



To the Parents/Guardians 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 examination and possibly dental treatment.

If you currently have a family dentist please telephone them to arrange an appointment as soon as possible so that any necessary treatment can be carried out.

**If you do not have a family dentist please telephone
and a member of our team we 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 me on the telephone number above.

Yours sincerely

The Teeth Team

I confirm I have received notification informing me my child requires a further dental examination and possibly dental treatment.



Name of Child (print)

Signature (of the PARENT/GUARDIAN)

Date

Relationship to child

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