



University of Saskatchewan - College of Dentistry  
**USask Oral Oncology Clinic Referral Form**

(Program Director: Dr. Amanda Gruza, DMD, FRCDC)

Please Fax Referrals To: (306) 966-1795

(Radiographs/Clinical Images can be sent directly to [oraloncologyclinic@usask.ca](mailto:oraloncologyclinic@usask.ca))

**REFERRING DENTIST/PHYSICIAN/SPECIALIST:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

**PATIENT INFORMATION:**

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Male/Female/Other \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

PHN: \_\_\_\_\_

**PATIENT MEDICAL HISTORY:**

Medical Conditions: \_\_\_\_\_  
\_\_\_\_\_

Planned/Completed Cancer Treatment(s): \_\_\_\_\_  
\_\_\_\_\_

Current Medications: \_\_\_\_\_  
\_\_\_\_\_

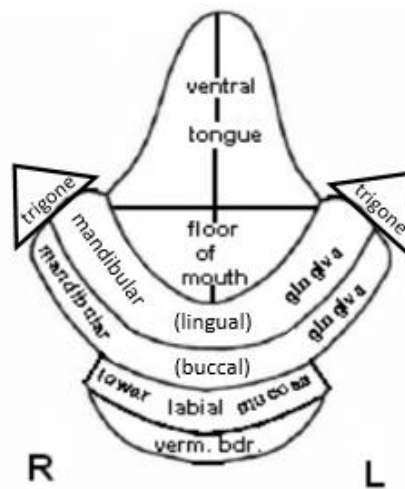
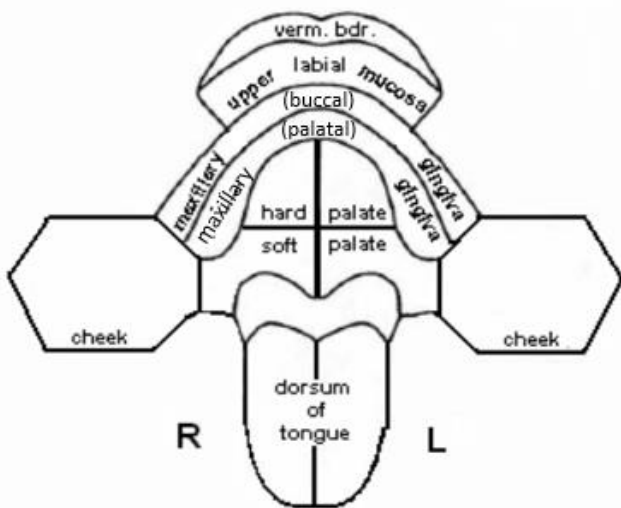
Allergies: \_\_\_\_\_



**REASON FOR REFERRAL:**

- URGENT/EMERGENT INPATIENT/OUTPATIENT CONSULT
- Follow up of precancerous lesion or site of previous oral cancer
- Pre-radiation dental assessment +/- treatment  
 (\*Final page of referral form must be completed\*)
- Post-radiation dental assessment +/- treatment  
 (\*Final page of referral form must be completed\*)
- Pre-chemotherapy dental assessment +/- treatment
- Post-chemotherapy dental assessment +/- treatment
- Pre-bisphosphonate/RANKL inhibitor/VEGF inhibitor/TKI/mTOR inhibitor dental assessment +/- treatment
- Post-bisphosphonate/RANKL inhibitor/VEGF inhibitor/TKI/mTOR inhibitor dental assessment +/- treatment
- Oral mucosal lesion (evaluation +/- biopsy)
- Oral manifestation of systemic disease or medication reaction/complication
- Dry mouth/xerostomia/hyposalivation or hypogeusia/dysgeusia
- Trismus/Temporomandibular disorder
- Orofacial pain

