

Suspected Maxillofacial / Head and Neck Cancer - Referral Form

For patients who need to be seen within 2 weeks

Date of Referral			
Patient Name		Referring GP	
Patient Address		GP Address	
Patient Postcode		GP Postcode	
Date of Birth		Fax No.	
NHS No.		Surgery Tel No.	
Tel No.		Hospital No.	
Mobile No.		Please check that the patient's phone numbers are correct	

- Confirm that your patient understands that they have been referred onto a "suspected cancer pathway"
- Confirm that your patient has received the [information leaflet](#)
- Confirm that your patient is available to attend an appointment within 2 weeks of this referral**.

** If, after discussion, your patient chooses to not attend within 2 weeks, when will they be available?

Risk Factors

- Smoking
- Tobacco Use
- Heavy Alcohol Intake

Please tick any of the criteria listed below:

- Unexplained **ulceration in oral cavity** or **vermillion of lip** for >3 weeks
- Unexplained **swelling/ lump in oral cavity** or **vermillion of lip**
- **Red or red and white patches** of oral mucosa
- Unexplained and persistent **lump / mass in neck** (not thyroid)

Any additional information: