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.

Pericoronitis

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 9 September 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 9 September 2025;
- An entry dental examination by the army dental officer, dated 4 February 2013;
- A pre-deployment dental examination and orthopantomogram by the dental officer, dated 14 August 2017;
- An incident report (rocket attack, partner force training base) by the iraq, dated 5 February 2018;
- A role 1 treatment record by the medical officer, Iraq, dated 12 February 2018;
- A role 1 treatment record by the medical officer, Iraq, dated 25 February 2018;
- A role 1 treatment record and aeromedical evacuation request by the medical officer, Iraq, dated 18 March 2018;
- A CT neck with contrast by the radiologist, Role 3 facility, dated 19 March 2018;
- An operation report by the oral and maxillofacial surgeon, dated 20 March 2018.

Your service

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

4 February 2013 and 30 September 2021

Pericoronitis

You have stated that your condition was caused by:

- *having a partially erupted or impacted tooth with an overlying operculum in the affected region at the time of the clinical onset of pericoronitis*
- *having trauma to the operculum from an opposing tooth at the time of the clinical onset of pericoronitis*
- *being unable to maintain oral hygiene for at least the 7 days before the clinical onset of pericoronitis*
- *having an upper respiratory tract infection or tonsillitis within the 2 weeks before the clinical onset of pericoronitis*
- *experiencing severe psychological stress within the 1 month before the clinical onset of pericoronitis*
- *being sleep deprived, with less than 5 hours of sleep per night, for at least the 7 days before the clinical onset of pericoronitis*
- *smoking at least 10 cigarettes per day for at least the 6 months before the clinical onset of pericoronitis*
- *taking a systemic corticosteroid or another drug that impairs immune function within the 1 month before the clinical onset of pericoronitis*
- *being aged from 16 to 30 years at the time of the clinical onset of pericoronitis*

Diagnosis: Pericoronitis

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 9 September 2025, and is supported by a role 1 treatment record by the medical officer, Iraq, dated 25 February 2018.

I am satisfied this is the appropriate diagnosis.
There is no Statement of Principles (SOP) for this condition. In determining your claim for this condition, I have therefore considered the available evidence, applying the standard of proof:

Reasonable Hypothesis - no Statement of Principles determined for this condition

which requires the evidence to connect the condition with service.

I am satisfied that the evidence establishes the following link to your service:

- *having a partially erupted or impacted tooth with an overlying operculum in the affected region at the time of the clinical onset of pericoronitis*
- *having trauma to the operculum from an opposing tooth at the time of the clinical onset of pericoronitis*
- *being unable to maintain oral hygiene for at least the 7 days before the clinical onset of pericoronitis*
- *having an upper respiratory tract infection or tonsillitis within the 2 weeks before the clinical onset of pericoronitis*

- *experiencing severe psychological stress within the 1 month before the clinical onset of pericoronitis*
- *being sleep deprived, with less than 5 hours of sleep per night, for at least the 7 days before the clinical onset of pericoronitis*
- *smoking at least 10 cigarettes per day for at least the 6 months before the clinical onset of pericoronitis*
- *taking a systemic corticosteroid or another drug that impairs immune function within the 1 month before the clinical onset of pericoronitis*
- *being aged from 16 to 30 years at the time of the clinical onset of pericoronitis*

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 pain and swelling of the gum flap over the lower right third molar, pain radiating to the ear, pain on swallowing, a foul taste, halitosis, restricted mouth opening and fever, with tender lymph nodes under the right jaw on 25 February 2018.

The diagnosis was made clinically by the role 1 medical officer on 25 February 2018, who recorded a swollen, ulcerated operculum over the partially erupted lower right third molar, indented by the opposing upper third molar, with pus on pressure, trismus, regional lymphadenopathy and fever. The pre-deployment orthopantomogram of 14 August 2017 confirmed the partially erupted, mesioangularly impacted tooth with a pericoronal space.

