not necessary for caries prevention (Expert Opinion Against)	Panel unable to make recommendation
Fluoride foam (1.23% fluoride as APF)	Not recommended (Expert Opinion Against)	Not recommended (Expert Opinion Against)	Not recommended (Expert Opinion Against)	Panel unable to make recommendation
Prophylaxis paste containing fluoride	Not recommended for caries prevention (Expert Opinion Against)	Not recommended for caries prevention (Against)	Not recommended for caries prevention (Expert Opinion Against)	Panel unable to make recommendation
Prescription-strength (0.5% fluoride), home-use fluoride products (gel, paste)	Not recommended (Expert Opinion Against)	Twice daily (Expert Opinion For)	Twice daily (Expert Opinion For)	Twice daily (Expert Opinion For)
Mouthrinse, 0.09% fluoride	Not recommended (Expert Opinion Against)	At least weekly (In Favor)	At least weekly (Expert Opinion For)	Daily (Expert Opinion For)

*No studies tested APF gel for less than 4 minutes.

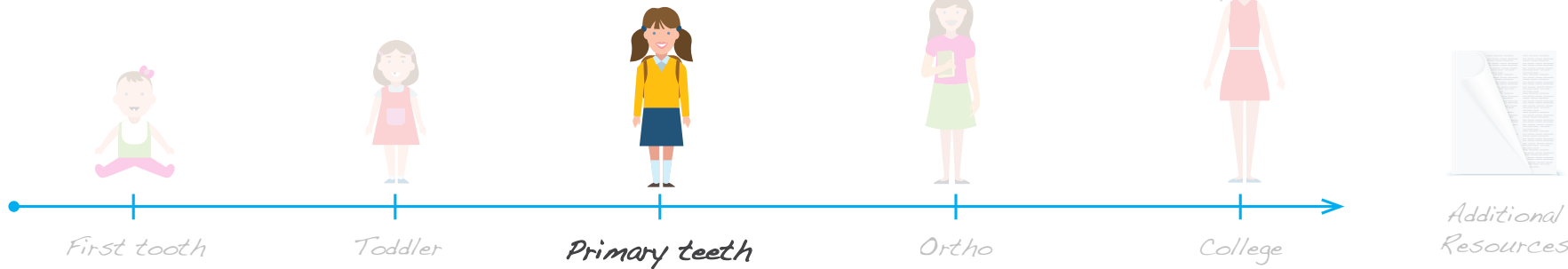
Table cell color legend.

- **Strong**
Evidence strongly supports providing this intervention
- **In favor**
Evidence favors providing this intervention
- **Weak**
Evidence suggests implementing this intervention only after alternatives have been considered
- **Expert Opinion For**
Evidence is lacking, the level of certainty is low. Expert opinion guides the recommendation
- **Expert Opinion Against**
Evidence is lacking, the level of certainty is low. Expert opinion suggests not implementing this intervention
- **Against**
Evidence suggests not implementing this intervention or discontinuing ineffective procedures

© 2013 ADA Center for Evidence-Based Dentistry. All rights reserved.

EASY TO APPLY!
WATCH VIDEO.

(Continues on page 7)



(Continued from page 6)

Care for Primary Teeth – Fighting Tooth Decay Through Prevention and Patient Education

get proper care including nutritional counseling, dental screenings, and preventive care.³ AAPD also recommends that children receive their first dental examination by age one or within six months of their first tooth erupting.⁴

Therapeutic agents, such as topical fluoride and sealants, along with regular preventative visits to the dentist, aid in reducing the risk of tooth decay for infants and children.⁵ The American Dental Association recommends the application of fluoride varnish every three to six months for patients at high risk of developing caries. Fluoride varnish is 5% sodium fluoride (NaF) suspended in a colophonium resin which contains 22,600 ppm fluoride. Because of its sticky consistency, it adheres to the teeth surfaces for several hours allowing for maximum fluoride uptake. It also represents low risk of experiencing harm of swallowing in children younger than 6 years. Therefore, only doses of 2.26 percent fluoride varnish are recommended for this age group (See ADA Clinical Recommendations Chart on page 6). The guidelines also state the benefit of 2.26 percent fluoride varnish in the permanent teeth of children aged 6 through 18 years, endorsing the use of this percentage of fluoride varnish for this age group for both coronal and root caries.⁶

