WNB\_CPP/LAC\_letter1&3\_rebooked

[Clinic name]

[Clinic address]

[Town/City]

[Postcode]

[Telephone number]

[Parent or carer of {name of child}]

[Address]

[Town City]

[Postcode]

[Date]

Dear Parent or Carer [insert name of child] [(DOB)],

According to our records, the child or young person named above was not brought for their dental appointment on [insert date of last appointment].

The reason for the appointment was:

☐ dental examination (check up)

☐ dental treatment recommended by your dentist

We have spoken with you and arranged an appointment on **[date and time of next appointment].** Please contact us immediately to rearrange it if the date or time is not convenient.

Regular dental care is important for your child. It helps prevent problems so your child can avoid dental pain and infection.

Health professionals are required to share information about missed appointments and repeated cancellations for the benefit and safeguarding of children. Other people we may inform of any concerns include the child’s family doctor (GP), school nurse, health visitor and/or the dentist (or other professional) who referred you to us.

Yours sincerely,

Dental Nurse

Cc Social worker

WNB\_ CPP/LAC \_letter2\_to parent/carer

[Clinic name]

[Clinic address]

[Town/City]

[Postcode]

[Telephone number]

[Parent or carer of {name of child}]

[Address]

[Town City]

[Postcode]

[Date]

Dear Parent or Carer [insert name of child] [(DOB)],

According to our records, the child or young person named above was not brought for their dental appointment on [insert date].

The reason for the appointment was:

☐ dental examination (check up)

☐ dental treatment recommended by your dentist

We have tried to contact you by telephone to rearrange the appointment but have been unable to reach you. **Please contact the clinic as soon as possible to make a further appointment.** You may also want to let us know if there was a special reason why your child was not brought.

Regular dental care is important for your child. It helps prevent problems so your child can avoid dental pain and infection.

**If we do not hear from you within three weeks we will not send any further appointments** in accordance with our policy. Health professionals are required to share information about missed appointments and repeated cancellations for the benefit and safeguarding of children. People we may inform of any concerns include the child’s family doctor (GP), school nurse, health visitor, social worker and/or the dentist (or other professional) who referred you to us.

We hope that you will arrange a further appointment at your earliest convenience.

Yours sincerely,

Dental Nurse

Cc Social worker

WNB\_ CPP/LAC \_letter4\_concerns to social worker option

[Clinic name]

[Clinic address]

[Town/City]

[Postcode]

[Telephone number]

[Date]

Dear Social Worker,

Re: [Name; DOB; Address; Telephone]

We understand that the above child or young person is a looked after child/currently subject to a child protection plan \*(delete as appropriate). We are writing to you in order to share information regarding missed dental appointments or repeated cancelled appointments.

Our concerns in this case are as follows [dentist to ~~strikethrough~~ any not applicable]:

* missed dental examination (check up) appointment and no response to our telephone call and letter
* missed appointment for recommended dental treatment and no response to our telephone call and letter
* repeated missed appointments
* repeated cancelled appointments
* untreated decayed teeth
* attends our special care dentistry service because of significant medical or other needs that affect the provision of dental care
* any other concerns (insert here): ………………………………………………………………

The outstanding dental treatment will require at least {x} appointments.

If the outstanding dental treatment is not completed this child may be at risk of dental pain and infection. Furthermore, untreated dental decay may lead to unnecessary invasive treatment or permanent irreversible damage to the child’s teeth \*(delete if not appropriate).

Regular dental care provides the opportunity for preventative treatment and advice to reduce the risk of dental decay.

**We would welcome working together with you to promote the child’s health and wellbeing. We would request that dental treatment is added to the current care plan for this child.**

**At this point we have not arranged any appointments for this child, however we are keen to work with you and the family to arrange a further appointment**. Please contact the clinic on {insert number} if you would like to discuss this further or to arrange another appointment.

If we do not have a response from you within 3 weeks, we will escalate this to one of the Trust’s Named Professionals for Safeguarding Children to follow up.

Thank you for any assistance you are able to give.

Yours sincerely,

[Dentist name]

[Job title]

Copied to: GP