

Welcome to the Dental Oncology Clinic,

Thank you for entrusting us with your dental care. The Dental Oncology Clinic provides specialised services for patients undergoing treatment, primarily for head and neck, blood, and skin cancers. People with these cancers may require the services of members of our specialized dental team to help manage and minimise discomfort, oral pain, and/or infections associated with treatment.

The Dental Oncology Clinic provides a number of services, including:

- assessment of the mouth and teeth prior to radiation therapy or chemotherapy
- preparation of the mouth before radiation therapy (e.g. extractions, temporary fillings, etc)
- diagnostic assessment of lesions inside the mouth
- preparation of fluoride trays or oral devices to aid radiation therapy
- management of the mouth and associated structures during and after radiation therapy, chemotherapy and bisphosphonate/denutumab therapy
- preparation of prostheses, which may be required as a result of surgery, radiation therapy or chemotherapy to the head and neck region.

Information regarding fees and billing:

- The Medical Care Plan (MCP) will cover only necessary dental treatment prior, during and after your cancer treatment. This includes consultation fees, x-rays and dental extractions deemed medically necessary.
- Regarding all other services, our fees are based on the Newfoundland & Labrador Dental Association fee guide. This fee guide is updated annually.
- If you have a private dental insurance plan, we will bill your plan directly for other provided treatments such as fluoride tray or professional cleaning. You will be responsible for the amount not covered by your dental plan. The amount is due and payable at the time of treatment.
- Some procedures may require pre-authorization with your dental plan before we can proceed.
- If you do not have any dental insurance plan, you will be responsible for the entire fee. However, there may be an option to receive care at reduce rate. Please discuss it wit your dentist at the time of assessment

As part of our patient care, we might take photography, videography and/or sound recordings without identifying patient and they may be used for medical education or scientific research. Please let us know if you have any other questions or concerns regarding your dental care. We aim to provide the highest and standards dental care for the cancer patients and appreciate your feedback.

Patient Signature: _____ Date: _____