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.

Teeth - Tooth Wear

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 deployed health record by the medical officer, Afghanistan, dated 14 June 2008;
- A psychiatric assessment by the consultant psychiatrist, dated 20 February 2009;
- A dental examination record by the dental officer, Garrison dental clinic, dated 12 March 2009;
- A gastroscopy report and specialist letter by the gastroenterologist, dated Mar 2009;
- A psychiatric review by the consultant psychiatrist, dated 15 June 2009;
- A pre-deployment dental examination by the dental officer, dated 10 December 2009;
- A preventive medicine water quality report by the staging base, Middle East Area of Operations, dated Sep 2010;
- A swimming pool maintenance log by the garrison facility manager, dated Oct 2010;
- A dental presentation record by the dental officer, Garrison dental clinic, dated 12 October 2010;
- A tooth wear assessment and radiographs by the dental officer, dated 2 November 2010;
- A deployed health record and aeromedical evacuation summary by the medical officer, Solomon Islands, dated 10 January 2013;
- A dental review and radiographs by the dental officer, dated 12 April 2013;
- A prosthodontic consultation by the prosthodontist, dated May 2013.

Your service

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

14 July 2003 and 30 November 2016

Teeth - Tooth Wear

You have stated that your condition was caused by:

- *for dental attrition only, having bruxism at the time of clinical onset or clinical worsening*
- *for dental erosion only, consuming an average of at least 1.5 litres per day of any combination of drinks from the specified list of erosive drinks: (a) for a continuous period of at least 5 years before clinical onset or clinical worsening; and (b) where that exposure has ceased, clinical onset or clinical worsening has occurred within 1 year of cessation*
- *for dental erosion only, having alcohol use disorder at the time of clinical onset or clinical worsening*
- *for dental erosion only, having an eating disorder at the time of clinical onset or clinical worsening*
- *for dental erosion only, having gastro-oesophageal reflux disease within the 2 years before clinical onset or clinical worsening*
- *For dental erosion only, having hyperemesis gravidarum within the 4 months before clinical onset or clinical worsening*
- *for dental erosion only, vomiting or regurgitating gastric contents on at least 100 occasions within the 1 year before clinical onset or clinical worsening*
- *For dental erosion only, having xerostomia for at least the 1 year before clinical onset or clinical worsening*
- *for dental erosion only, swimming in a swimming pool with a pH below 5.5 for a cumulative period of at least 50 hours within the 30 days before clinical onset or clinical worsening*
- *for dental erosion only, having oral exposure to fumes of a substance from the specified list of acidic substances at a concentration of greater than 0.5 milligrams per cubic metre: (a) for a cumulative period of at least 2,000 hours before clinical onset or clinical worsening; and (b) where that exposure has ceased, clinical onset or clinical worsening has occurred within 6 months of cessation*
- *for dental erosion only, taking a drug from the specified list of drugs, on average at least daily, for a continuous period of at least the 1 year before clinical onset or clinical worsening, and where: (a) a dissolved solution of the drug is swilled around the teeth; or (b) the drug is retained in the mouth adjacent to the affected site*

Diagnosis: Tooth Wear

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 18 June 2025, and is supported by a tooth wear assessment and radiographs by the dental officer, dated 2 November 2010.

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 Wear (Balance of Probabilities) (No. 30 of 2026)

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

I am satisfied that you have met the following factor:

- *for dental attrition only, having bruxism at the time of clinical onset or clinical worsening*
- *for dental erosion only, consuming an average of at least 1.5 litres per day of any combination of drinks from the specified list of erosive drinks: (a) for a continuous period of at least 5 years before clinical onset or clinical worsening; and (b) where that exposure has ceased, clinical onset or clinical worsening has occurred within 1 year of cessation*
- *for dental erosion only, having alcohol use disorder at the time of clinical onset or clinical worsening*
- *for dental erosion only, having an eating disorder at the time of clinical onset or clinical worsening*
- *for dental erosion only, having gastro-oesophageal reflux disease within the 2 years before clinical onset or clinical worsening*
- *For dental erosion only, having hyperemesis gravidarum within the 4 months before clinical onset or clinical worsening*
- *for dental erosion only, vomiting or regurgitating gastric contents on at least 100 occasions within the 1 year before clinical onset or clinical worsening*
- *For dental erosion only, having xerostomia for at least the 1 year before clinical onset or clinical worsening*
- *for dental erosion only, swimming in a swimming pool with a pH below 5.5 for a cumulative period of at least 50 hours within the 30 days before clinical onset or clinical worsening*
- *for dental erosion only, having oral exposure to fumes of a substance from the specified list of acidic substances at a concentration of greater than 0.5 milligrams per cubic metre: (a) for a cumulative period of at least 2,000 hours before clinical onset or clinical worsening; and (b) where that exposure has ceased, clinical onset or clinical worsening has occurred within 6 months of cessation*
- *for dental erosion only, taking a drug from the specified list of drugs, on average at least daily, for a continuous period of at least the 1 year before clinical onset or clinical worsening, and where: (a) a dissolved solution of the drug is swilled around the teeth; or (b) the drug is retained in the mouth adjacent to the affected site*

