

Child Mouth Mapping Journal

Instructions

Step 1: Place an X on any missing teeth

Step 2: Use your finger, toothbrush, floss, or a gum stimulator and press on each tooth and gums surrounding each tooth.

Step 3: Record on the chart to the right or on the next page any signs of discomfort, loose teeth, and more according to the legend to the right.

Legend

Bleeding - BL

Pain - PA

Loose - LO

Swelling - SW

Abscess - AB

Cavity - CA

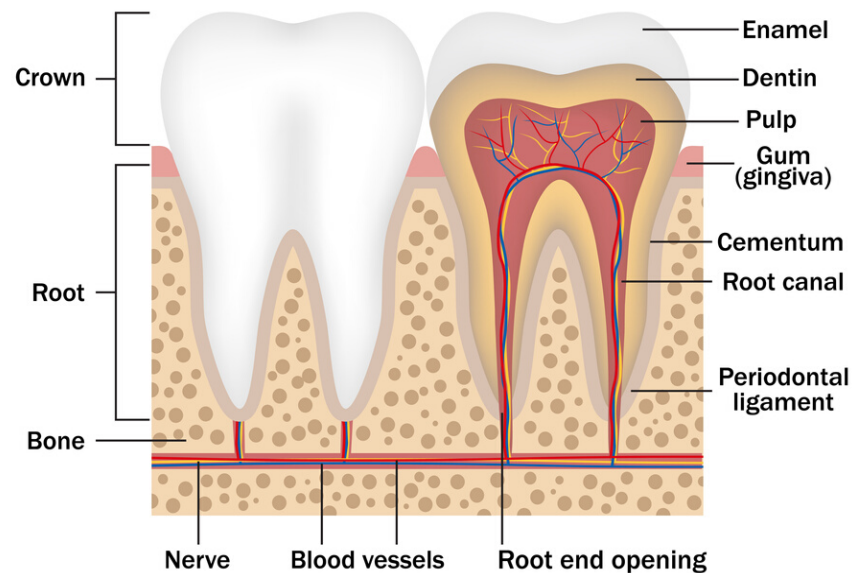
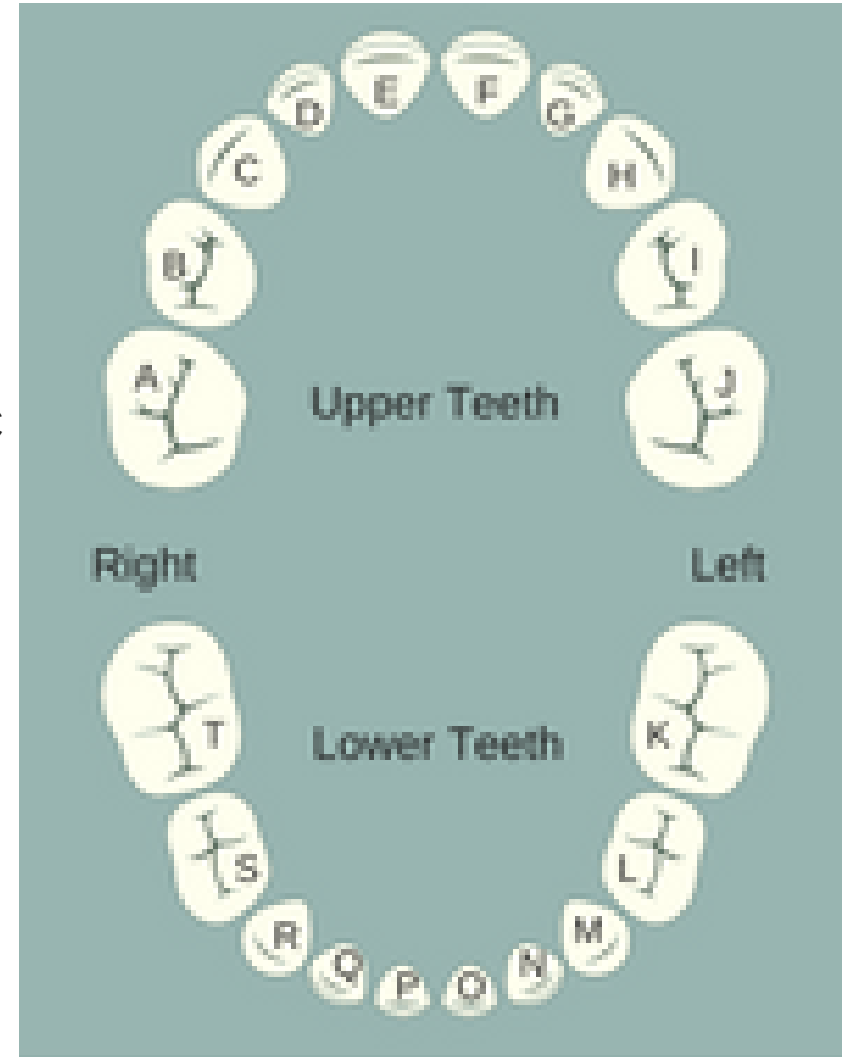
Discolored - DC

Broken - BK

Filling - FL

Crown - CR

Date Completed: _____



Tooth Notes

Use as needed to record conditions or miscellaneous notes.

