

School Dental Sealant Program

Chart# _____

Dear Parent/Guardian of:

Teacher:

Thank you for allowing your child to take part in the School Dental Sealant Program.

Your child has received dental sealants on the following teeth that are checked:

- _____ (3) upper right first permanent (adult) molar
- _____ (14) upper left first permanent (adult) molar
- _____ (19) lower left first permanent (adult) molar
- _____ (30) lower right first permanent (adult) molar

Dental sealants are thin plastic coatings that we apply on the permanent (adult) molars that help prevent tooth decay. The teeth that we sealed may feel a little “bigger” for a few days. This feeling will go away after a few days.

We have circled the letter A, B, or C to show you the results of your child’s dental screening.

- A. Your child was found to have no immediate problems at this time. He or she should have a routine dental checkup every six months by a dentist.
- B. Your child has evidence of dental problems. In order to avoid serious problems, your child should have a dental checkup as soon as possible.
- C. Your child has dental problem(s) that need **immediate attention**. You should immediately make a dental appointment for your child.

Comments: _____

If you have any questions, you may contact Kelly Raulerson, RDH 352-273-5984