



• WE ARE SO 'HOPPY' YOU DROPPED IN •

new patient guide



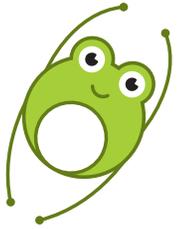
good oral health is an important part of total health.



Establishing your child's dental home provides us the opportunity to implement preventative health habits. We focus on prevention, early detection, and conservative treatment of dental diseases.

The American Academy of Pediatric Dentistry recommends seeing a pediatric dentist when the first tooth appears, or by the age of 1.

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baby's first teeth

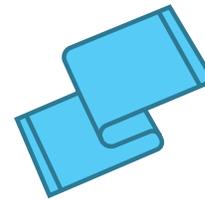
Your child's baby teeth are important because these teeth help your child chew and speak. Baby teeth also hold space in the jaws for the adult teeth that come in later.

The chart on pages 8–9 shows when each tooth usually comes in and falls out. Not all children get their teeth at the same time, so your child's teeth may come in earlier or later.



TEETHING

As teeth begin to come in, some babies may exhibit symptoms of teething such as sore or tender gums. To help your baby feel better, you can:



Gently rub your child's gums with a clean finger or a finger wrapped in a wet cloth.



Give your child a clean, chilled teething ring.



Avoid teething gels/creams with local anesthetics, teething necklaces, and amber beads.



Give baby Tylenol or baby Ibuprofen (if at least 6 months old) as needed.

BABY TOOTH ERUPTION CHART



BIRTH



BABY TADPOLES



TADPOLES



POLLYWOGS



FROGLETS



FROG TEENS

ADULT TOOTH ERUPTION CHART



BABY TEETH (UPPER)		
	ERUPT	FALL OUT
● Central incisor	8–12 mo	6–7 yr
● Lateral incisor	9–13 mo	7–8 yr
● Canine	16–22 mo	10–12 yr
● 1st molar	13–19 mo	9–11 yr
● 2nd molar	23–33 mo	10–12 yr



BABY TEETH (LOWER)		
	ERUPT	FALL OUT
● Central incisor	6–10 mo	6–7 yr
● Lateral incisor	10–16 mo	7–8 yr
● Canine	17–23 mo	9–12 yr
● 1st molar	14–18 mo	9–11 yr
● 2nd molar	23–31 mo	10–12 yr



ADULT TEETH (UPPER)	
	ERUPT
● Central incisor	7–8 yr
● Lateral incisor	8–9 yr
● Canine	11–12 yr
● 1st premolar	10–11 yr
● 2nd premolar	10–12 yr
● 1st molar	6–7 yr
● 2nd molar	12–13 yr
● 3rd molar	17–21 yr



ADULT TEETH (LOWER)	
	ERUPT
● Central incisor	6–7 yr
● Lateral incisor	7–8 yr
● Canine	9–10 yr
● 1st premolar	10–12 yr
● 2nd premolar	11–12 yr
● 1st molar	6–7 yr
● 2nd molar	11–13 yr
● 3rd molar	17–21 yr

02

tooth decay

Tooth decay can begin as soon as your child's teeth come in. Cavity-causing bacteria can be transferred to your child from their caregivers, siblings, or other children. The bacteria in plaque (a sticky film of bacteria and bits of food) turns the sugars and carbohydrates found in foods and drinks into acid. The acid can attack the teeth for **20 minutes or longer**. This weakens the tooth over time, and as a result, cavities can form. Frequently snacking and sipping on sugar sweetened beverages means more acid attacks on the teeth and a higher risk of tooth decay for your child.

THE PROCESS OF TOOTH DECAY

Tooth decay results from acidic damage to the tooth structure produced by bacteria that live in plaque. Tooth decay begins when the enamel (outer surface of the tooth) breaks down. The following image can help you identify and understand tooth decay, so you can help prevent it.