Centrix Inc.'s fluoride varnish has a proven record of efficacy. FluoroDose® comes packaged in a convenient single-use Lollipack®, which contains the perfect amount of fluoride (0.3mL). Each unit includes one Benda® Brush applicator which allows clinicians to

easily apply the varnish. It is easy to use and infection control regulated. The consistency is smooth and dries in seconds upon contact with saliva without forming clumps. It has high patient acceptance due to its ability to stay clear on teeth surfaces and it comes in five pleasant flavors. This product is the top Fluoride Varnish of 2015, 2016, and 2017 according to THE DENTAL ADVISOR.⁷

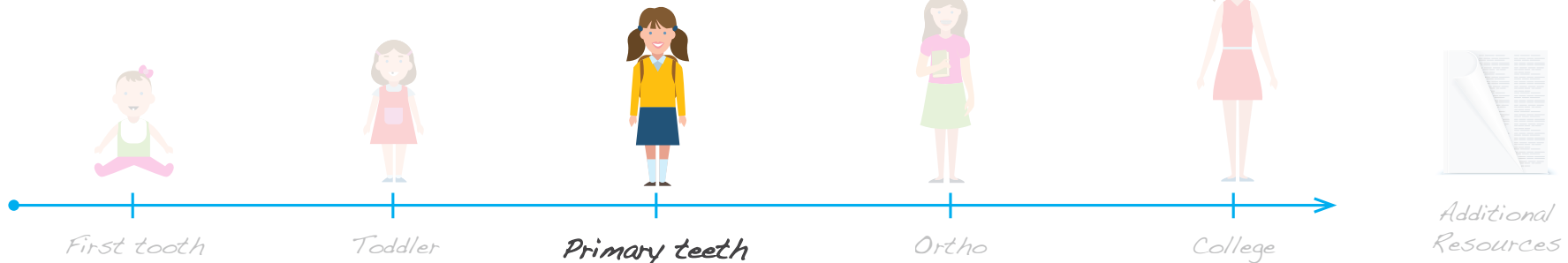


Why we chose this product:

- “Every child liked it!”
- “Seemed to be less sticky than other brands I have used.”
- “Patients like the variety of flavors.”
- “Application is smoother than most varnishes.”

(Continues on page 8)

 EASY TO APPLY!
WATCH VIDEO.



(Continued from page 7)

Care for Primary Teeth – Fighting Tooth Decay Through Prevention and Patient Education

Dental sealants are also effective in caries prevention. The 2016 panel for The American Dental Association Council on Scientific Affairs and the American Academy of Pediatric Dentistry (AAPD) established recommendations for the use of pit-and-fissure sealants. These guidelines state that sealants are effective in preventing and arresting pit-and-fissure occlusal caries lesions of primary and permanent molars in children and adolescents compared to the non-use of sealants. Also, sealants minimize the progression of non-cavitated occlusal caries lesions (also referred to as incipient lesions) of the tooth that received the sealant.⁸

Centrix's pit and fissure sealant material, Champ®, is packaged in single doses of 0.25mL and each dose includes a brush applicator. It is light-activated and does not require a bonding agent - simply etch, rinse, apply, and cure. It is easier to use than conventional syringe

packaged sealants, since the brush allows for the material to go into every pit and fissure for homogeneous coverage, reducing the need to adjust the patient's bite after curing. Champ utilizes a moisture-tolerant chemistry that seals out micro-leakage.⁹

Caries and premature loss of primary teeth can influence speech, learning, nutrition, self-esteem and overall development. By significantly reducing caries rates, oral health professionals can help improve their patients' health. Parent/caregiver education on preventive measures to decrease oral disease such as diet, hygiene habits, fluoride application, and use of sealants are the most effective strategies to help younger patients achieve optimum oral care.

