

CARDIFF UNIVERSITY PRIFYSGOL CAERDYD

Dear Parent/Guardian,

| Your child was seen by | the Dental Team | today as part of the | Seal or Varnish Trial: |
|------------------------|-----------------|----------------------|------------------------|
|                        |                 |                      |                        |

| • | The previous treatment (plastic sealant) your child received is still in place   |  |  |  |  |
|---|--|--|--|--|--|
|   | and did not need replacing. This will be checked again in 6 months and   |  |  |  |  |
|   | replaced if required.  |  |  |  |  |
|   |  |  |  |  |  |
| • | The previous treatment (plastic sealant) your child received had become dislodged/lost and was replaced with a new one. This will be checked again in 6 months and replaced if required. |  |  |  |  |
| • | Your child received fluoride varnish and will have the same treatment applied in 6 months.   |  |  |  |  |

## **REMINDER:**

Please do not give your child any fluoride-containing dental medication (tablets, gels etc) other than their normal fluoride toothpaste while your child is in the study.

PLEASE LET US KNOW IF YOU CHANGE ADDRESS BY CALLING THE DENTAL
TEAM ON 02920 \*\*\*\*\*\*