

# The Sparkle Fairy

Professional Mobile Dental Hygiene Services

## Resident Interest Form

The Sparkle Fairy provides professional dental hygiene treatment directly at your care home. Please complete this form if you would like to be seen at our next visit.

### Your Details

Full Name

Room Number

Date of Birth

Date of Form Completion

### Your Last Dental Visit

Approximately when did you last see a dentist or dental hygienist?

*e.g. "About 2 years ago", "Last year", "Can't remember"*

### Any Concerns or Requests?

Is there anything you would like us to know before your appointment?

*e.g. sensitive teeth, dentures, anxiety, difficulty opening mouth*

### Contact Preference for Family

Would you like us to send a summary of your appointment to a family member or next of kin?

- Yes — their details are held by the care home
- Yes — please provide contact details:
- No — I do not wish family to be contacted

### Consent

I confirm that I would like to be seen by The Sparkle Fairy dental hygienist at the next available visit to this care home. I understand that treatment will be explained to me before it begins and that I can change my mind at any time.

Signature:

*Resident signature (or staff signature on behalf of resident where appropriate)*