



Public Health
HEALTH AND HUMAN SERVICES

RICHARD O. BRAJER
Secretary

DANIEL STALEY
Director, Division of Public Health

Dear Parent/Guardian of: _____

Thank you for allowing your child to participate in the North Carolina Oral Health Section “Dental Sealant Project” at your child’s school. Your child received a visual exam by a dentist and information on how to brush his/her teeth at home. Your child is bringing home a toothbrush and has been encouraged to brush twice a day with fluoridated toothpaste

- ___ Your child was a **great** patient today and received _____ sealants.
- ___ Upon examination, no signs of obvious decay were detected. Regular dental appointments are recommended to help keep your child’s teeth healthy.
- ___ Further dental treatment is needed for your child. Please make a dental appointment as soon as possible.
- ___ Unfortunately, we were not able to place sealants on your child’s teeth. See comments below.

Comments: _____

If you need help finding dental treatment for your child, please contact:

Name, Credentials
Title
N.C. Oral Health Section
Serving Region ____
Mailing Address
Phone Number
Email Address



Department of Health and Human Services | Division of Public Health
5505 Six Forks Road | 1910 Mail Service Center | Raleigh, NC 27699-1910
919 707 5480 T | 919 870 4805 F