Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Rick Scott Governor

John H. Armstrong, MD, FACS State Surgeon General & Secretary

PREVENTATIVE DENTAL PROGRAM

2015/2016 School Year

Dear Parent/Guardian:

Thank you for allowing your child to take part in the Preventative Dental Program sponsored by the Florida Department of Health in Saint Lucie County.

TREATMENT COMPLETED

Tooth brushing evaluation	Good	Fair	Poor	
Protective sealants were placed	on			tooth/teeth.
Molars not yet erupted	Sealants	already prese	ntChild	d was uncooperative
Child complained of teeth pain	Yes	No		
Tooth brushing instructions	and a fluoric	le varnish trea	tment were p	provided for your child.
RECOMMENDATIONS:				
PLEASE TAKE THIS LETTER TO YOUR CHILD'S NEXT DENTAL APPOINTMENT Your child should be examined by a dentist every 6 months. Your child should be examined by a dentist as soon as possible.				
Your child may be eligible to receive dental services at the Florida Department of Health in Saint Lucie County. Please call (772) 462-3800 to verify eligibility and schedule an appointment.				
For good oral health, children sho floss once a day and eat a diet ric protein. Candy, soda, fruit juice, no more than once a day. Foods	ch in fresh fru , crackers, po	uit and vegeta tato chips and	bles, whole g d sweet cerea	rains and lean all should be limited to
For additional guestions, contact the Dental program office at 772-462-3800.				