1. The Consequences of Untreated Dental Disease in Children. The California Society of Pediatric Dentistry. Retrieved April 2, 2017, from http://www.cda.org/Portals/0/pdfs/untreated_disease.pdf
2. Centers for Disease Control and Prevention. Children's Oral Health. Available at: https://www.cdc.gov/oralhealth/children_adults/child.htm. Accessed February 1, 2017.
3. American Academy on Pediatric Dentistry Council on Clinical Affairs. Policy on early childhood caries (ECC): classifications, consequences, and preventive strategies. *Pediatr Dent.* 2008-2009;30(7 Suppl):40-3.
4. American Academy of Pediatric Dentistry. Policy on the Dental Home. *Pediatr Dent.* 2013;35(Suppl):24-25.
5. Moyer, V. A., MPH. (2014). Prevention of Dental Caries in Children From Birth Through Age 5 Years: US Preventive Services Task Force Recommendation Statement. *Pediatrics*, 2014(133), 1102nd ser., 1102-1103. Retrieved April 2, 2017.
6. Weyant RJ, Tracy SL, Anselmo T, et al. Topical fluoride for caries prevention: Executive summary of the updated clinical recommendations and supporting systematic review. *J Am Dent Assoc.* 2013; 144:1279-1291.
7. Centrix. FluoroDose. Available at: <https://www.centrixdental.com/fluorodose.html>. Accessed January 20, 2017.
8. Wright J, Crall J, Fontana M, et al. Evidence-based clinical practice guidelines for the use of pit-and-fissure sealants. *J Am Dent Assoc.* 2016;147: 672-682.
9. Centrix. Champ. Available at: <https://www.centrixdental.com/champ.html>. Accessed January 23, 2017.

 EASY TO APPLY!
WATCH VIDEO.



First tooth



Toddler



Primary teeth



Ortho



College



Additional Resources



Whitney Edge
RDH

Whitney Edge is a graduate of the University of Oklahoma Dental Hygiene Program. She's currently practicing clinical dental hygiene in a private practice. She enjoys volunteering in the dental community whenever possible.

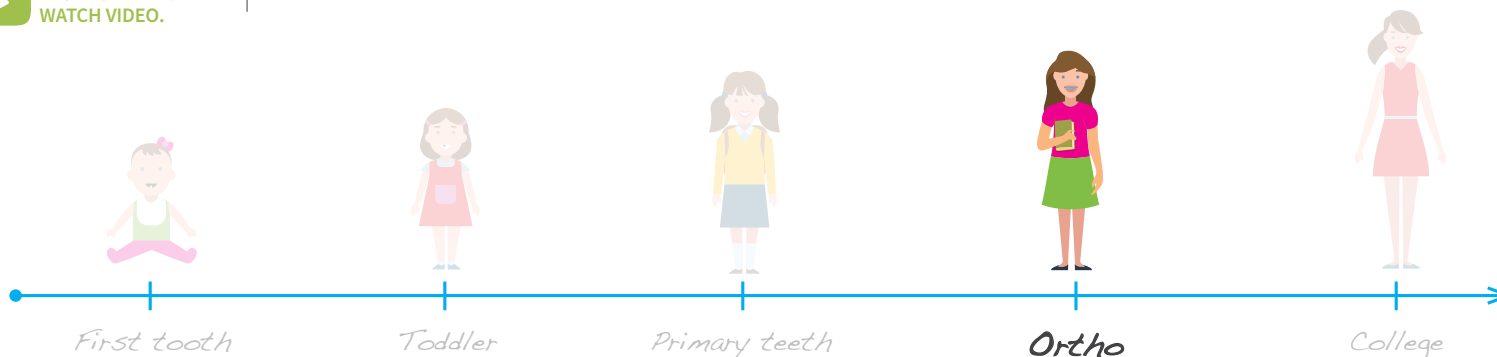
Maintaining Oral Health During Orthodontic Treatment



Prevention plays a vital role in the oral health of patients undergoing orthodontic treatment. As an RDH, I recommend having the following discussions with patients to help reduce the chances of caries, white spot lesions and other oral health concerns during orthodontic treatment.