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

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

I have therefore accepted that this condition is related to your service with effect from 24 February 2018.

Pericoronitis (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 9 September 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 9 September 2025;
- An entry dental examination by the army dental officer, dated 4 February 2013;
- A pre-deployment dental examination and orthopantomogram by the dental officer, dated 14 August 2017;
- An incident report (rocket attack, partner force training base) by the iraq, dated 5 February 2018;
- A role 1 treatment record by the medical officer, Iraq, dated 12 February 2018;
- A role 1 treatment record by the medical officer, Iraq, dated 25 February 2018;
- A role 1 treatment record and aeromedical evacuation request by the medical officer, Iraq, dated 18 March 2018;
- A CT neck with contrast by the radiologist, Role 3 facility, dated 19 March 2018;
- An operation report by the oral and maxillofacial surgeon, dated 20 March 2018.

Your service

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

4 February 2013 and 30 September 2021

Pericoronitis (Worsening)

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

- *having continued trauma to the operculum from an opposing tooth after the clinical onset and before the clinical worsening of pericoronitis*
- *having delayed removal of the causative tooth after the clinical onset of pericoronitis, before the clinical worsening of pericoronitis*
- *smoking at least 10 cigarettes per day, or being unable to maintain oral hygiene, after the clinical onset and before the clinical worsening of pericoronitis*
- *inability to obtain appropriate clinical management for pericoronitis*

Diagnosis: Pericoronitis (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 9 September 2025, and is supported by a role 1 treatment record by the medical officer, Iraq, dated 25 February 2018.

I am satisfied this is the appropriate diagnosis.
There is no Statement of Principles (SOP) for this condition. In determining your claim for this condition, I have therefore considered the available evidence, applying the standard of proof:

Reasonable Hypothesis - no Statement of Principles determined for this condition

which requires the evidence to connect the condition with service.

I am satisfied that the evidence establishes the following link to your service:

- *having continued trauma to the operculum from an opposing tooth after the clinical onset and before the clinical worsening of pericoronitis*
- *having delayed removal of the causative tooth after the clinical onset of pericoronitis, before the clinical worsening of pericoronitis*
- *smoking at least 10 cigarettes per day, or being unable to maintain oral hygiene, after the clinical onset and before the clinical worsening of pericoronitis*
- *inability to obtain appropriate clinical management for pericoronitis*

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 pain and swelling of the gum flap over the lower right third molar, pain radiating to the ear, pain on swallowing, a foul taste, halitosis, restricted mouth opening and fever, with tender lymph nodes under the right jaw on 25 February 2018.

The diagnosis was made clinically by the role 1 medical officer on 25 February 2018, who recorded a swollen, ulcerated operculum over the partially erupted lower right third molar, indented by the opposing upper third molar, with pus on pressure, trismus, regional lymphadenopathy and fever. The pre-deployment orthopantomogram of 14 August 2017 confirmed the partially erupted, mesioangularly impacted tooth with a pericoronal space.

After the condition arose, it was worsened during your service. The supra-erupted upper right third molar was not removed or adjusted after onset because no dental officer was available, and it continued to traumatise the swollen operculum with every bite from 24 February to 18 March 2018, as recorded at both presentations. Removal of the lower right third molar was recommended on 14 August 2017 and again indicated at onset on 25 February 2018, but no dental officer or oral surgeon was available on the base, and the next scheduled dental visit was in late March 2018. You continued to smoke about 20 cigarettes a day between onset and the worsening on 18 March 2018, and continuing water restrictions and dust storms limited your ability to carry out the prescribed chlorhexidine rinses and warm saline irrigation while you

remained on force protection duties. On warlike service you had no access to a dental officer or oral surgeon after onset, and the definitive treatment, removal of the offending teeth, was unavailable until you were evacuated after the infection had spread to the submandibular and pterygomandibular spaces.

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

Having considered your service records and the available medical evidence, I am satisfied the evidence establishes 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 18 March 2018.

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