

Baby Teeth are Important!

Baby Teeth help your child chew solid foods properly and speak clearly

Baby Teeth also help shape your child's face and save space for permanent teeth

Starting dental care early can prevent dental decay and costly restorative care for your child

**Schedule your Child's
First Dental Visit
By First Tooth or By First Birthday**



Tacoma-Pierce County Health Department

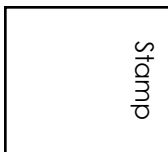
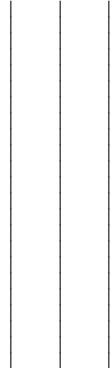


Growing Up Cavity Free!

**A Dental Program
for Children
Ages 0 through 5 years**



Tacoma-Pierce County
Health Department
Healthy People in Healthy Communities



Access to
**Baby & Child
Dentistry™**

Tacoma-Pierce County Health Department
3629 South D Street, MS: 1111591
Tacoma, WA 98418-6813

ABCD Program

Tacoma-Pierce County Health Department
(253)798-4720
abcd@tpchd.org



What is the ABCD Program?

- **ABCD** will help you find a child-friendly Dentist or Specialist in your area who accept the **ProviderOne ID Card**. All ABCD Dentists have been trained to work with very young children
- **ABCD** provides Family Oral Health Education on how to take care of your child's teeth and prevent cavities
- **ABCD** encourages families to seek early dental care for young children beginning at age 1 or first tooth eruption
- **ABCD** promotes a positive dental experience and makes going to the Dentist easier for you and your child

Eligible Children

- Are ages 0 through 5 years old
- Have a **ProviderOne ID Card**
- Live in Pierce County

Benefits

- Dental check-ups 2x each year
- Fluoride treatments 3x each year
- Family education 2x each year
- Fillings and other treatment as needed

How can I enroll my child?

Fill out the attached form and mail to the ABCD Program or:

(253) 798-4720

abcd@tpchd.org

or enroll online at

www.tpchd.org/abcd



Yes! I would like information and help finding a dentist for my child.

Child's Name _____

Gender Male Female Birth Date _____ Age _____

Parent's/Guardian's name _____

Address _____

City Zip _____

Phone _____

Email Address: _____

Language: English Other _____

Who referred you to ABCD? _____

Additional Children and Birth dates: _____
