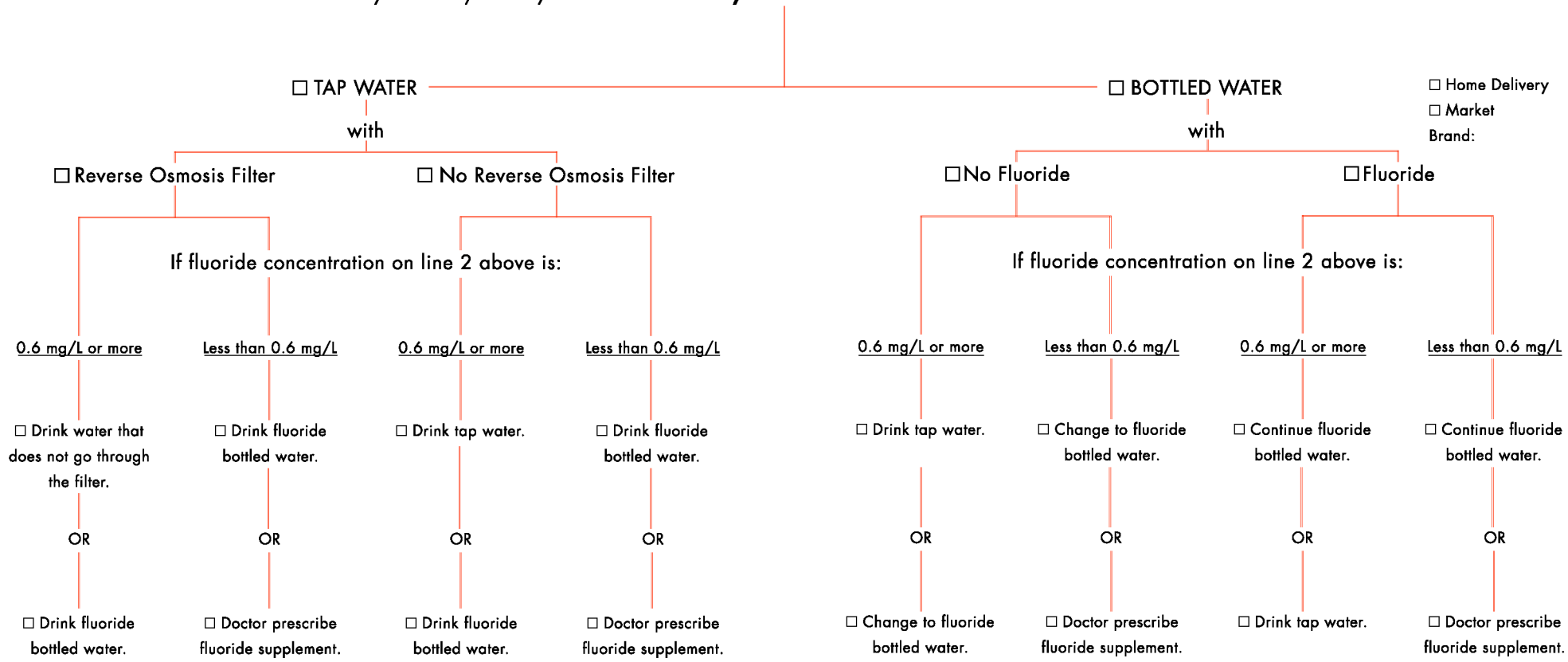
DECISION TREE FOR FLUORIDE SUPPLEMENTATION

Name of city and water company that provides most of child's **tap** water: _____

The fluoride concentration for this area lasted int he doctor's reference source is: _____ mg/L.

Please check the boxes that are correct for your family. Does your child drink **mostly**:



FLOURIDE SUPPLEMENTATION DOSAGE SCHEDULE

(milligrams of fluoride per day)

Age	Fluoride in Home Water Supply		
	Less than 0.3 mg/L	0.3 to 0.6 mg/L	Over 0.6 mg/L
Birth to 6 Mos.	0	0	0
6 Mos. to 3 Yrs.	0.25	0	0
3 Yrs. to 6 Yrs.	0.50	0.25	0
6 Yrs. to 16 Yrs.	1.00	0.50	0

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