- Patients should brush thoroughly after every meal with a fluoride toothpaste to remove food particles and plaque from the teeth and brackets. The Charters brushing method with a soft bristle brush is a good strategy to employ. Remind them not to rinse after brushing, the fluoride left behind remains active.
- Daily cleaning between teeth is crucial. There are several devices that make cleaning interproximal areas convenient and easy; they include water flossers and floss aids that eliminate the need to thread each interproximal area.
- Seeing a dental hygienist regularly can help identify risk factors encountered along the way. Patients should be seen every 3-6 months depending on homecare and individual risk factors.
- Avoiding frequent sugar while in orthodontic treatment (traditional ortho or aligner trays) is very important. When a patient eats or drinks, the pH of the mouth drops to an acidic level putting the teeth at risk for decay. It takes at least 30 minutes for the saliva to return to a neutral consistency.
- Demineralization is commonly seen in patients with brackets. Professionally applied fluoride varnish 4 times a year plays a very important role in the remineralization process, helping fight decay and eliminate white spot lesions. The ADA considers fluoride varnish to be a safe and efficacious part of a caries prevention program that includes diagnosis, risk assessment and regular dental care.
- Avoiding hard and sticky snacks is recommended during treatment because they can do damage to the tooth as well as the braces. Popcorn, hard candy, taffy, and ice are common causes of broken brackets.
- After orthodontic treatment is complete, a visit to the hygienist is important to remove any excess bonding material, calculus and plaque.

 **EASY TO APPLY!**
WATCH VIDEO.



Additional Resources



Stacy Limas
RDH

Stacy Limas is a dental hygienist working in private practice. She is passionate about advocacy and education to provide better quality care for those she serves. Stacy has been an active member of the American Dental Hygienists' Association since she was a student at Texas Woman's University where she represented District IX as the student delegate for the 2011 ADHA annual session. Stacy interned with ADHA for her senior practicum project, working with the Governmental Affairs department to learn more about advocacy at the student level. She currently serves as Delegate to TDHA and as Vice President for San Antonio District Dental Hygienist's Association.

 **EASY TO APPLY!**
WATCH VIDEO.

Let's Talk About Diet and Oral Health!

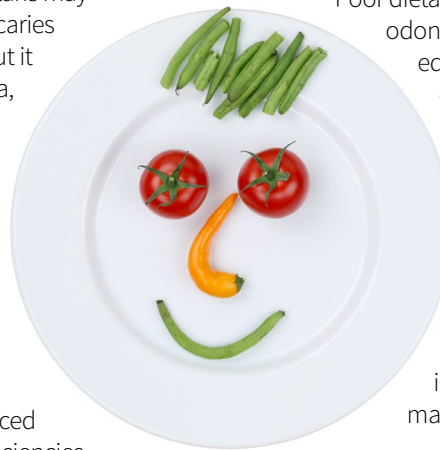
When reviewing oral hygiene instructions with patients, nutrition is a category that is too often overlooked or briefly discussed. Often the focus is on foods that are 'bad for your teeth', but we have the opportunity to transition the conversation to nutrients and food sources that can support or improve oral health.