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 severe sensitivity of your teeth to cold drinks, sweet foods and toothbrushing, pain on biting, and a thinned, glassy appearance of the upper front teeth on 12 October 2010.

The diagnosis was confirmed by a dental officer on 2 November 2010 using the Basic Erosive Wear Examination, a recognised tooth wear evaluation system, with a cumulative score of 11. Dentine was exposed on multiple tooth surfaces, causing severe sensitivity and significant impairment of chewing. The pattern showed erosion of the palatal surfaces of the upper incisors and molar cupping, attrition facets into dentine on the canines and premolars, and cervical abrasion. The wear was not confined to enamel and was not caused by caries or discrete trauma. This meets the Statement of Principles definition of tooth wear.

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

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 5 October 2010.

Teeth - Tooth Wear (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;
- A deployed health record by the medical officer, Afghanistan, dated 14 June 2008;
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- A dental examination record by the dental officer, Garrison dental clinic, dated 12 March 2009;
- A gastroscopy report and specialist letter by the gastroenterologist, dated Mar 2009;
- A psychiatric review by the consultant psychiatrist, dated 15 June 2009;
- A pre-deployment dental examination by the dental officer, dated 10 December 2009;
- A preventive medicine water quality report by the staging base, Middle East Area of Operations, dated Sep 2010;
- A swimming pool maintenance log by the garrison facility manager, dated Oct 2010;
- A dental presentation record by the dental officer, Garrison dental clinic, dated 12 October 2010;
- A tooth wear assessment and radiographs by the dental officer, dated 2 November 2010;
- A deployed health record and aeromedical evacuation summary by the medical officer, Solomon Islands, dated 10 January 2013;
- A dental review and radiographs by the dental officer, dated 12 April 2013;
- A prosthodontic consultation by the prosthodontist, dated May 2013.

Your service

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

14 July 2003 and 30 November 2016

Teeth - Tooth Wear (Worsening)

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

- *for dental attrition only, having bruxism at the time of clinical onset or clinical worsening*
- *for dental erosion only, consuming an average of at least 1.5 litres per day of any combination of drinks from the specified list of erosive drinks: (a) for a continuous period of at least 5 years before clinical onset or clinical worsening; and (b) where that exposure has ceased, clinical onset or clinical worsening has occurred within 1 year of cessation*
- *for dental erosion only, having alcohol use disorder at the time of clinical onset or clinical worsening*
- *for dental erosion only, having an eating disorder at the time of clinical onset or clinical worsening*
- *for dental erosion only, having gastro-oesophageal reflux disease within the 2 years before clinical onset or clinical worsening*
- *For dental erosion only, having hyperemesis gravidarum within the 4 months before clinical onset or clinical worsening*
- *for dental erosion only, vomiting or regurgitating gastric contents on at least 100 occasions within the 1 year before clinical onset or clinical worsening*
- *For dental erosion only, having xerostomia for at least the 1 year before clinical onset or clinical worsening*
- *for dental erosion only, swimming in a swimming pool with a pH below 5.5 for a cumulative period of at least 50 hours within the 30 days before clinical onset or clinical worsening*
- *for dental erosion only, having oral exposure to fumes of a substance from the specified list of acidic substances at a concentration of greater than 0.5 milligrams per cubic metre: (a) for a cumulative period of at least 2,000 hours before clinical onset or clinical worsening; and (b) where that exposure has ceased, clinical onset or clinical worsening has occurred within 6 months of cessation*
- *for dental erosion only, taking a drug from the specified list of drugs, on average at least daily, for a continuous period of at least the 1 year before clinical onset or clinical worsening, and where: (a) a dissolved solution of the drug is swilled around the teeth; or (b) the drug is retained in the mouth adjacent to the affected site*
- *inability to obtain appropriate clinical management for tooth wear before clinical worsening*

Diagnosis: Tooth Wear (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 tooth wear assessment and radiographs by the dental officer, dated 2 November 2010.

