



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Caerdydd a'r Fro
Cardiff and Vale
University Health Board



SEAL OR
VARNISH



Dear <<INSERT PARENT NAME>>,

Earlier in the school year you agreed for <<INSERT CHILD'S NAME>> to take part in the Seal or Varnish study, which is evaluating two different ways of protecting children's teeth from tooth decay. Unfortunately, the mobile dental unit was unable to see <<<<INSERT CHILD'S NAME>> at that time.

The mobile dental clinic will be returning to <<INSERT SCHOOL NAME>> during the next school year to check if <<INSERT CHILD'S NAME>> is suitable to take part in the study.

If you are still happy for <<INSERT CHILD'S NAME>> to take part in the study, we need to make sure they are still suitable to take part. Therefore we need you to let us know if there has been any significant change in <<INSERT CHILD'S NAME>>'s health in the last year by looking at the questions on page 2.

- If the answer is **YES** to **ANY** of the questions on the form, please complete the form and return it to the study team in the enclosed pre-paid envelope.
- If there has been **NO CHANGE** to <<INSERT CHILD'S NAME>>'s health in the last year you **DO NOT** need to return the form

If you have changed your mind and would **NOT** like <<INSERT CHILD'S NAME>> to take part in the study, or would like to discuss the study with a member of the dental team, please call the Community Dental Service on 02920*****.

Thank you!

The Seal or Varnish study team