

# Reply from oral / maxillofacial / specialist dental surgeon

## Patients on or due to start medication associated with osteonecrosis of the jaw

### Patient details

Name

Address

Email

Telephone

Date of birth

Hospital ID

NHS number

Date of review

Referring consultant

Referring department

Contact telephone number

Diagnosis

Planned oncological treatment

Reason for referral

Pre-treatment

During treatment

Date of review

### Hospital dental specialist

Based on my review of the patient today, this patient

Does not require any active treatment at this time

Requires dental treatment with the primary dental practitioner

Urgent

Non-urgent

Recommended treatment

Requires specialist dental treatment

Urgent

Non-urgent

Please specify

### Oral/maxillofacial/specialist dental surgeon

Name

Contact details