

Community Dental Services-Hillingdon
Uxbridge Dental Clinic
1 Redford way
Uxbridge
Middlesex
UB8 1SZ
020 3316 8538
Web: www.whittington.nhs.uk

LETTER TO NOTIFY PARENT/GUARDIAN OF SCHOOL DENTAL SCREENING

Dear Parent/Guardian,

RE: DENTAL SCREENING

The Community Dentist will be coming during this school year to carry out dental screening.

Our team will follow strict infection control guidelines which include, the use and regular changing of PPE. Staff attending the school will take a lateral flow test before attending. The children will be seen in small groups/bubbles as advised by the school. All staff will also adhere to the school's infection control policy.

The dental screening is very brief and involves looking at your child's teeth using a sterile single use mirror and a light whilst they sit or stand. This brief screening does not replace your child's regular visit to their dentist. Every child should visit their dentist on a regular basis.

When a more detailed check-up in a dental surgery is felt to be necessary you will be informed by letter.

It is not necessary for you to be present at the screening, but if you would like to be present or if you have any questions please feel free to contact the clinic at the address or telephone number above. We hope that you will allow your child to participate.

Please complete the attached slip and return it to the school.

The Community Dental Service would like to thank you for your help.

Yours sincerely

The Dental Team at Uxbridge Dental Clinic

Please complete or delete as appropriate and return to your child's school

Whittington Health NHS Trust

Chair: Baroness Julia Neuberger

Chief Executive: Siobhan Harrington

Name of Child: Class:

School:

I would like my Child to have a dental check [] *Please tick if applicable***I do not wish my Child to have a dental check.** [] *Please tick if applicable*Signed: Parent / Guardian (*please delete*)

.....

I already take my Child to the dentist (name and address)**Name of Dentist:****ADDRESS:****I would like advice on finding a dentist** [] *Please tick if applicable*

Please provide a contact number if you require advice:.....

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