Reference Determination Content

Example document — fictitious patient. A suggested draft determination prepared by the Veterans Health Centre from the matching example Diagnostic Assessment, to show how a DVA delegate could determine the claim. Names, dates, service details and clinicians are invented. It is not a decision of the Department of Veterans' Affairs.

Dental Caries

Evidence

The evidence that I have considered in making this decision includes:

- Formal Claim with supporting statements;
- A Statement of your Service from the Department of Defence;
- Copies of your Service Medical Records.
- A Diagnostic Assessment by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 10 April 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 10 April 2025;
- A pre-embarkation dental examination by the dental officer, dated 10 August 1950;
- A casualty report by the infantry battalion, Korea, dated 3 November 1951;
- A repatriation reception medical and dental examination and radiographs by the medical officer and dental officer, dated 15 September 1953;
- A dental treatment record by the dental officer, dated 6 October 1953;
- A radiotherapy treatment record by the radiation oncologist, Repatriation hospital, dated 14 June 1955;
- A field dental treatment record and radiograph by the dental officer, Malaya, dated 20 March 1957;
- A discharge dental examination by the dental officer, dated 12 February 1964.

Your service

I have identified that you have the following service:
Australian Defence Force service between :

14 March 1949 and 19 March 1964

Dental Caries

You have stated that your condition was caused by:

- *having tooth wear involving the affected tooth for at least the 4 weeks before clinical onset*

- *having loss of gum tissue from the base of the affected tooth, with exposure of the root surface (gingival recession), for at least the 4 weeks before clinical onset of root surface caries*
- *having a course of therapeutic radiation to the head or neck, where the affected tooth was in the field of radiation, within the 2 years before clinical onset or clinical worsening*
- *having dry mouth resulting from severely reduced saliva flow (xerostomia) for a continuous period of at least 3 months, within the 2 years before clinical onset or clinical worsening*
- *inability to obtain therapeutic exposure to fluoride to the teeth in at least one of the following forms: (a) fluoridated drinking water with a fluoride concentration of at least 0.5 milligrams per litre; (b) fluoridated toothpaste with a fluoride concentration of at least 1,000 parts per million; (c) liquid, tablet or lozenge formulation; on more days than not for a continuous period of at least 1 year, within the 5 years before clinical onset or clinical worsening*
- *consuming foods, beverages or other products containing sugar or processed starch: (a) continuously over a period of at least 6 hours per day; or (b) on at least 10 separate occasions per day with more than 30 minutes between exposures; and for a continuous period of at least 3 months, within the 2 years before clinical onset or clinical worsening*
- *having smoked at least 3 pack-years before clinical onset or clinical worsening, and where smoking has ceased, clinical onset or clinical worsening occurred within 10 years of cessation*
- *the use of chewing tobacco: (a) on more days than not; and (b) for at least 10 years before clinical onset or clinical worsening; and where the use of chewing tobacco has ceased, clinical onset or clinical worsening occurred within 10 years of cessation*
- *inability to perform effective personal cleaning of the affected tooth for a continuous period of at least 3 months, within the 2 years before clinical onset or clinical worsening*
- *inability to access preventive professional dental care at least every 15 months, within the 5 years before clinical onset or clinical worsening*
- *being a prisoner of war before clinical onset or clinical worsening*

Diagnosis: Dental Caries

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 10 April 2025, and is supported by a repatriation reception medical and dental examination and radiographs by the medical officer and dental officer, dated 15 September 1953.

I am satisfied this is the appropriate diagnosis.
In determining your claim for this condition, I have applied the SOP:

Statement of Principles concerning Tooth Decay (Dental Caries) (Reasonable Hypothesis) (No. 74 of 2024)

which sets out the factors that can connect the condition with service.

I am satisfied that you have met the following factor:

- *having tooth wear involving the affected tooth for at least the 4 weeks before clinical onset*
- *having loss of gum tissue from the base of the affected tooth, with exposure of the root surface (gingival recession), for at least the 4 weeks before clinical onset of root surface caries*
- *having a course of therapeutic radiation to the head or neck, where the affected tooth was in the field of radiation, within the 2 years before clinical onset or clinical worsening*
- *having dry mouth resulting from severely reduced saliva flow (xerostomia) for a continuous period of at least 3 months, within the 2 years before clinical onset or clinical worsening*
- *inability to obtain therapeutic exposure to fluoride to the teeth in at least one of the following forms: (a) fluoridated drinking water with a fluoride concentration of at least 0.5 milligrams per litre; (b) fluoridated toothpaste with a fluoride concentration of at least 1,000 parts per million; (c) liquid, tablet or lozenge formulation; on more days than not for a continuous period of at least 1 year, within the 5 years before clinical onset or clinical worsening*
- *consuming foods, beverages or other products containing sugar or processed starch: (a) continuously over a period of at least 6 hours per day; or (b) on at least 10 separate occasions per day with more than 30 minutes between exposures; and for a continuous period of at least 3 months, within the 2 years before clinical onset or clinical worsening*
- *having smoked at least 3 pack-years before clinical onset or clinical worsening, and where smoking has ceased, clinical onset or clinical worsening occurred within 10 years of cessation*
- *the use of chewing tobacco: (a) on more days than not; and (b) for at least 10 years before clinical onset or clinical worsening; and where the use of chewing tobacco has ceased, clinical onset or clinical worsening occurred within 10 years of cessation*
- *inability to perform effective personal cleaning of the affected tooth for a continuous period of at least 3 months, within the 2 years before clinical onset or clinical worsening*
- *inability to access preventive professional dental care at least every 15 months, within the 5 years before clinical onset or clinical worsening*
- *being a prisoner of war before clinical onset or clinical worsening*

