THE PEDIATRIC DENTIST

Weekly Checklist

The week after your child's cavity treatment

Child's name: _____ Week starting: _____

DAILY CHECK (TICK EACH BOX)

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Brushed morning	☐	☐	☐	☐	☐	☐	☐
Brushed night	☐	☐	☐	☐	☐	☐	☐
Fluoride toothpaste used	☐	☐	☐	☐	☐	☐	☐
No sugary drinks or snacks	☐	☐	☐	☐	☐	☐	☐

WEEKLY REFLECTION

How is the tooth feeling this week?

Anything that worried us or that we need to ask about:

BRING TO THE NEXT APPOINTMENT

- ☐ This checklist, filled in for the week
- ☐ Any questions from the Questions to Ask Your Dentist sheet

DON'T WAIT FOR THE NEXT APPOINTMENT IF...

Your child has tooth pain that gets worse, won't stop bleeding, has swelling on the cheek or gum, or has a fever. Contact their dentist. For facial swelling that spreads, call right away. For trouble breathing or swallowing, seek emergency medical care immediately.

General information only. Does not replace your child's dentist's advice.