## Form 1A: Referral from oncology to assessing dentist

**Dear dental practitioner,**

The patient\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, whose details are enclosed, has been diagnosed with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ by Dr\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_’s team at the local oncology department and will soon start cancer therapy on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Prior to commencing their cancer treatment, this patient requires a full oral and dental health assessment and plan. This patient will be at increased risk of:

|  |  |
| --- | --- |
| **Health complication** | **Causes** |
| Increased susceptibility to caries and periodontal disease | ***Delete or add as appropriate:***Stress / poor salivary flow / changes to diet / reduced immunity / medication / chemotherapy / radiotherapy / other: |
| Functional and sensory changes to the oral mucosa |
| Medication-related osteonecrosis of the jaw (MRONJ) |
| Other: |

I would be most grateful if you could conduct an oral health and complete treatment/stabilisation to prevent delaying the patient’s cancer therapy as per Oral Health Provision for Cancer Pathways

Thank you in advance for your help preparing this patient for their cancer treatment.

Kind regards,

[Professional signature, Department address]