



**Department of Clinical Haematology  
Administration Floor Level 2  
Cancer and Haematology Centre  
Churchill Hospital  
Old Road  
Headington  
Oxford  
OX3 7LE**

**Our Ref:**

**Private and confidential**

**Tel: 01865 235259  
Website: www.ouh.nhs.uk**

Date:

Dear Dentist (Name),

**Re:**

Mr/Mrs/Ms..... is a patient of ours who is undergoing treatment for a haematological disorder. He/she is likely to be at risk of infection and/or bleeding for a length of time due to chemotherapy, immunosuppressive therapy and/or Bone Marrow Transplant.

We would be grateful if you could perform a dental assessment and highlight any areas of concern and future treatment needed on the attached form. Please give the form to the patient to return to us. If invasive dental treatment is needed, please contact the Haematology team for advice as some patients may have low blood counts and may need platelets and/ or antibiotics prior to treatment.

The key contact for this patient is:

Thank you for your help.

Yours sincerely,

On behalf of the Haematology Team

**Dental Assessment**

**Date:**

Re:

Do you have any concerns?

Yes

No

Comments (or attach letter):

Name:	Signature:
Contact details: Telephone: Fax:	Email: