

HANC Referral Form for Dental Assessment

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

Date:

Patient Label:

Responsible Head & Neck Consultant(s):

Interpreter not required ☐

(Language required)

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

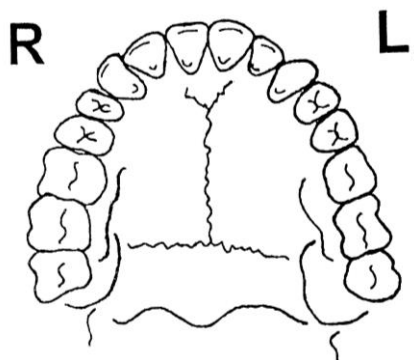
Muscles of mastication:

Medial Pterygoids

Lateral Pterygoids

Masseters

Left / Right



Details/ Complications/ Comments:

Signature:

Print Name:

E-mail:

Ward

Ext.

Bleep:

Oncology Status

Head and neck Cancer Treatment Plan (Surgical and RT)