Clinical signs of nutritional deficiency

There is strong evidence that poor dietary intake may display signs via oral manifestations. Dental caries may be the most obvious sign of poor diet but it is not the only one. Inflammation, xerostomia, erosion, poor healing, and periodontal diseases are a few others that often present in these patients. Diet can work to change the oral environment, to include alteration of pH, salivary changes, collagen repair, bone health and surprisingly, play a role in tooth development and eruption.

According to a report from the Journal of Clinical and Diagnostic Research, "the teeth which are in a pre-eruptive phase are influenced by the nutritional status of the body. The deficiencies of vitamin(s) D, C, B, and A and protein have been associated with the disturbances in the oral structures." Specifically, it has been noted that deficiencies in Vitamin A or D can contribute to enamel hypoplasia, which can create a more favorable environment for the development of cariogenic lesions.

Lack of Riboflavin, which is found in Vitamin B2, can be responsible for oral manifestations including inflammation of the mucosa,



'burning tongue' syndrome, and dry, cracked lips.

Poor dietary intake can also be a risk factor in the development of periodontal disease. A study in the Journal of Periodontology reported that adults consuming less than the recommended amount of Calcium were twice as likely to have periodontal disease. The same report mentioned the importance of Vitamin C, those consuming less than the RDA (approximately one orange) were one-and-a-half-times more likely to develop severe gingivitis. (1) Vitamin C aids in the support and repair of connective tissue including collagen. The composition of saliva is also affected by diet. It has been shown that "moderate malnutrition, principally, a lack of protein and other micronutrients such as vitamins, zinc and iron, limits the protective effect of saliva on the oral cavity, by manipulating its composition and amount." 2

Easy access foods for oral health

Dairy products like yogurt and hard cheese are a source calcium and protein, both nutrients known to strengthen tooth enamel. The act of chewing a piece of hard cheese both cleanses the tooth surface and stimulates salivary flow. Yogurt (with no added sugar) may offer probiotic benefits. Probiotics are thought to change the bacterial environment in the body by 'crowding out' harmful bacteria and replacing it with healthy bacteria. This is important for caries protection and reduc-

[\(Continues on page 11\)](#)



First tooth



Toddler



Primary teeth



Ortho



College



Additional Resources

(Continued from page 10)

Let's Talk About Diet and Oral Health!

ing the risk of periodontal disease.³

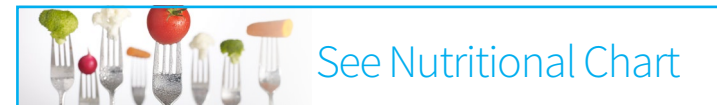
Fruits are not only loaded with nutrients but are known to be beneficial to the oral environment. Many people, especially diabetics, are concerned that fruit is high in sugar but some with a lower glycemic index include; cherries, apricots, grapes, plums, strawberries, grapefruit and apples. Apples, especially green, are a great source of fiber and water. The act of chewing an apple, combined with its water content, stimulates salivary production. Saliva in turn cleanses the teeth and reduces adherence of bacteria. Fiber is important for many body functions but the act of chewing something fibrous, like an apple, helps stimulate the gingiva which is important for blood circulation to the area. Blueberries are an excellent source of vitamins and nutrients, and arguably, one of the most popular superfoods. Loaded with antioxidants, blueberries are anti-inflammatory and play a role in cellular regeneration which may aid in the prevention of periodontal disease.

Fibrous vegetables such as carrots and celery are easy to find and affordable oral health boosters. Both contain Vitamin A, which can strengthen your immune system and maintain healthy oral mucosa. Gaining popularity are leafy green vegetables like spinach, bok choy and kale which deliver Folate, Calcium, A, C, K and B vitamins, real powerhouses of nutrients. As stated previously, Vitamin C aids in the production of collagen regeneration. Most people associate Vitamin C

with citrus but other great sources include red and green bell peppers, kale, and broccoli. All of which provide 100% of an adult's recommended daily intake.