**AREA OF CONCERN:**



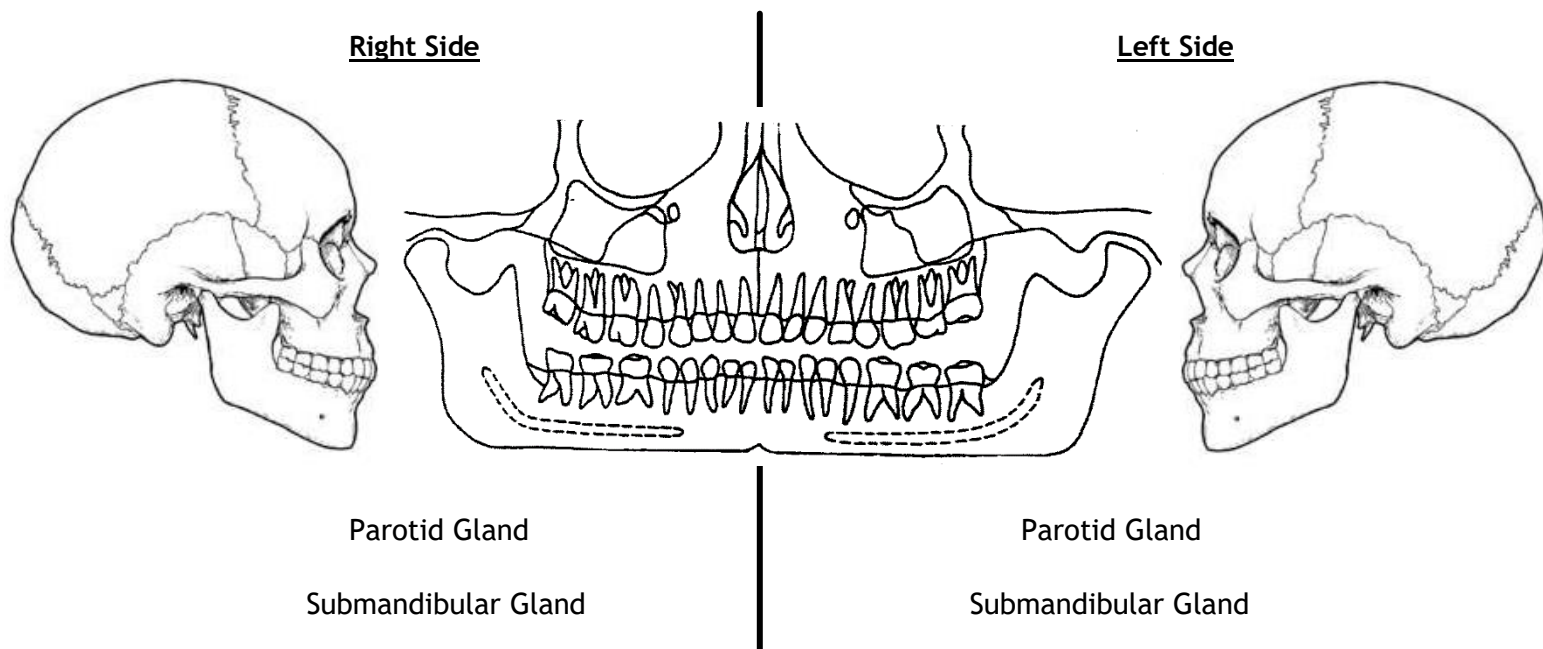
8 7 6 5 4 3 2 1	1 2 3 4 5 6 7 8
8 7 6 5 4 3 2 1	1 2 3 4 5 6 7 8

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**PLANNED/PREVIOUSLY-TREATED RADIATION FIELD:**

Please circle/shade-in the orofacial structures included in the radiation field.  
 Please be sure to circle the specific teeth and salivary glands included in the radiation field.



<b>DIAGNOSIS:</b>								
<b>STAGE/TNM:</b>								
CURATIVE TREATMENT / PALLIATIVE TREATMENT (please circle one)								
IMRT	3DCRT	SRS	SBRT	VMAT	Brachytherapy	Other		
Chemotherapy: None					Neoadjuvant		Adjuvant	
Other Tx (e.g. immunotherapy):								
Field Site	Field Size (cm)	# of Fractions	Total Tx Time (days)	Total Tumour Dose				