Your dental practice address

First line of address

Town/ City
Postcode

Contact Number:

Date:

Dear

Re: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Child/ Young Person’s name), D. O. B \_\_/\_\_/\_\_\_\_

Following \_\_\_\_\_\_\_\_\_\_’s remote oral health check-in with the oral health care team, the following observations were made:

(List relevant findings here)

1.
2.

As a result of this, a mouth care plan has been recommended to \_\_\_\_\_ and explained to his/her support worker. This will be reviewed at his/ her next remote oral health check-in which will be in/ on \_\_\_\_\_\_\_\_\_ (insert time frame e.g. 6 weeks or date of next remote oral health check-in).

In light of the findings from the remote oral health check-in, a referral/ face-to-face visit with \_\_\_\_\_\_\_\_ is recommended which will take place in due course.

Kind regards,

(Signature)

(Name)

(Job title)

cc:

GMP Address

cc:
Social Worker (if applicable)

cc:

GDP Address (if available)

cc:

Residential School (if applicable)

cc:

Dietician (if applicable)

Attach my mouth care plan here for relevant correspondents