## Pathway checklist

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| Tick when completed | Form | Date of form completion |
| ☐ | Form 1A & 1B & 1C: Referral from oncology team to assessing dentist | [Date of completion] |
| ☐ | Form 2: referral to specialist from primary care | [Date of completion] |
| ☐ | Oral health pathway provider has informed the oncology team that the patient’s oral health allows cancer therapy to begin | [Date of completion] |