



POST-OP SEALANTS (PEDO) | DOB:

SEALANTS

Post-Operative Care Instructions

We want all of our patients who have sealants placed on their teeth, to have the right information on how to care for their teeth and what the benefits are of dental sealants.

What are Sealants?

Sealants are a plastic resin that is flowed into and bonded to the natural grooves that occur on the chewing surfaces of the back primary and permanent teeth. Sealing the grooves of a back tooth is a procedure to prevent dental decay from occurring in the pits and fissures in the chewing surface of a back tooth. Sealants do not protect the smooth surfaces of teeth including the surfaces between teeth.

What are the benefits?

Sealants have been clinically shown to last up to 9 years and seal the grooves of teeth where around 60% of all tooth decay begins. Your child's sealants will be evaluated at each re-care visit to make sure that they are intact and in no need of repair.

Are there any guarantees?

As a service to our patients, as long as our patients come back for their 6-month preventive re-care visits on a consistent basis, we will repair any of the sealants we placed on their teeth for no fee. If decay-occurs on one of our patient's tooth surfaces where a sealant had been placed in our office, we will reduce the fee of the needed restoration by the fee paid for the sealant, as long as the patient has been returning for their 6-month re-care visits on a consistent basis.

In order to give your child's sealant the longest possible lifespan, please have your child avoid the following foods: ice or ice cubes, hard candies, taffy, caramels, and jawbreakers.

Brush, Floss & Smile!

- We recommend resuming normal brushing, flossing, and rinsing immediately. Keeping their newly sealed teeth clean is very important.
- Flossing is the only way to clean between the teeth and to prevent tooth decay between teeth.

Please contact our office (908) 376 9297 if your child is experiencing symptoms from their procedure, or if you have any questions regarding their dental care.

Patient's signature:

Date:

Doctor's signature:

Date: