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.

Periodontitis

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 18 June 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 18 June 2025;
- A dental treatment record and radiographs by the deployed dental officer, East Timor, dated 3 December 1999;
- An implant placement record by the oral and maxillofacial surgeon, dated 14 May 2001;
- A colonoscopy and gastroenterology consultation by the gastroenterologist, dated 14 March 2006;
- A specialist letter by the infectious diseases physician, dated 2 October 2009;
- An outpatient health record and pathology by the medical officer, Garrison health centre, dated 11 November 2010;
- A haematology consultation and bone marrow report by the haematologist, dated 5 August 2012;
- A dental examination record by the dental officer, Garrison dental service, dated 14 September 2012;
- A periodontal charting by the dental officer, Garrison dental service, dated 18 February 2013;
- A renal medicine consultation by the renal physician, dated 18 March 2013;
- An operation report by the oral and maxillofacial surgeon, dated 3 April 2013;
- A dental record and dietetic assessment by the dental officer and renal dietitian, dated 19 August 2013;
- A specialist periodontal assessment and radiographs by the periodontist, dated 7 October 2013;

- A bone densitometry report by the radiologist, dated 9 June 2016;
- A periodontal re-evaluation by the periodontist, dated 22 June 2016.

Your service

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

8 July 1995 and 14 March 2017

Periodontitis

You have stated that your condition was caused by:

- *having gingivitis involving the affected region of the periodontium for a continuous period of at least the 6 months before the clinical onset of periodontitis*
- *having a foreign body in contact with the affected region of the periodontium, on more days than not for a continuous period of at least 6 months before the clinical onset of periodontitis, and where the foreign body has been removed before the clinical onset of periodontitis, then that onset occurred within 4 weeks of removal*
- *having an oral piercing adjacent to the affected region of the periodontium for a continuous period of at least the 6 months before the clinical onset of periodontitis*
- *having trauma to the affected region of the periodontium within the 6 months before the clinical onset of periodontitis*
- *having surgery to the affected region of the periodontium within the 6 months before the clinical onset of periodontitis*
- *having neutropenia or agranulocytosis at the time of the clinical onset of periodontitis*
- *having leukaemia at the time of the clinical onset of periodontitis*
- *having infection with human immunodeficiency virus at the time of the clinical onset of periodontitis*
- *having diabetes mellitus at the time of the clinical onset of periodontitis*
- *being obese for a continuous period of at least the 3 years before the clinical onset of periodontitis*
- *having chronic renal failure at the time of the clinical onset of periodontitis*
- *having inflammatory bowel disease or rheumatoid arthritis at the time of the clinical onset of periodontitis*
- *having smoked tobacco products: in an amount of at least 5 pack-years before the clinical onset of periodontitis; and*
- *having smoked tobacco products: if smoking has ceased before the clinical onset of periodontitis, then that onset occurred within 10 years of cessation*
- *having severe malnutrition at the time of the clinical onset of periodontitis*

- *having severe vitamin C deficiency or vitamin D deficiency at the time of the clinical onset of periodontitis*
- *consuming an average of at least 200 grams of alcohol per week for a continuous period of at least the 2 years before the clinical onset of periodontitis*

Diagnosis: Periodontitis

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 18 June 2025, and is supported by a specialist periodontal assessment and radiographs by the periodontist, dated 7 October 2013.

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

Statement of Principles concerning Periodontitis (Balance of Probabilities) (No. 28 of 2022)

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

I am satisfied that you have met the following factor:

- *having gingivitis involving the affected region of the periodontium for a continuous period of at least the 6 months before the clinical onset of periodontitis*
- *having a foreign body in contact with the affected region of the periodontium, on more days than not for a continuous period of at least 6 months before the clinical onset of periodontitis, and where the foreign body has been removed before the clinical onset of periodontitis, then that onset occurred within 4 weeks of removal*
- *having an oral piercing adjacent to the affected region of the periodontium for a continuous period of at least the 6 months before the clinical onset of periodontitis*
- *having trauma to the affected region of the periodontium within the 6 months before the clinical onset of periodontitis*
- *having surgery to the affected region of the periodontium within the 6 months before the clinical onset of periodontitis*
- *having neutropenia or agranulocytosis at the time of the clinical onset of periodontitis*
- *having leukaemia at the time of the clinical onset of periodontitis*
- *having infection with human immunodeficiency virus at the time of the clinical onset of periodontitis*
- *having diabetes mellitus at the time of the clinical onset of periodontitis*
- *being obese for a continuous period of at least the 3 years before the clinical onset of periodontitis*
- *having chronic renal failure at the time of the clinical onset of periodontitis*
- *having inflammatory bowel disease or rheumatoid arthritis at the time of the clinical onset of periodontitis*

- *having smoked tobacco products: in an amount of at least 5 pack-years before the clinical onset of periodontitis; and*
- *having smoked tobacco products: if smoking has ceased before the clinical onset of periodontitis, then that onset occurred within 10 years of cessation*
- *having severe malnutrition at the time of the clinical onset of periodontitis*
- *having severe vitamin C deficiency or vitamin D deficiency at the time of the clinical onset of periodontitis*
- *consuming an average of at least 200 grams of alcohol per week for a continuous period of at least the 2 years before the clinical onset of periodontitis*

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 bleeding from the lower front gums on brushing, a persistent bad taste, gum recession beneath the lip stud, tenderness on biting and loosening of the lower incisors, with suppuration around the implant on 19 August 2013.