BACTERIA

SWEETS

ACID



ACID

HEALTHY TOOTH

CAVITY

03

orthodontics

PERSONALIZED TREATMENT PLAN

At each appointment, we will examine your child's teeth and jaws, as well as observe their bite and development. An ideal bite should be both **functional** and **aesthetic**. For some children, orthodontic treatment may start around the time the front adult teeth begin to erupt. For others, it may be around the time when all the adult teeth have erupted. If any orthodontic treatment is recommended, we will create a personalized treatment plan for your child and walk you through all of the details.



ORTHODONTIC TREATMENT OPTIONS

Having a bad bite occurs when the teeth are crowded and misaligned, or when the jaws do not meet properly. A bad bite may be noticed as early as two years old, or more commonly when the adult teeth erupt. Orthodontic treatment to improve your child's bite can provide the following advantages:

- › Improve oral hygiene
- › Clarify speech
- › Allow the teeth to erupt properly
- › Maintain space for the adult teeth
- › Provide a confident smile

Depending on your child's needs, there are a variety of orthodontic treatment options available.

- › Orthodontic braces
- › Orthodontic appliances
- › Retainers
- › Aligners

04

prevention

A HEALTHY DIET

Try to limit between-meals snacks to at most two times a day. Snacks should contribute to the overall nutrition of your child. If your child is thirsty or needs a snack, offer water or healthy foods, such as whole fruit, carrot sticks, Greek yogurt, or cheese.

For good dental and overall health, be sure your child eats a mix of foods from the major food groups. Be careful of foods that are **sticky** and **chewy**. Also, be aware of the sugars that are hidden in processed carbohydrates and sweetened beverages. Check out the practical tooth snack guide below to learn about important prevention tips.



PRACTICAL TOOTH SNACK GUIDE



LOW RISK SNACKS

- › Raw, crunchy vegetables
- › Raw, leafy vegetables
- › Cheese
- › Plain Greek Yogurt
- › Nuts
- › 100% Nut Butters
- › All meats
- › All fats
- › Water
- › Eggs



MODERATE RISK SNACKS

- › Whole milk
- › Fresh fruit
- › Whole grain bread
- › Popcorn
- › Yogurt
- › Ice cream
- › Dips & sauces
- › Oatmeal
- › Dark chocolate (<70% Cacao)
- › Fresh fruit juice



HIGH RISK SNACKS

- › Candy
- › Granola bars
- › Soda
- › Juice
- › Chocolate milk
- › Cookies
- › Dried fruit
- › Fruit snacks & strips
- › Dried flour cereals
- › Pretzels and crackers
- › Chips
- › Gummy bear vitamins
- › Sports drinks



BREASTFEEDING

- › The American Academy of Pediatrics recommends exclusive breastfeeding for the first 6 months, followed by continued breastfeeding as complementary foods are introduced.
- › Continuation of breastfeeding for over 1 year should only be done as mutually desired by mother and infant.
- › Children breastfed for more than 1 year have an increased risk of tooth decay, especially those with frequent nighttime or on-demand feedings.

SIPPY CUPS

- › Should be used as a training tool to help children transition from a bottle to a cup.
- › Should be free-flowing without a valve.
- › Should be used for a short period of time.
- › Unless being used at mealtime, the sippy cup should only be filled with water.

HYGIENE

When your child's first tooth erupts, start brushing their teeth twice daily. At your child's first dental visit, we will discuss when fluoridated toothpaste is needed.

BRUSHING

①



Use a soft infant toothbrush or cloth and water to clean your child's gums.

②



Angle toothbrush towards the gums.

③



Gently brush in small circles.

④



Brush backwards and forwards on the chewing surfaces of the teeth. Don't forget to brush the tongue.

FLOSSING

①



Choose a floss that is soft and flexible so that it is gentle on your tadpole's gums.

②



Keep the floss taut as you guide the floss between the contacts of the teeth.

③



Gently follow the curves of your teeth as you slide the floss between the teeth.

④

1X

Be sure to floss at least one time daily.



FLUORIDE

It is a mineral that helps make teeth stronger and protects teeth from decay. Fluoride can be found in some toothpastes, mouth rinses, treatments applied in the dental office, and tap water.

For children less than 3, use no more than a smear or grain-of-rice-sized amount of fluoride toothpaste. For children 3 and above, use a pea-sized amount of fluoride toothpaste.