I have noted your contention as to the cause of this condition. The available evidence indicates, I have noted your contention to the cause of your condition. Your service medical records indicate that you presented to the health facility with sharp pain in the lower left back tooth on biting and with cold food and water, and food packing against the receded gum on 15 September 1953.

The diagnosis was made by a dental officer on 15 September 1953 on clinical examination, which showed soft, cavitated root surface caries on the buccal and distal surfaces of the lower left first molar beneath 4 mm of gum recession, coronal caries extending into dentine and marked occlusal attrition, and was confirmed on bitewing and periapical radiographs. This meets the

Statement of Principles meaning of tooth decay (dental caries), the localised destruction of enamel, cementum or dentine by dental plaque with cavity formation.

This has then led to further investigations and the diagnosis of your condition of *Dental Caries*. I have accepted your condition of *Dental Caries*.

Having considered your service records and the available medical evidence, I am satisfied the SOP is met and that this condition is related to your wartime service.

I have therefore accepted that this condition is related to your service with effect from 15 February 1953.

Dental Caries (Worsening)

Evidence

The evidence that I have considered in making this decision includes:

- Formal Claim with supporting statements;
- A Statement of your Service from the Department of Defence;
- Copies of your Service Medical Records.
- A Diagnostic Assessment by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 10 April 2025;
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- A dental treatment record by the dental officer, dated 6 October 1953;
- A radiotherapy treatment record by the radiation oncologist, Repatriation hospital, dated 14 June 1955;
- A field dental treatment record and radiograph by the dental officer, Malaya, dated 20 March 1957;
- A discharge dental examination by the dental officer, dated 12 February 1964.

Your service

I have identified that you have the following service:
Australian Defence Force service between :

14 March 1949 and 19 March 1964

Dental Caries (Worsening)

You have stated that the worsening of your condition was caused by:

- *having a course of therapeutic radiation to the head or neck, where the affected tooth was in the field of radiation, within the 2 years before clinical onset or clinical worsening*
- *having dry mouth resulting from severely reduced saliva flow (xerostomia) for a continuous period of at least 3 months, within the 2 years before clinical onset or clinical worsening*
- *inability to obtain therapeutic exposure to fluoride to the teeth in at least one of the following forms: (a) fluoridated drinking water with a fluoride concentration of at least 0.5 milligrams per litre; (b) fluoridated toothpaste with a fluoride concentration of at least 1,000 parts per million; (c) liquid, tablet or lozenge formulation; on more days than not for*

a continuous period of at least 1 year, within the 5 years before clinical onset or clinical worsening

- *consuming foods, beverages or other products containing sugar or processed starch: (a) continuously over a period of at least 6 hours per day; or (b) on at least 10 separate occasions per day with more than 30 minutes between exposures; and for a continuous period of at least 3 months, within the 2 years before clinical onset or clinical worsening*
- *having smoked at least 3 pack-years before clinical onset or clinical worsening, and where smoking has ceased, clinical onset or clinical worsening occurred within 10 years of cessation*
- *the use of chewing tobacco: (a) on more days than not; and (b) for at least 10 years before clinical onset or clinical worsening; and where the use of chewing tobacco has ceased, clinical onset or clinical worsening occurred within 10 years of cessation*
- *inability to perform effective personal cleaning of the affected tooth for a continuous period of at least 3 months, within the 2 years before clinical onset or clinical worsening*
- *inability to access preventive professional dental care at least every 15 months, within the 5 years before clinical onset or clinical worsening*
- *being a prisoner of war before clinical onset or clinical worsening*
- *inability to obtain appropriate clinical management for tooth decay (dental caries) before clinical worsening*

Diagnosis: Dental Caries (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 10 April 2025, and is supported by a repatriation reception medical and dental examination and radiographs by the medical officer and dental officer, dated 15 September 1953.

I am satisfied this is the appropriate diagnosis.
In determining your claim for this condition, I have applied the SOP:

Statement of Principles concerning Tooth Decay (Dental Caries) (Reasonable Hypothesis) (No. 74 of 2024)

which sets out the factors that can connect the condition with service.