The diagnosis was confirmed by a periodontist on 7 October 2013 on full periodontal charting and radiographs, which showed periodontal pocketing of 5 to 7 mm with bleeding on probing, clinical attachment loss and 30 to 40 per cent alveolar bone loss from tooth 33 to tooth 43, and progressive bone loss around the tooth 31 implant. This meets the Statement of Principles definition of periodontitis, which includes chronic periodontitis and peri-implantitis, and none of the exclusions applies.

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

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 peacetime service.

I have therefore accepted that this condition is related to your service with effect from 12 August 2013.

Periodontitis (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 18 June 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 18 June 2025;
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- A specialist letter by the infectious diseases physician, dated 2 October 2009;
- An outpatient health record and pathology by the medical officer, Garrison health centre, dated 11 November 2010;
- A haematology consultation and bone marrow report by the haematologist, dated 5 August 2012;
- A dental examination record by the dental officer, Garrison dental service, dated 14 September 2012;
- A periodontal charting by the dental officer, Garrison dental service, dated 18 February 2013;
- A renal medicine consultation by the renal physician, dated 18 March 2013;
- An operation report by the oral and maxillofacial surgeon, dated 3 April 2013;
- A dental record and dietetic assessment by the dental officer and renal dietitian, dated 19 August 2013;
- A specialist periodontal assessment and radiographs by the periodontist, dated 7 October 2013;
- A bone densitometry report by the radiologist, dated 9 June 2016;
- A periodontal re-evaluation by the periodontist, dated 22 June 2016.

Your service

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

8 July 1995 and 14 March 2017

Periodontitis (Worsening)

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

- *having gingivitis involving the affected region of the periodontium for a continuous period of at least the 6 months before the clinical worsening of periodontitis*
- *having a foreign body in contact with the affected region of the periodontium, on more days than not for a continuous period of at least 6 months before the clinical worsening of periodontitis, and where the foreign body has been removed before the clinical worsening of periodontitis, then that worsening occurred within 4 weeks of removal*
- *having an oral piercing adjacent to the affected region of the periodontium for a continuous period of at least the 6 months before the clinical worsening of periodontitis*
- *having trauma to the affected region of the periodontium within the 6 months before the clinical worsening of periodontitis*
- *having surgery to the affected region of the periodontium within the 6 months before the clinical worsening of periodontitis*
- *having neutropenia or agranulocytosis at the time of the clinical worsening of periodontitis*
- *having leukaemia at the time of the clinical worsening of periodontitis*
- *having infection with human immunodeficiency virus at the time of the clinical worsening of periodontitis*
- *having diabetes mellitus at the time of the clinical worsening of periodontitis*
- *being obese for a continuous period of at least the 3 years before the clinical worsening of periodontitis*
- *having chronic renal failure at the time of the clinical worsening of periodontitis*
- *having inflammatory bowel disease or rheumatoid arthritis at the time of the clinical worsening of periodontitis*
- *having smoked tobacco products: in an amount of at least 5 pack-years before the clinical worsening of periodontitis; and*
- *having smoked tobacco products: if smoking has ceased before the clinical worsening of periodontitis, then that worsening occurred within 10 years of cessation*
- *having severe malnutrition at the time of the clinical worsening of periodontitis*
- *having severe vitamin C deficiency or vitamin D deficiency at the time of the clinical worsening of periodontitis*
- *consuming an average of at least 200 grams of alcohol per week for a continuous period of at least the 2 years before the clinical worsening of periodontitis*
- *having osteoporosis at the time of the clinical worsening of periodontitis*
- *inability to obtain appropriate clinical management for periodontitis*

Diagnosis: Periodontitis (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 18 June 2025, and is supported by a specialist periodontal assessment and radiographs by the periodontist, dated 7 October 2013.