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 Wear (Balance of Probabilities) (No. 30 of 2026)

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

I am satisfied that you have met the following factor:

- *for dental attrition only, having bruxism at the time of clinical onset or clinical worsening*
- *for dental erosion only, consuming an average of at least 1.5 litres per day of any combination of drinks from the specified list of erosive drinks: (a) for a continuous period of at least 5 years before clinical onset or clinical worsening; and (b) where that exposure has ceased, clinical onset or clinical worsening has occurred within 1 year of cessation*
- *for dental erosion only, having alcohol use disorder at the time of clinical onset or clinical worsening*
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- *for dental erosion only, taking a drug from the specified list of drugs, on average at least daily, for a continuous period of at least the 1 year before clinical onset or clinical worsening, and where: (a) a dissolved solution of the drug is swilled around the teeth; or (b) the drug is retained in the mouth adjacent to the affected site*
- *inability to obtain appropriate clinical management for tooth wear 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 severe sensitivity of your teeth to cold drinks, sweet foods and toothbrushing, pain on biting, and a thinned, glassy appearance of the upper front teeth on 12 October 2010.

The diagnosis was confirmed by a dental officer on 2 November 2010 using the Basic Erosive Wear Examination, a recognised tooth wear evaluation system, with a cumulative score of 11. Dentine was exposed on multiple tooth surfaces, causing severe sensitivity and significant impairment of chewing. The pattern showed erosion of the palatal surfaces of the upper incisors and molar cupping, attrition facets into dentine on the canines and premolars, and cervical abrasion. The wear was not confined to enamel and was not caused by caries or discrete trauma. This meets the Statement of Principles definition of tooth wear.

After the condition arose, it was worsened during your service. Nocturnal bruxism was recorded by the dental officer on 12 March 2009, with attrition facets on the canines, and an occlusal splint was issued. From your posting to a tropical northern Australian base in January 2005 you drank about two litres a day of carbonated cola and non-calcium-enriched sports drinks to replace fluid lost during heavy workshop work in the heat, a pattern recorded by the medical officer in June 2008 and again on 12 October 2010. A consultant psychiatrist diagnosed alcohol use disorder of moderate severity on 20 February 2009, with an AUDIT score of 22, as a way of coping with the posttraumatic stress disorder from your service. The psychiatrist diagnosed bulimia nervosa on 15 June 2009, with binge eating and self-induced vomiting three to four times a week, developing in the context of your service-related posttraumatic stress disorder. Gastroscopy in March 2009 showed Los Angeles grade B reflux oesophagitis and a gastroenterologist diagnosed gastro-oesophageal reflux disease, treated with pantoprazole. You developed hyperemesis gravidarum on 10 January 2013, vomiting up to ten times a day with 6 kg of weight loss and dehydration requiring intravenous fluids, and it continued in Australia until late March 2013. From the bulimia nervosa diagnosed on 15 June 2009, you induced vomiting three to four times a week, about 150 occasions within the 1 year before onset, from 5 October 2009 to 5 October 2010, in addition to regurgitation from your reflux disease. Xerostomia was documented on 12 March 2009, with a dry oral mucosa and an unstimulated salivary flow of 0.08 mL per minute, caused by amitriptyline 50 mg at night, a tricyclic antidepressant prescribed from 20 February 2009 for your service-related posttraumatic stress disorder. After your return to Australia you swam twice daily in the garrison pool from 16 September to 4 October 2010, for lumbar rehabilitation prescribed by the unit physiotherapist and fitness test preparation, about 2.75 hours a day and 52 hours in total. From July 2006 you were the battery bay non-commissioned officer at a garrison workshop, charging and topping up lead-acid vehicle batteries for about four hours a day in a poorly ventilated bay. From March 2008 you took chewable vitamin C 500 mg tablets daily, first supplied by the unit medic on deployment to supplement field rations, and continued them in garrison. Composite restorations, a replacement occlusal splint and reflux and dietary management were prescribed on 2 November 2010.

This has then led to further investigations and the diagnosis of your condition of *Tooth Wear (Worsening)*. I have accepted your condition of *Tooth Wear (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 12 April 2013.

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.