**Referral From: Dental Assessment for HANC Email to:** Maxfax.DentalEnquiries@stgeorges.nhs.uk

Date: Patient Label:

Responsible HANC Consultant (s):

Oncology Status

**Diagnosis:**  …………….……………………………………………………………………………….……..........................

**Location:** …………….…………………………………………………………………………………………………………..

**TNM staging:** …………….…………………………………………………………………………………………………….

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

Oncology Treatment Plan

**Panendoscopy booked:** Yes No **Date:** ……………………………………………………………………….

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

**Is trismus likely?** Yes No

**Details/ Complications/ Comments:** ………………………………………………………………………………………

……………………………………………………………………………………………………………………….................

**Signature:** ……………………….……………. **Print Name:** ………….…………………………………………....

**Ward** ………………………… **Ext**…………… **Bleep**…...…….….... **E-mail**………………….……………………….

Dental Treatment Plan

Date of dental assessment: ………………………………… ☐ Patient DNA ☐ Patient is edentulous

**If radiotherapy confirmed, dental extractions:**

Dental extractions ☐ Arranged at Maxfac Dept

 ☐ To be done at panendoscopy

 ☐ Please arrange by contacting the Oral Surgery department when radiotherapy is finalised

Dental disease prevention advice given ☐ Yes ☐ No

Dental hygienist appointment booked ☐ Yes ☐ No

Dental review post radiotherapy booked ☐ Yes ☐ No

**Signature:** ……………………….………. **Print Name:** ………….…………………………………………….

**Ext**…………… **E-mail**………………….…………………………………………………………………….