A. _____

K. _____

B. _____

L. _____

C. _____

M. _____

D. _____

N. _____

E. _____

O. _____

F. _____

P. _____

G. _____

Q. _____

H. _____

R. _____

I. _____

S. _____

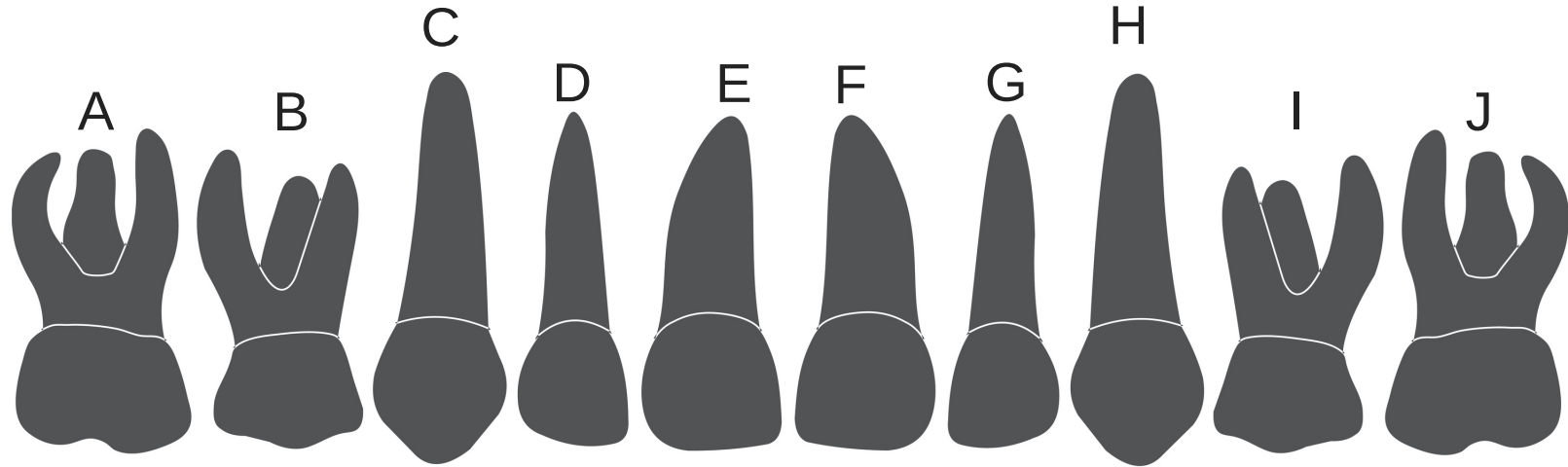
J. _____

T. _____



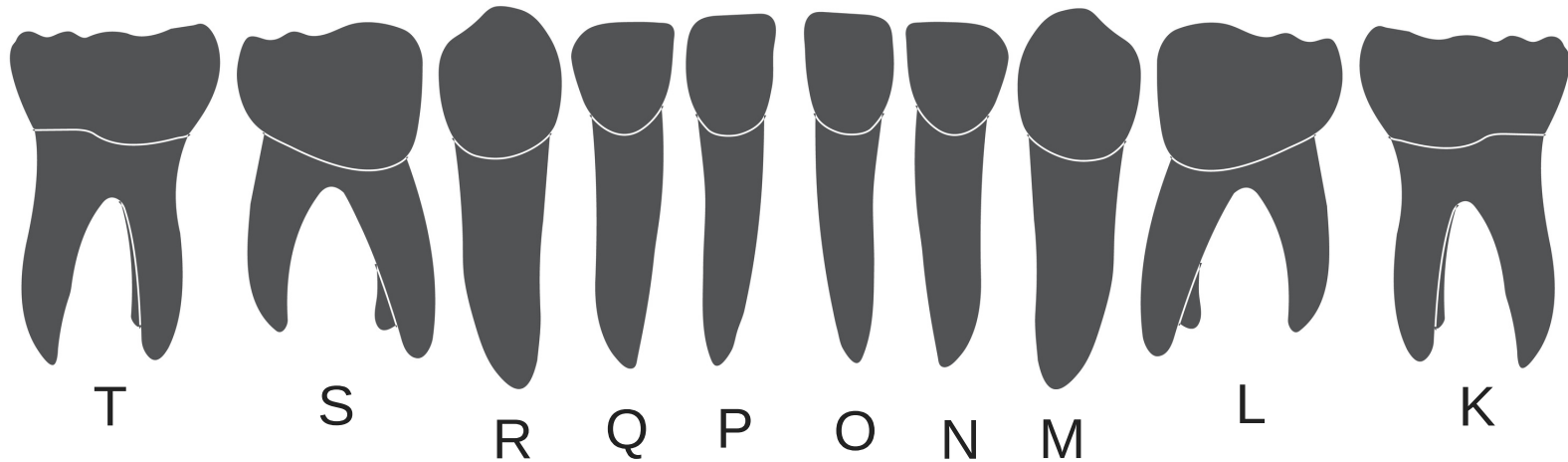
Teeth Chart

Make notes on the chart below and use it to properly assess the exact locations of conditions in your child's mouth.



