

HNC Referral Form for Dental Assessment

Email to: Maxfax.DentalEnquiries@stgeorges.nhs.uk

Fax: 0208 725 3081

Date:

Patient Label:

Responsible HANC Consultant (s):

Diagnosis:

Site of primary lesion:

TNM staging:

Patient aware of diagnosis: Yes No Treatment planned: Surgery Chemotherapy Radiotherapy

Panendoscopy booked: Yes No Date:

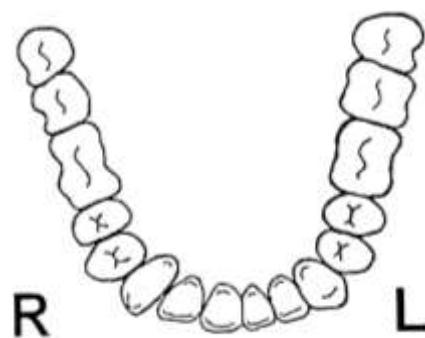
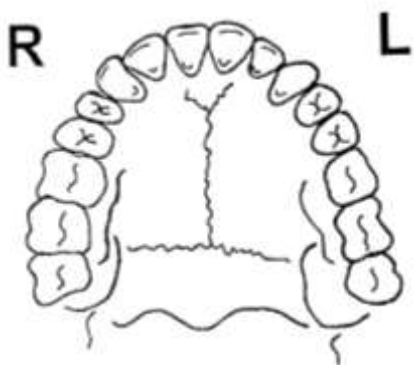
Is prolonged xerostomia likely (12 months or longer)? Yes No

Is trismus likely? Yes No

Tissues in primary beam of radiation:

Salivary glands: Submandibular gland Parotid glands Left / Right

Muscles of mastication: Medial Pterygoids Lateral Pterygoids Masseters Left / Right



Details/ Complications/ Comments:

Signature: Print Name:

Ward Ext..... Bleep..... E-mail.....

Oncology Status

Oncology Treatment Plan