Appendix A

Dental Periodicity Schedule

Age	Infancy 6 - 12 Months	Late Infancy 12 - 24 Months	Preschool 2 - 6 Years	School - Agenda 6 - 12 Years	Adolescence 12 - 18 Years
Clinical Oral Exam 1,2					
Assess Oral Growth and Development 3					
Caries - risk assessment 4					
Radiographic Assessment 5					
Prophylaxis and Topical Fluoride Treatment 4,5					
Fluoride Supplementation 6,7					
Anticipatory Guidance/counseling 10					
Oral hygiene counseling 11	**Parent**	**Parent**	**Patient/parent**	**Patient/parent**	**Patient**
Dietary Counseling 10					
Injury prevention counseling 11					
Counseling for nonnutritive habits 12					
Counseling for speech/language development					
Substance Abuse Counseling					
Counseling for intraoral/perioral piercing					
Assessment and Treatment of Developing Malocclusion					
Assessment for Pit and Fissure Sealants 13					
Assessment and/or Removal of 3rd Molars					
Transition to adult dental care					

1. First exam at the eruption of the 1st tooth and no later than 12 months. Repeat every 6 months or as indicated by child's risk status/susceptibility to disease.
2. Includes assessment of pathology and injuries.
3. By clinical examination.
4. Must be repeated regularly and frequently to maximize effectiveness.
5. Timing, selection, and frequency determined by child's history, clinical findings, and susceptibility to oral disease.
6. Consider when systemic fluoride exposure is suboptimal.
7. Up to at least 16 years.
8. Appropriate discussion and counseling should be an integral part of each visit for care.
9. Initially, responsibility of parent; as child develops, jointly with parent; then, when indicated, only child.
10. At every appointment; initially discuss appropriate feeding practices, then the role of refined carbohydrates and frequency of snacking in caries development and childhood obesity.
11. Initially play objects, pacifiers, car seats; then when learning to walk, sports and routine playing, including the importance of mouthguards.
12. At first, discuss the need for additional sucking; digits versus pacifiers; the need to wean from the habit before malocclusion or skeletal dysphasia occurs. For school-aged children and adolescent patients, counsel regarding any existing habits such as fingernail biting, clenching or bruxism.
13. For caries-susceptible primary molars, permanent molars, premolar, and anterior teeth with deep pits and fissures; place as soon as possible after eruption.

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