

HANC Referral Form for Dental Assessment

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

Date: _____ Patient Label:

Responsible Head & Neck Consultant

Provisional assessment only Assessment +/- Extractions

Appointment required within 48 hours Interpreter required (Language)

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

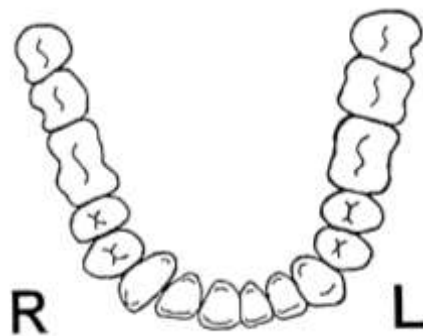
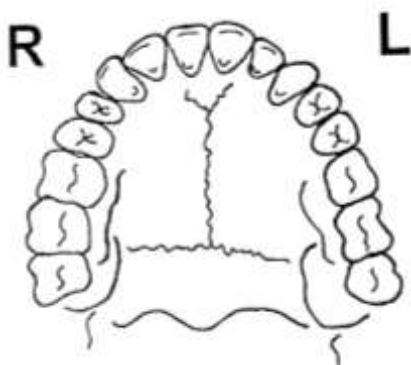
Is prolonged xerostomia likely (12 months or longer)? Yes No

Is Trismus likely Yes No

Intent of Radiotherapy Curative Palliative

Tissues in primary beam of radiation:

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