

Baby Tooth Chart

Name of the Baby: _____ Date of birth: _____

__DD__ / __MM__ / __YYYY__

UPPER

____/____/____ 1	O	O	1 ____/____/____
____/____/____ 2	O	O	2 ____/____/____
____/____/____ 3	O	O	3 ____/____/____
____/____/____ 4	O	O	4 ____/____/____
____/____/____ 5	O	O	5 ____/____/____
____/____/____ 6	O	O	6 ____/____/____
____/____/____ 6	O	O	6 ____/____/____
____/____/____ 5	O	O	5 ____/____/____
____/____/____ 4	O	O	4 ____/____/____
____/____/____ 3	O	O	3 ____/____/____
____/____/____ 2	O	O	2 ____/____/____
____/____/____ 1	O	O	1 ____/____/____

1. Central Incisor
2. Lateral Incisor
3. Cuspid
4. First Molar
5. Second Molar
6. First Permanent Molar

LOWER

	Upper		Lower
1	7 _ months	1	6 months
2	9 months	2	7 months
3	18 months	3	16 months
4	14 months	4	12 months
5	24 months	5	20 months
6	6 years	6	6 years