

# HANC Referral Form for Dental Assessment

Email to: [MaxFax.DentalEnquiries@stgeorges.nhs.uk](mailto:MaxFax.DentalEnquiries@stgeorges.nhs.uk)

Date:

Patient Label:

Responsible Head & Neck Consultant(s):

Interpreter not required  (Language required .....

Oncology Status

Diagnosis & site of primary lesion: .....

TNM staging: .....

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

Panendoscopy booked: Yes No Date: .....

Patient not fit for further general anaesthetic

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

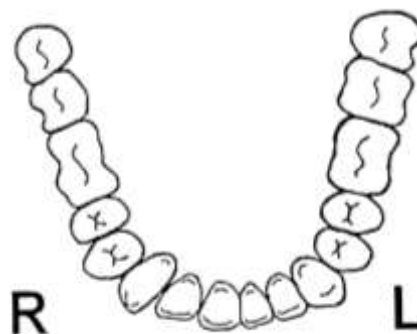
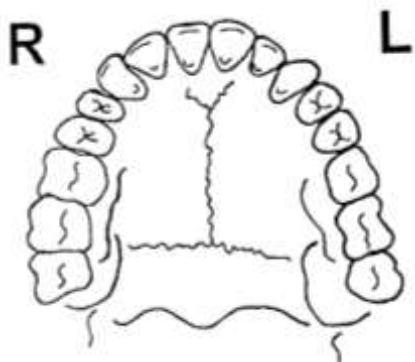
Is trismus likely? Yes No

Intent of Radiotherapy: Curative Palliative

Tissues in primary beam of radiation / Surgical plan:

Salivary glands: Submandibular gland Parotid glands Left / Right

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



Details/ Complications/ Comments: .....

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.....

Signature: ..... Print Name: .....

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

Oncology Treatment Plan