I am satisfied that you have met the following factor:

- *having a course of therapeutic radiation to the head or neck, where the affected tooth was in the field of radiation, within the 2 years before clinical onset or clinical worsening*
- *having dry mouth resulting from severely reduced saliva flow (xerostomia) for a continuous period of at least 3 months, within the 2 years before clinical onset or clinical worsening*
- *inability to obtain therapeutic exposure to fluoride to the teeth in at least one of the following forms: (a) fluoridated drinking water with a fluoride concentration of at least 0.5 milligrams per litre; (b) fluoridated toothpaste with a fluoride concentration of at least 1,000 parts per million; (c) liquid, tablet or lozenge formulation; on more days than not for*

a continuous period of at least 1 year, within the 5 years before clinical onset or clinical worsening

- *consuming foods, beverages or other products containing sugar or processed starch: (a) continuously over a period of at least 6 hours per day; or (b) on at least 10 separate occasions per day with more than 30 minutes between exposures; and for a continuous period of at least 3 months, within the 2 years before clinical onset or clinical worsening*
- *having smoked at least 3 pack-years before clinical onset or clinical worsening, and where smoking has ceased, clinical onset or clinical worsening occurred within 10 years of cessation*
- *the use of chewing tobacco: (a) on more days than not; and (b) for at least 10 years before clinical onset or clinical worsening; and where the use of chewing tobacco has ceased, clinical onset or clinical worsening occurred within 10 years of cessation*
- *inability to perform effective personal cleaning of the affected tooth for a continuous period of at least 3 months, within the 2 years before clinical onset or clinical worsening*
- *inability to access preventive professional dental care at least every 15 months, within the 5 years before clinical onset or clinical worsening*
- *being a prisoner of war before clinical onset or clinical worsening*
- *inability to obtain appropriate clinical management for tooth decay (dental caries) before clinical worsening*

I have noted your contention as to the cause of this condition. The available evidence indicates, I have noted your contention to the cause of your condition. Your service medical records indicate that you presented to the health facility with sharp pain in the lower left back tooth on biting and with cold food and water, and food packing against the receded gum on 15 September 1953.

The diagnosis was made by a dental officer on 15 September 1953 on clinical examination, which showed soft, cavitated root surface caries on the buccal and distal surfaces of the lower left first molar beneath 4 mm of gum recession, coronal caries extending into dentine and marked occlusal attrition, and was confirmed on bitewing and periapical radiographs. This meets the Statement of Principles meaning of tooth decay (dental caries), the localised destruction of enamel, cementum or dentine by dental plaque with cavity formation.

After the condition arose, it was worsened during your service. The radiotherapy to the left face of June 1955, with the affected tooth in the field, ended 21 months before the worsening on warlike service in Malaya on 20 March 1957, within the 2 years before. The radiotherapy-induced dry mouth persisted continuously from July 1955 through your warlike service in Malaya to the worsening of 20 March 1957, about 20 months within the 2 years before. Neither Korea, the prisoner of war camps nor Malaya, where you served on warlike service, provided fluoridated water, fluoride toothpaste or supplements, so you had no therapeutic fluoride exposure for more than 1 year within the 5 years before both the onset and the worsening. On warlike service in Malaya from October 1956 you sucked boiled sweets almost continuously for more than 6 hours a day and drank sweetened condensed milk tea many times a day, for about five months before the worsening of 20 March 1957, more than 3 continuous months within the

2 years before. You smoked about 20 cigarettes a day from 1946, including throughout your warlike service in Korea and Malaya, giving about 7 pack-years before onset and 11 before the worsening, more than 3 pack-years, and had not stopped. You chewed tobacco on more days than not from 1946, including on patrols in Korea and in Malaya where smoking was forbidden, for 11 years before the worsening of 20 March 1957, and had not stopped. As a prisoner of war in Korea from November 1951 you had no means of cleaning your teeth for almost 22 months, a continuous period of more than 3 months within the 2 years before onset. You had no preventive dental care from August 1950 to September 1953, through your warlike service and captivity in Korea, a gap of 37 months, more than 15 months within the 5 years before onset. You were a prisoner of war in Korea from 3 November 1951 to 26 August 1953, captured on warlike service. In captivity you had no dental care at all, and on warlike service in Malaya in 1957 you waited six weeks after losing the restoration before reaching a dental officer, during which the caries extended.

This has then led to further investigations and the diagnosis of your condition of *Dental Caries (Worsening)*. I have accepted your condition of *Dental Caries (Worsening)*.

Having considered your service records and the available medical evidence, I am satisfied the SOP is met and that the worsening of this condition is related to your wartime service.

I have therefore accepted that the worsening of this condition is related to your service with effect from 20 March 1957.

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