

## **NOTICE OF USE OF ARESTIN AND/OR FLOURIDE FOR PERIODONTAL TREATMENT**

### **Arestin**

Please be advised that locally administered antibiotic therapy (Arestin) has been recommended for the treatment of localized sites of periodontal disease (pockets). This treatment is highly recommended by the office of Dr. Bernard Sanders but may not be covered by your insurance. If you are to receive this procedure, you will be responsible for the fees at the time of service.

### **Fluoride Treatment**

Per American Dental Association Guideline – Fluoride treatment is part of our routine hygiene appointments. This service is not covered by your insurance in most cases for patients over 19 years of age. Because it is recommended at every dental cleaning, we are offering fluoride treatments to our patients at a discounted rate of \$39.00. You will be responsible for payment on the day of service.

By signing this form, I acknowledge that I have read, Understand and agree to the above mentioned services.

Patient Signature \_\_\_\_\_

Date \_\_\_\_\_