Proteins are also important to oral health. Lean proteins are important for mucosal, connective tissue, and immune health. An often under-rated but easily incorporated source of protein comes in the form of almonds. Included in a single serving of almonds are Vitamin E, Calcium, Magnesium and Potassium—all important for oral health.

All too often we get caught up in educating patients what 'not to eat' but the dental professional is in a unique position to recommend healthy additions to their diet. By adding healthy choices to our patients plates and snacks we have the opportunity to help them 'crowd out' unhealthy foods that lead to negative outcomes. Discussing nutrition with dental patients can be beneficial to their oral health by reducing the incidence of developmental abnormalities, caries, inflammation, gingivitis and periodontal disease. By making suggestions for foods beneficial to oral health, the dental professional creates a relationship of trust and caring becoming a partner in health.



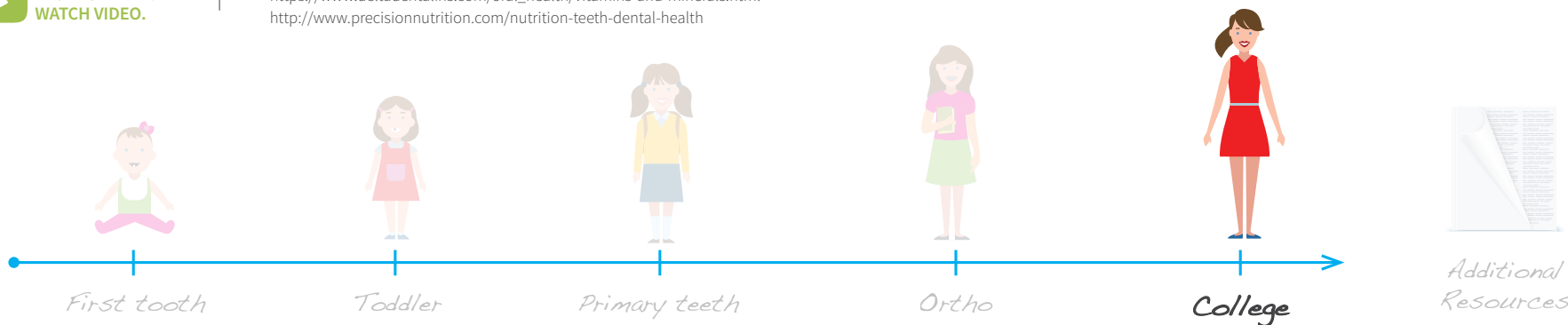
See Nutritional Chart

1. Nishida M et al, "Calcium and the risk for periodontal disease." J Perio 2000 Jul;71(7):1057-66.
2. Sheetal A, et al, "Malnutrition and its Oral Outcome" – A Review J Clin Diagn Res 2013 Jan; 7(1): 178–180.
3. Ravishankar Lingeshia Telgi, et al. "In vivo dental plaque pH after consumption of dairy products." General Dentistry, 2013 May;61(3):56-59

Additional Resources

https://www.deltadentalins.com/oral_health/vitamins-and-minerals.html
<http://www.precisionnutrition.com/nutrition-teeth-dental-health>

 EASY TO APPLY!
WATCH VIDEO.



Additional Blogs



Why I recommend Fluoride Varnish

By Carly Cammarano

[READ BLOG](#)



Protecting teeth from White Spots

By Centrix

[READ BLOG](#)



This is going to hurt me more than it will hurts you

By Donna Brogan RDH BS

[READ BLOG](#)

Industry Articles

[ADA Center for Evidence-Based Dentistry. Topical fluoride for caries prevention](#)

[The Use and Efficacy of Professional Topical Fluorides](#)

[Dental Caries in Children from Birth Through Age 5 Years: Screening Release Date: May 2014](#)

[Untreated Caries Rates Falling Among Children, Rising Among Low-Income Adults and Seniors](#)

[Prevention of Dental Caries in Children From Birth Through Age 5 Years: US Preventive Services Task Force Recommendation Statement](#)

