

# Primary dental practitioner review

## Prior to initiation of medication-associated with osteonecrosis of the jaw

### Patient details

Name

Address

Telephone

Date of birth

Email

NHS number

Hospital ID

Referring consultant

Referring department

### Outcome of review from primary dental practitioner

Based on my review of the patient today, this patient

Does not require any active treatment at this time

Requires further dental treatment at the practice

Details

I would like further advice/treatment by the hospital specialist  
(oral/maxillofacial/specialist dental surgeon)

Routine

Urgent

Indication

Dentist's name

Date

Practice

Contact details

**Thank you** for your review of this patient we would appreciate your findings reported to the oncology unit at the earliest convenience and within 72 hours of next planned appointment.