

Patient's Name _____

Date _____

Oral Hygiene

- Brush teeth twice every day
(circle one) Use/Don't Use fluoride toothpaste
- Assist child with tooth brushing
- Assist child with flossing
- Other _____

Diet

- Decrease sugary liquids, including chocolate milk and juice
- Decrease between meal snacks
- Discontinue bottle or sippy cup use
- Give child only water to drink after brushing teeth and before bedtime
- Other _____

Fluoride

- Use prescription fluoride toothpaste or rinse _____
- Use prescription fluoride tablets or drops _____
- Schedule fluoride treatments _____
- Schedule fluoride varnish _____
- Other _____

Antibacterials

- Use prescription Chlorhexidine rinse as prescribed _____

Other Therapies

- Rinse mouth with water after giving medications
- Other _____
- Other _____

Recalls

- Schedule recall appointment for three to four months to re-evaluate decay risk and activity level; confirm lowered risk before proceeding with rehabilitative phase of treatment
- Schedule recall appointment for six months
- Schedule recall appointment for 12 months

Treatment

- Schedule appointment for therapy _____
- Schedule appointment with specialist _____

Doctor's Signature

Date

Parent's/Guardian's Signature

Date