



CERTIFICATE



MY FIRST VISIT TO THE DENTIST!

NAME:

.....

AGE:

.....

DATE OF VISIT:

.....

SIGNED:

.....



MORE VISITS TO THE DENTIST...

VISIT 1



DATE OF VISIT:

--/--/----

VISIT 2



DATE OF VISIT:

--/--/----

VISIT 3



DATE OF VISIT:

--/--/----

VISIT 4



DATE OF VISIT:

--/--/----

VISIT 5



DATE OF VISIT:

--/--/----

VISIT 6



DATE OF VISIT:

--/--/----

VISIT 7



DATE OF VISIT:

--/--/----

VISIT 8



DATE OF VISIT:

--/--/----

Bickiepegs Baby Tooth Chart



TOOTH NAME

TOOTH NAME	UPPER	LOWER
1. CENTRAL INCISOR	6 MONTHS	8 MONTHS
2. LATERAL INCISOR	7 MONTHS	9 MONTHS
3. CUSPID	16 MONTHS	18 MONTHS
4. FIRST MOLAR	12 MONTHS	14 MONTHS
5. SECOND MOLAR	20 MONTHS	24 MONTHS
6. FIRST PERMANENT MOLAR	6 YEARS	6 YEARS

NB: ERUPTION DATES FOR BABY TEETH DO VARY. THE ABOVE ARE A GUIDELINE ONLY.

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