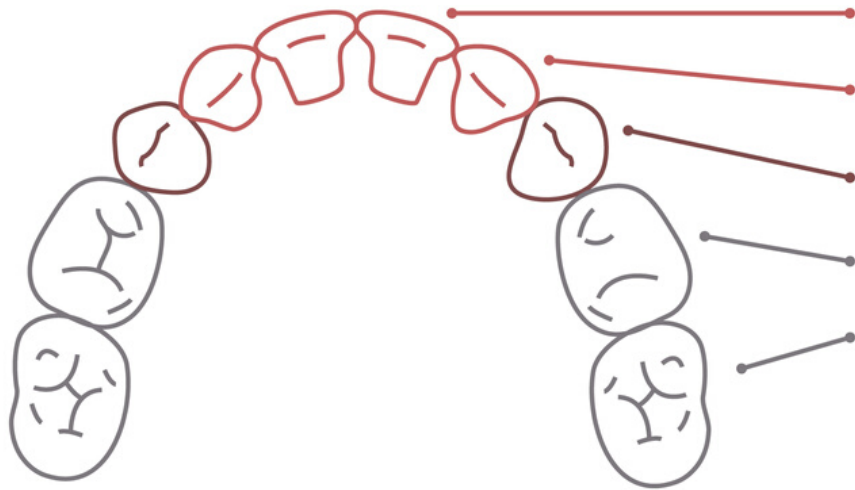
RIGHT

LEFT



Tooth Nomenclature, Eruption, and Shedding

BABY (DECIDUOUS) TEETH CHART



UPPER TEETH

TOOTH ERUPTS

TOOTH LOST

Central incisor

8-12 months

6-7 years

Lateral incisor

9-13 months

7-8 years

Canine

16-22 months

10-12 years

1st Molar

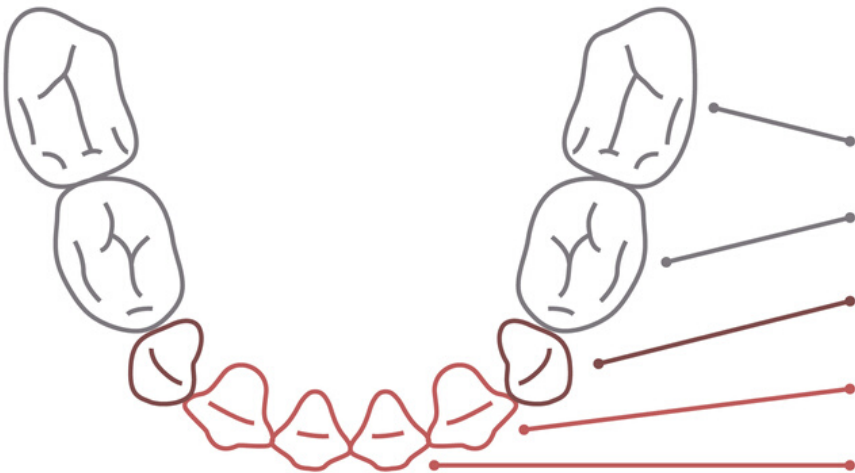
13-19 months

9-11 years

2nd Molar

25-33 months

10-12 years



LOWER TEETH

TOOTH ERUPTS

TOOTH LOST

2nd Molar

23-31 months

10-12 years

1st Molar

14-18 months

9-11 years

Canine

17-23 months

9-12 years

Lateral incisor

10-16 months

7-8 years

Central incisor

6-10 months

6-7 years

My Child's Oral Care Tool Kit

Please use this page to record the habits and products you currently use to care for your child's oral health. Please refer to my "Oral Care Tool Kit," where you can find a list of my recommended products to help you choose the best products for your child. Remember to brush and floss twice per day. I recommend using xylitol gum or mints for older children to maintain a healthy oral environment throughout the day. Mouthwash is also optional and only for children over 6 years. It is essential that you also be mindful of the food types your child consumes, as healthy diet promotes a healthy mouth.

My Child's Oral Hygiene Products

Toothbrush: _____

Toothpaste: _____

Floss: _____

Mouthwash: _____

Gum/Mints: _____

My Child's Oral Hygiene Routine

MORNING:

Brush (Yes/No): _____ a.m.

Floss (Yes/No): _____ a.m.

Mouthwash (Yes/No): _____ a.m.

AFTERNOON:

Gum/Mints (Yes/No): _____ p.m.

EVENING:

Brush (Yes/No): _____ p.m.

Floss (Yes/No): _____ p.m.

Mouthwash (Yes/No): _____ p.m.