

Sample

Parent Notification and Referral Letter

Dear Parent or Guardian,

My name is [[insert name]]. I am the dental sealant administrator for the [[insert school-based dental sealant program's name]].

Today [insert child's name] received dental sealants as part of the program. Dental sealants are thin plastic coatings. These plastic coatings are painted on the chewing surfaces of the back teeth. Dental sealants help prevent tooth decay on chewing surfaces. They cannot prevent tooth decay in between teeth.

When the dental sealants were put on your child's teeth, we noticed that:

_____ Urgent care is needed. Your child has a dental problem that needs to be treated right away.

_____ Care is needed soon. Your child has a dental problem that can be treated in the next 6 weeks.

_____ No care is needed at this time. Your child should see your family dentist every 6 months for a dental cleaning, x-rays, and an examination.

If you do not have a family dentist, call your local health department to see if they have a dental clinic or know of a dentist who can see your child. One of the dental sealant program staff or the school nurse may also be able to help you find a dentist close by.

If you have any questions about your child's treatment, feel free to call to the school nurse at [[insert school nurse's telephone number]]. Or you can call me at [[insert dental sealant administrator's telephone number]].

Dental Sealant Program Administrator

Date