



Today, your child ___ received the following FREE dental services at their school. **SEE BROCHURES FOR DESCRIPTION OF SERVICES**

Dental Screening
Fluoride Varnish Application
Dental Sealants

These services do not take the place of a regular dental exam.

As a result of the screening, if a box is checked below follow up with:

EMERGENCY DENTAL CARE TREATMENT- It is highly recommended that your child be seen by a dentist right away. **See notes on the back page of this form.

Schedule a regular dental appointment with a dental provider.

Your child has permanent molars and would benefit from dental sealants

If your child experiences swelling of the gums, nausea, or trouble breathing

A regular dental check-up should occur every 6 months for most children. If your child needs dental care, please make an appointment with a dentist as soon as possible. If your child has Medi-Cal, they also have dental coverage. You may visit SmileCalifornia.org to find a dentist or see the attached list created by the Butte County Child Health and Disability Prevention (CHDP) Program.

please seek medical assistance **IMMEDIATELY**.





Tooth name	Eruption timeline	Loss timeline
Lower central incisors	6 to 10 months old	6 to 7 years old
Upper central incisors	8 to 12 months old	6 to 7 years old
Upper lateral incisors	9 to 13 months old	7 to 8 years old
Lower lateral incisors	10 to 16 months old	7 to 8 years old
Upper first molars	13 to 19 months old	9 to 11 years old
Lower first molars	14 to 18 months old	9 to 11 years old
Upper canines	16 to 22 months old	10 to 12 years old
Lower canines	17 to 23 months old	9 to 12 years old
Lower second molars	23 to 31 months old	10 to 12 years old
Upper second molars	25 to 33 months old	10 to 12 years old

