

Pre-Bisphosphonates Referral Form for Dental Assessment

Email to: restdentonc@stgeorges.nhs.uk

Date:

Patient Label:

Responsible Medical Consultant (s):

How urgent is this referral?

Urgent.....

Routine

Does the patient require an interpreter?

Yes Language:

No

Medical Diagnosis:

Relevant medical history:

Has the patient already taken bisphosphonates?

Yes

No

If yes,

a) Name of medication:

b) Was it IV or oral?

IV

Oral

c) When did the patient take this medication and for how long?

If no,

a) When do you plan to start bisphosphonate treatment?

b) Will it be IV or oral?

IV

Oral

Is the patient taking (or has the patient taken) any other anti-angiogenic mediation? Yes No

If yes, please give details:

Details/ Complications/ Comments:

Signature:

Print Name:

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