

PREVENTIVE DENTAL SERVICES PROVIDED AT SCHOOL

Date	Year	Month	Day
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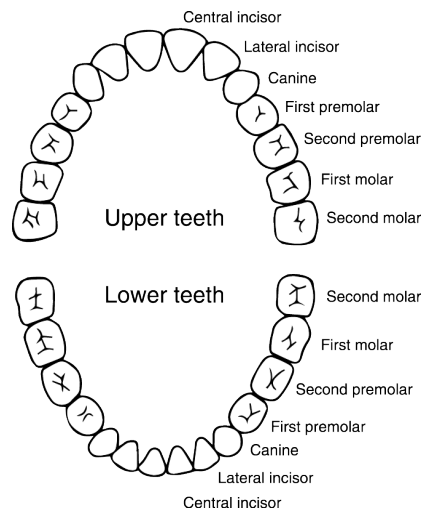
Dear parents,

During her last appointment with your child, \_\_\_\_\_, the public health dental hygienist assessed his/her dental health and:

- discussed the importance of having good dental hygiene
- discussed the best foods to eat to have healthy teeth
- reviewed the technique for brushing teeth with fluoride toothpaste
- reviewed flossing
- applied fluoride to strengthen the tooth enamel

Recommendations: \_\_\_\_\_

- applied dental sealant on the tooth/teeth indicated on the diagram below:



- assessed the dental sealant applied at school:
  - resealing is not necessary: the dental sealant applied still provides effective protection against tooth decay
  - resealing is necessary:
    - at her next appointment with your child, the dental hygienist will reapply sealant on the tooth/teeth indicated on the diagram above
    - the dental hygienist reapplied sealant on the tooth/teeth indicated on the diagram above

identified a dental problem and you must consult a dentist soon

Some dental services, such as examinations, X-rays and fillings, are free for children age 9 and under. For more information, you can consult the website of the Régie de l'assurance maladie du Québec.

Therefore, the public health dental hygienist:

will see your child again to continue the dental services that you agreed to (e.g., the application of fluoride or dental sealants)

does not need to see your child again: the dental services that you agreed to have been completed

**School-based dental services are an effective way to improve your child's dental health.  
However, they do not take the place of your child's regular visits to the dentist.**

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If your child's medical condition changes,  
please inform the public health dental hygienist.**

For more information, please contact the public health dental hygienist.

Public health dental hygienist			
Name	Area code	Telephone no.	Ext. no.
Establishment			
Address	City		Postal code
Email	Signature X		