CHILDREN LESS THAN 3



actual size

CHILDREN 3 AND ABOVE



actual size

SEALANTS

- › A sealing material that is put into the grooves that are on the chewing surfaces of the back teeth.
- › Acts like a barrier and protects your tooth by "sealing out" bacteria and food.
- › Painless and easy way to help protect your teeth and keep them healthy.

REGULAR DENTAL VISITS

- › The American Academy of Pediatric Dentistry recommends a dental check-up at least twice a year for most children.
- › Some children may need more frequent dental visits because of increased risk of tooth decay, unusual growth patterns or poor oral hygiene.

05

why x-rays?

Since every child is unique, the need for dental X-rays varies from child to child. Certain risk factors and developmental milestones play a role in the frequency of dental X-rays. In general, the frequency of diagnostic X-rays for children is typically higher than for adults. For children, they are more susceptible to tooth decay than adults. Also, the mouths of children grow and change more rapidly.



REASONS WHY X-RAYS ARE INDICATED

- › Diagnose and monitor tooth decay and dental pathology
- › Evaluate dental trauma
- › Monitor growth and development and the progress of orthodontic treatment
- › Examine position of erupting or unerupted teeth



SAFE AND EFFECTIVE IMAGING

We minimize patient exposure through:

- › Digital imaging
- › State of the art equipment and techniques
- › X-rays based on child's needs
- › Protective shielding for child

06

habits

THUMB SUCKING AND PACIFIERS

Sucking is a natural reflex that provides security. Frequent or intense habits over a prolonged period of time can cause the upper front teeth to tip outward or not come in properly affecting the growth of the jaws.

Intervention may be recommended after 3 years of age. Most children stop on their own between 2 and 4 years of age.

It is important to intervene before the first adult teeth erupt around 6 years of age.

GRINDING

- › Can occur while awake or asleep.
- › Can be due to a variety of factors.
- › Typically resolves over time and does not necessarily persist into adulthood.



07

injury prevention

CHILD PROOFING

As motor coordination develops, consider child proofing your home by:

- › Using outlet covers and unplugging unused electronics.
- › Keeping cords for electronics and blinds out of reach.
- › Installing gates at the top and bottom of stairs.
- › Using safety locks on cabinets.

MOUTHGUARDS

- › Soften impacts that could break teeth, injure jaws, or cut the lip or tongue.
- › Are great for organized sports and bike, scooter, skateboard, and trampoline use.
- › Should fit with good retention, allowing the child to breathe and speak.
- › Can be semi-custom from the store or can be fully custom from our office.



08

emergencies

Hop over to the following page to learn about some tips to help you cope quickly and calmly when a dental emergency occurs. Knowing how to handle a dental emergency can improve the chances of saving your tadpole's tooth.

If you need urgent treatment after hours, you can call our emergency number. We are always here to assist when your child's dental health is at risk.



KNOCKED OUT TOOTH

Baby Tooth

- › Contact the pediatric dentist immediately.
- › **DO NOT** try to put the tooth back into the socket.
- › Gently rinse the mouth with water.

Adult Tooth

- › Contact the pediatric dentist immediately.
- › Find the tooth and gently rinse it in cool water.
- › **DO NOT** scrub the tooth and **DO NOT** use soap.
- › Try to put the tooth in the socket if you can.
- › If you cannot put the tooth back in the socket, store the tooth in cold milk or in a Save-A-Tooth™ kit.



BROKEN / CHIPPED TOOTH

- › Contact the pediatric dentist.
- › Rinse the mouth with water.
- › Apply a cold compress to reduce swelling.
- › If you can find the broken tooth fragment, give it to the dentist.
- › Keep it wrapped in a moist towel.



TOOTHACHE

- › Contact the pediatric dentist.
- › Rinse the area with warm salt water.
- › Apply a cold compress if swelling is present.
- › Give Tylenol or Ibuprofen for pain.
- › **DO NOT** place aspirin on the tooth or gums.



HAPPY HEALTHY TEETH
pediatric dentistry

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