



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 be considered for participation in the North Carolina Oral Health Section “Dental Sealant Project” at your child’s school. Unfortunately, your child did not meet our eligibility criteria and we were not able to include your child in this project.

Regular home care is important for healthy teeth. Help your child brush twice every day with fluoridated toothpaste and eat healthy foods. See the dentist regularly and talk to your dentist about dental sealants.

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