

TEETH TEAM
543-549
ANLABY ROAD
HULL HU3 6HP



TO THE PARENT/GUARDIAN OF

.....

As part of the Teeth Team Programme your child had a dental assessment at school today.

It was noted he/she would benefit from a further investigation and possibly dental treatment in a clinical environment with overhead dental lighting.

If your child currently has a family dentist and has not been seen by the dentist in the last 4 months, please telephone them to arrange an appointment at your earliest convenience.

If you do not have a family dentist please call this number and a member of the dental practice will be more than happy to arrange an appointment for your child to see a dentist.

Please complete the tear off slip below and return it to your child's school to confirm you have received this letter.

If you require any further information please do not hesitate to contact the Teeth Team on 07875078652 (this number is for advice only and not appointments).

Yours sincerely

TEETH TEAM.



Name of Child (print)

Signature (of the PARENT/GUARDIAN)

Date

Relationship to child

(Please return this slip to your child's school)

CLINICAL DIRECTOR D.Ward B.D.S. M.B.A
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