

## Referral for children to receive fluoride varnish in a community setting.

Preventative advice and support is essential to improve the oral health of Luton children.

### Who can refer?

- 0-19 teams
- GP's and Pharmacists
- Housing Associations working with families
- Children's Centres
- Children Services including Safeguarding teams

### Referral criteria code must include **one** of the following:

1. Children living in 20% LSOA (most disadvantaged areas)
2. Older siblings with tooth decay and/or general anaesthetic experience of dental extraction
3. Children with nutritional concerns
4. Other- professional request for acceptance (e.g. children with vulnerabilities)

### Inclusion criteria

- Children between 24 months (2 years) and 60 months (5 years)
- Luton residents only

### Exclusion criteria:

- Children hospitalised with asthma or allergies
- Previously recognised allergy to colophony
- The presence of ulcerative gingivitis (gum disease) or stomatitis (inflammation of the mouth and/or lips)

### Fluoride varnish appointments are available between 9.00am – 4.00pm at:

|   |                                |                          |
|---|--------------------------------|--------------------------|
| Beech Hill Flying Start Children's Centre | <b>Tuesday 30 October 2018</b> | <input type="checkbox"/> |
| The Mall Flying Start Children's Centre   | <b>Friday 30 November 2018</b> | <input type="checkbox"/> |
| Marsh Farm Health Centre (Dental Clinic)  | <b>Monday 4 February 2019</b>  | <input type="checkbox"/> |
| The Mall Flying Start Children's Centre   | <b>Friday 1 March 2019</b>     | <input type="checkbox"/> |

(Please tick ✓ the preferred session)

- A 15 minute appointment will be arranged between the parent and CDS
- A medical history and consent form will be sent to the parent to be completed and taken to the appointment
- A parent/adult carer must attend with the child

A competent, qualified dental nurse will apply the fluoride varnish and provide oral health advice to the family

# Referral

To be completed by the Referrer

Referral date:

Name and title of referrer:

Telephone number of referrer:

Acceptance criteria code (1-4):  
.....

Name of organisation:

Referral to be encrypted and sent to: [OHP.bedfordshire@cds-cic.nhs.uk](mailto:OHP.bedfordshire@cds-cic.nhs.uk) Please put Fluoride Varnish in the title bar

To be completed by the parent /adult carer

\* I consent for the information on this form to be shared between the Referrer and Community Dental Services for the purpose of my child to receive an application of fluoride varnish.

Signature of parent/adult carer:.....

Date:.....

**Parent/adult carer contact details:**

Name (printed):.....

Address:.....

Mobile number:.....2<sup>nd</sup> contact number.....

Email address:.....

**Child details:**

Name (printed):.....

D.O.B:.....

Gender:.....

Ethnicity:.....

**\*CDS needs to hold personal data about you so we can provide you with safe and effective treatment and we are making it easier for you to understand how we use your information.**  
As a result of the data privacy law introduced from May 2018, CDS have published a new Privacy Notice to make it easier for you to find out how we use and protect your information.  
You will be able to read it in full on our website at [www.Communitydentalservices.co.uk](http://www.Communitydentalservices.co.uk)  
If you need further information, you can email our Data Protection Officer at [dpo@cds-cic.nhs.uk](mailto:dpo@cds-cic.nhs.uk) or write to us at CDS, Colworth House, Colworth Park, Sharnbrook, Bedfordshire, MK44 1LZ