



Dear Parent/Guardian,

We are pleased to inform you that **free NHS oral health screenings** will be offered at your child's school in collaboration with Beechcroft Dental Practice. This screening aims to promote good oral health and provide early identification of any dental concerns.

A simple mouth screening will be carried out by a qualified dental professional. If any further treatment is required, you will receive a form with details on the recommended next steps.

Please note that this screening does not replace a full dental check-up but serves as a preventive measure.

If your child is already registered at a different dental practice, this will **not** affect their current registration

By signing the forms, you consent to:

- Your child participating in the **oral health screening** at school.
- Your child receiving **oral health advice** following the screening.
- Your child being **registered as an NHS patient** at Beechcroft Dental Practice (if not already registered elsewhere).

To ensure your child can participate, please complete and return all 3 forms (**FP17 Orange form & Medical History form & Consent Form**) to the school as soon as possible. Without these forms, your child will not be seen.

Appointments will be available only for children who have attended the initial oral health screening.

We look forward to hearing from you.

Thank you,
The Beechcroft Team

Beechcroft Dental Practice
New Costessey, Norwich
NR5 0RS
Phone: 01603 747651

Email: Reception.beechcroftdental@outlook.com



Consent Form for NHS Oral Health Screening

Child's Full Name: _____

Date of Birth: _____

School Name: _____

Parent/Guardian Name: _____

Contact Number: _____

- ✓ **I give consent** for my child to receive a free NHS oral health screening at school.
- ✓ **I understand** that this screening is not a full dental check-up and that I will be informed if further treatment is required.
- ✓ **I confirm** that I have completed and signed both the FP17 Orange form and the Medical History form.

Parent/Guardian Signature: _____

Date: _____

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