

# 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 .....

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

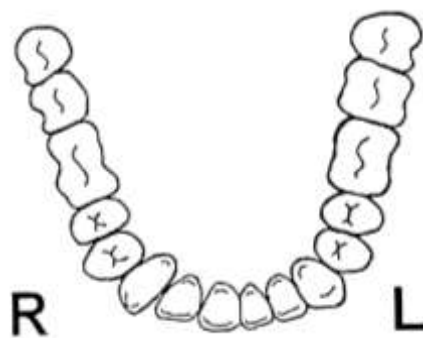
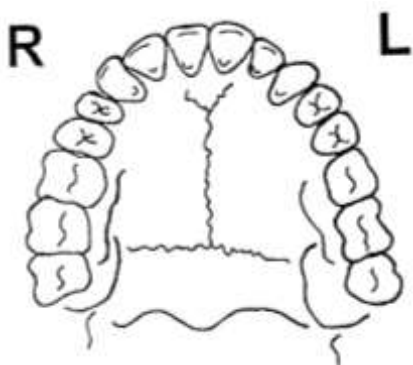
Is prolonged xerostomia likely (12 months or longer)? Yes No

Is trismus likely? Yes No

Tissues in primary beam of radiation:

Salivary glands: Submandibular gland Parotid glands Left / Right

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



Oncology Treatment Plan

Details/ Complications/ Comments: .....

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

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