[Caries prevention during orthodontic treatment](#)

[Comparative assessment of fluoride varnish and fluoride film for remineralization of postorthodontic white spot lesions in adolescents and adults over a 6-month period](#)

Patient Self-Assessment Forms



[Patient Self-Assessment Form](#)



[ADA Risk Assessment Form \(0-6 yrs\)](#)

[ADA Risk Assessment Form \(6+ yrs\)](#)

FluoroDose Awards, Articles and Support Material

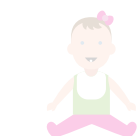
[FluoroDose Dental Advisor 2017 Award](#)

[Dental Product Shopper June 2016 “Maximum Dose and Consistent Application](#)

[AGD Impact October 2016 – FluoroDose Fluoride Cavity Varnish](#)

[Compendium April 2017 FluoroDose: Prevention for Life](#)

[FluoroDose Update Information](#)



First tooth



Toddler



Primary teeth



Ortho



College



Additional Resources



Carly Cammarano RDH

Carly Cammarano graduated from the first dental hygiene school in the world: Fones School of Dental Hygiene at the University of Bridgeport. As a caregiver, Carly has experience in large clinics, small practices, and high-end dentistry. Through these various settings, Carly's utmost goal is dedicated to listening to her patients needs, developing and implementing treatments, and helping her patients reach their optimal health. She leads with a smile and her patients leave with a smile! To follow Carly go to [linkedin.com/in/carly-cammarano](https://www.linkedin.com/in/carly-cammarano)

 **EASY TO APPLY!
WATCH VIDEO.**

Why I Recommend Fluoride Varnish

Fluoride treatments are the backbone of oral health prevention. For years, the only formulations available were gel or foam, applied with trays, for a grueling application time of four minutes (According to the ADA, one-minute fluoride gel application foam products are not effective and should not be used.) Gels were effective, but not easy to use. The use of gel in a tray can be messy and hazardous if ingested in volume. Today, the latest approved standard of care from the ADA for fluoride treatments is fluoride varnish; the only alternative approved for patients of all ages, even as young as 6 months old.

I use fluoride varnish for a multitude of reasons. The application is quick and causes the patient no discomfort, achieving immediate greater patient acceptance. One of the main advantages of using fluoride varnish is that the patient can eat or drink right after the application. Upon contact with saliva, the varnish dries in seconds, setting the varnish on the teeth. The only caution is that the patient should not brush or floss their teeth for six to eight hours or drink hot beverages.

I prefer to use FluoroDose varnish from Centrix because it goes on clear, whereas most other varnishes leave a yellow tint. FluoroDose also goes on smoothly with no "wooly" feeling, where other varnishes have a fuzzy feel to them, which isn't desirable following a prophylaxis. Application time takes less than a minute and it comes in a convenient single-dose package with applicator brush. When considering cost of buying varnish vs gels and trays, varnish is more economical and requires less preparation to apply, less messy and reducing operatory cleanup time.

Fluoride varnish is successful! The ADA recommends that an application of fluoride varnish "every six months is effective in preventing caries in the primary and permanent dentition of children and adolescents."¹ In high-risk

