



Preventive Dental Care for Patients Undergoing Cancer Treatment

Patient Name:		Subscriber ID#:	Today's Date:		
Date of Birth:		Dental Provider Nam	_Dental Provider Name:		
Potential Complications:					
- Mucositi - Caries		- Xerostomi	- Viral, Bacterial or Fungal Infections		
Pre	Preventive Therapies During Treatment:				
	1.1% NAF- gel dentifrice (5,000 ppm) such as Control Rx® (Omnii) or PreviDent 5000 Plus® (Colgate)¹ Over the counter saliva substitutes such as Oralbalance® (Biotene) Prescription saliva substitutes such as CaphosolTM and a prescription saliva stimulator such as Salagen®² Fluoride varnish (for those with extreme xerostomia especially those with head and neck radiation) such as CavityShield® (Omnii) or Duraphat® (Colgate)				
Notes: 'Delta Dental can only pay for treatment/therapies which are dispensed by a dentist. Please consult the patient's dental benefits plan regarding covered procedures and any plan limitations. If you write a prescription for the item, the patient may have coverage under their health plan's prescription drug coverage. Product names are used as examples only and should not prescription drug coverage. 2 Especially helpful for head and neck radiation patients.					
Other Considerations:					
 Patients should be counseled regarding: Brushing with a soft toothbrush 2 times a day. Patient should floss only if they are accustomed to flossing on a regular basis. Sip water, non-carbonated, or sugar-free drinks often. Chewing xylitol gum or mints. (Xylitol gum should be at a therapeutic level such as Carefree® Koolerz, TheraGum, TheraMints, TheraSpray (Omnii Oral Pharmaceuticals). Xylitol gum/mints will stimulate salivary flow and inhibit 					
b	bacteria growth. Do not chew gum or suck on candies unless they are sugar-free. - Nutrition - limit sugar-laden beverages, snacks, candies, and spicy foods.				
Patients should be instructed to call their oncologist immediately if they experience any mouth sores or other types of infections. Patients should return to the office in three months for evaluation of complications during treatment. Patients should also be placed on a three month recall for at least one year post therapy to monitor their oral condition.					
Treatment and Treatment Plan:					
Today:					
During Treatment:					
Post Treatment:					

For additional information, please call Delta Dental of Massachusetts at 877-335-8227.

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