

Oral Health Care Periodicity Table

	6-12 MONTHS	12-24 MONTHS ANNUALLY	2-6 YEARS ANNUALLY	6-12 YEARS ANNUALLY	>12 YEARS ANNUALLY
Clinical oral examination ¹	✓	✓	✓	✓	✓
Assess oral growth and development ²	✓	✓	✓	✓	✓
Caries-risk assessment ³	✓	✓	✓	✓	✓
Prophylaxis & topical fluoride treatment ⁴		✓	✓	✓	✓
Fluoride supplementation ^{5,6}	✓	✓	✓	✓	✓
Anticipatory guidance ⁷	✓	✓	✓	✓	✓
Oral hygiene counseling for parents, guardians, and/or caregivers ⁸	✓	✓	✓	✓	
Oral hygiene counseling to patient			✓	✓	✓
Dietary counseling ⁹	✓	✓	✓	✓	✓
Injury prevention counseling ¹⁰	✓	✓	✓	✓	✓
Counseling for nonnutritive habits ¹¹	✓	✓	✓	✓	✓
Substance abuse counseling				✓	✓
Counseling for intraoral and perioral piercing				✓	✓
Radiographic assessment ¹²			✓	✓	✓
Treatment of dental disease/injury	✓	✓	✓	✓	✓
Assessment and treatment of developing malocclusion			✓	✓	✓
Pit and fissure sealants ¹³			✓	✓	✓
Assessment and/or removal of third molars					✓
Referral for regular and periodic dental care					✓

- At the first sign of tooth eruption by the primary care provider and with each subsequent visit to determine if the child needs a referral to a dental provider. Dental examinations by a qualified dental provider should begin between the ages of two and three (unless otherwise indicated) and once yearly thereafter.
- By clinical examination.
- As per AAPD "Policy on the use of a caries-risk assessment tool (CAT) for infants, children, and adolescents."
- Especially for children at high risk for caries and periodontal disease. Additionally, children should be seen for prophylaxis once every 184 days.
- As per AAPD and American Dental Association guidelines and the water source.
- Up to at least 16 years.
- Appropriate discussion and counseling should be an integral part of each visit for care.

- Initially, responsibility of parent; as child develops, jointly with parents; then, when indicated, only child.
- At every appointment, discuss the role of refined carbohydrates, frequency of snacking.
- Initially play objects, pacifiers, car seats; then when learning to walk, sports and routine playing.
- At first discuss the need for additional sucking; digits vs. pacifiers; then the need to wean from the habit before malocclusion or skeletal dysplasia occurs. For school-aged children and adolescent patients, counsel regarding any existing habits such as fingernail biting, clenching, or bruxism.
- As per the AAPD "Clinical guideline on prescribing dental radiographs."
- For caries-susceptible primary molars, permanent molars, premolars, and anterior teeth with deep pits and/or fissures; placed as soon as possible after eruption.