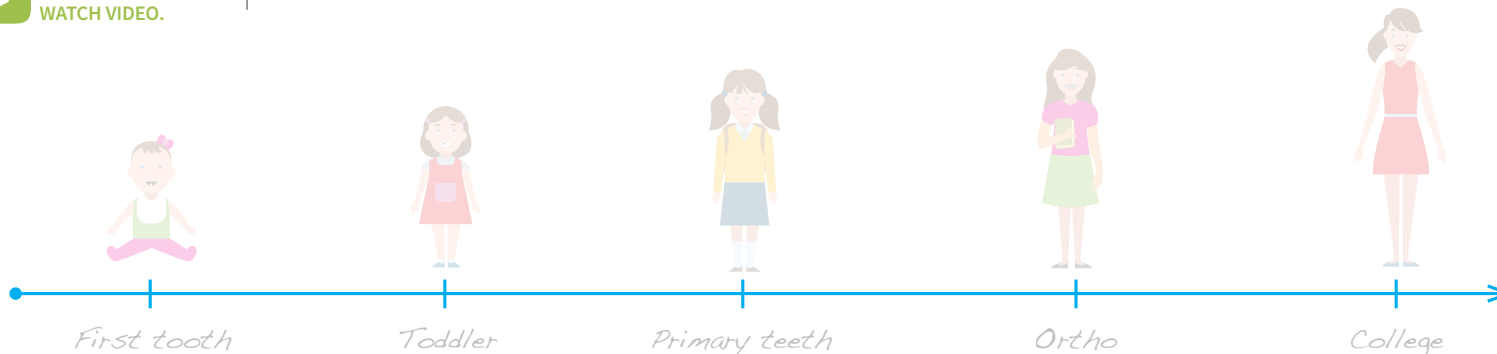
patients, twice yearly applications are recommended.² Studies also show that when "fluoride incorporation into the crystalline lattice, fluoride varnishes interact with saliva and form calcium fluoride (CaF₂) compounds on enamel. These calcium fluoride deposits create a reservoir of fluoride ions, which are slowly released when the pH of plaque drops, thus acting as a prolonged source of fluoride ion. This has been considered the most important action mechanism of the products with high fluoride concentrations. Research shows that fluoride varnishes are effective when used on early white spot lesions, since a large amount of fluoride can be deposited in the porous demineralized enamel. Thus, the action of fluoride can be related to its inhibition of the demineralization processes as well as its promotion of enamel remineralization."²

Prevention for Life! Fluoride varnish is for every stage of life. Apply varnish on the infant's first tooth, during orthodontic treatments, on teens and adults that present themselves with dry mouth or sensitivity, on patients with disabilities and/or drug use, and seniors with root exposure. Fluoride varnish has been shown to decrease cervical dentin hypersensitivity. For more information on using fluoride varnish on adults go to www.centrixdental.com/adultfluoride

My conclusion - Fluoride varnish is my preferred method for delivery of professional fluoride treatments. It is proven safe and effective, and is easy to use. Patients are more comfortable and accepting of fluoride varnish than with standard trays and gels, making it perfect for patients of any age. Plus, fluoride varnish is often less expensive than gels and trays!



1. American Dental Association Council on Scientific Affairs. Professionally applied topical fluoride: evidence-based clinical recommendations. J Am Dent Assoc 2006; 137(8):1151-9
2. Recommendations for Fluoride Varnish Use in Caries Management . Dentistry Today Tuesday, 01 January 2008 00:00



**Additional
Resources**



Making Dentistry Easier.SM

Our Values

Centrix is a family-owned business started by a practicing dentist. It was founded to help make dentistry easier for dental professionals and their patients. We tenaciously strive to improve patient care world-wide by developing unique, innovative products that creatively solve real problems experienced by real professionals, in real practices.

We at Centrix work with honesty and integrity with our customers, suppliers and each other, striving for excellence in everything we do. Within each employee, we encourage the entrepreneurial spirit that Centrix was founded on almost 50 years ago.

We provide our customers with the highest-quality products possible and superior service, listening to their ideas and concerns so they in turn may better serve their patients. We celebrate our successes and learn from failures. "Making Dentistry Easier" is our unending quest!

Our Vision

We will improve the practice of dentistry through innovative products that simplify and improve the delivery of oral health care.

Our Mission

Making Dentistry Easier!

Centrix Incorporated

770 River Road
Shelton, CT 06484 USA
Tel: 203.929.5582
Fax: 203.929.6804
Toll-Free (USA & Canada): 800.235.5862
www.centrixdental.com

Stay Connected!



Centrix-Inc



@CentrixInc



centrixdental



Centrix Inc.