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

Statement of Principles concerning Periodontitis (Balance of Probabilities) (No. 28 of 2022)

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

I am satisfied that you have met the following factor:

- *having gingivitis involving the affected region of the periodontium for a continuous period of at least the 6 months before the clinical worsening of periodontitis*
- *having a foreign body in contact with the affected region of the periodontium, on more days than not for a continuous period of at least 6 months before the clinical worsening of periodontitis, and where the foreign body has been removed before the clinical worsening of periodontitis, then that worsening occurred within 4 weeks of removal*
- *having an oral piercing adjacent to the affected region of the periodontium for a continuous period of at least the 6 months before the clinical worsening of periodontitis*
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- *having smoked tobacco products: in an amount of at least 5 pack-years before the clinical worsening of periodontitis; and*
- *having smoked tobacco products: if smoking has ceased before the clinical worsening of periodontitis, then that worsening occurred within 10 years of cessation*
- *having severe malnutrition at the time of the clinical worsening of periodontitis*
- *having severe vitamin C deficiency or vitamin D deficiency at the time of the clinical worsening of periodontitis*

- *consuming an average of at least 200 grams of alcohol per week for a continuous period of at least the 2 years before the clinical worsening of periodontitis*
- *having osteoporosis at the time of the clinical worsening of periodontitis*
- *inability to obtain appropriate clinical management for periodontitis*

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 bleeding from the lower front gums on brushing, a persistent bad taste, gum recession beneath the lip stud, tenderness on biting and loosening of the lower incisors, with suppuration around the implant on 19 August 2013.

The diagnosis was confirmed by a periodontist on 7 October 2013 on full periodontal charting and radiographs, which showed periodontal pocketing of 5 to 7 mm with bleeding on probing, clinical attachment loss and 30 to 40 per cent alveolar bone loss from tooth 33 to tooth 43, and progressive bone loss around the tooth 31 implant. This meets the Statement of Principles definition of periodontitis, which includes chronic periodontitis and peri-implantitis, and none of the exclusions applies.

After the condition arose, it was worsened during your service. Gingivitis of the lower anterior sextant continued after onset and was recorded at periodontal maintenance visits from 2014 to 2016, including on 10 December 2015 and 22 June 2016. The implant at tooth 31 remained in place every day after onset and throughout the 6 months before the worsening, from 22 December 2015 to 22 June 2016. The labret piercing was retained continuously after onset, against dental advice, and was in place throughout the 6 months before the worsening, from 22 December 2015 to 22 June 2016. On 15 March 2016 you collapsed from post-dialysis hypotension and struck your face on a door frame, fracturing the crown and root of tooth 42 in the affected region, confirmed on a periapical radiograph that day. On 20 April 2016 a periodontist extracted the fractured tooth 42 and performed open flap debridement of the lower anterior sextant. Neutropenia persisted, with an absolute neutrophil count of 0.8 x 10^9/L on 14 June 2016, at the time of the worsening. Chronic myeloid leukaemia was present at the worsening; imatinib was changed to dasatinib in February 2016 after loss of major molecular response. HIV infection, acquired on service in 2009, was present at the worsening, with a CD4 count of 280 cells/microlitre in June 2016. Type 2 diabetes was present and poorly controlled at the worsening, with an HbA1c of 9.6 per cent on 14 June 2016, and insulin had been added in 2015. Your BMI remained between 30.4 and 32.0 at every measurement from 2013 to 2016, so you were obese continuously for the 3 years before the worsening, from 22 June 2013 to 22 June 2016. You remained on haemodialysis three times a week for chronic renal failure at the worsening in June 2016. Ulcerative colitis was active at the worsening, with a flare in May 2016 treated with prednisolone and continued sulfasalazine. Your smoking history of about 15.3 pack-years, all accrued between October 1999 and January 2012, preceded the worsening on 22 June 2016. You ceased smoking on 1 January 2012 and the worsening on 22 June 2016 occurred 4 years and 6 months later, within 10 years of cessation. Severe malnutrition was present at the worsening: on 14 June 2016 serum albumin was 23 g/L and the renal dietitian again graded you

Subjective Global Assessment C after a colitis flare. Bloods on 14 June 2016 showed a serum 25-hydroxyvitamin D of 31 nmol/L, which is vitamin D deficiency, despite supplementation interrupted by malabsorption during colitis flares. AUDIT screening in July 2014, August 2015 and June 2016 recorded about 30 to 40 standard drinks a week, 300 to 400 grams of alcohol, throughout the 2 years before the worsening, from 22 June 2014 to 22 June 2016. Bone densitometry on 9 June 2016 showed a lumbar spine T-score of -2.9 and a femoral neck T-score of -2.6, diagnosed as osteoporosis from prednisolone, chronic renal failure, vitamin D deficiency and HIV infection. Periodontal maintenance at three-monthly intervals was prescribed after diagnosis, but from September 2015 to June 2016 no treatment was provided because the garrison dental service required haematology clearance before any procedure for your neutropenia, and appointments were repeatedly cancelled while clearance was sought.

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

I have therefore accepted that the worsening of this condition is related to your service with effect from 22 June 2016.

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.