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 - Traumatic Crown Fracture

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 21 August 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 21 August 2025;
- An enlistment dental examination by the dental officer, dated 11 February 2008;
- A dental treatment record and periapical radiograph by the dental officer, Garrison dental centre, dated 22 April 2010;
- A pre-deployment dental examination by the dental officer, Garrison dental centre, dated 19 October 2011;
- A patrol medic casualty record by the afghanistan, dated 3 July 2012;
- A deployed dental treatment record and periapical radiograph by the dental officer, Afghanistan, dated 7 July 2012;
- A deployed health record by the medical officer, Iraq, dated 14 August 2015;
- A deployed dental treatment record and periapical radiograph by the dental officer, Iraq, dated 19 August 2015;
- A cone beam CT and endodontic consultation by the endodontist, dated 8 December 2015;
- An oral surgery operation record by the oral surgeon, dated 23 February 2016;
- An implant restoration record by the prosthodontist, dated 15 September 2016.

Your service

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

3 February 2008 and 14 June 2017

Teeth - Traumatic Crown Fracture

You have stated that your condition was caused by:

- *sustaining a direct blow to the affected tooth, mouth or face at the time of the clinical onset of traumatic crown fracture*
- *having a previous fracture or crack of the affected tooth before the clinical onset of traumatic crown fracture*
- *having a large restoration or endodontic treatment of the affected tooth before the clinical onset of traumatic crown fracture*
- *having sleep bruxism or habitual clenching for at least the 6 months before the clinical onset of traumatic crown fracture*
- *having dental caries involving the affected tooth at the time of the clinical onset of traumatic crown fracture*
- *having erosion of the affected tooth from frequent consumption of acidic drinks or from gastro-oesophageal reflux for at least the 6 months before the clinical onset of traumatic crown fracture*
- *having an increased incisal overjet of at least 6 millimetres, with incompetent lips, at the time of the clinical onset of traumatic crown fracture*
- *sustaining a further blow to the affected tooth after the clinical onset of traumatic crown fracture*
- *developing pulp necrosis or apical periodontitis in the affected tooth after the clinical onset of traumatic crown fracture*
- *having sleep bruxism or habitual clenching after the clinical onset of traumatic crown fracture*
- *having dental caries involving the affected tooth after the clinical onset of traumatic crown fracture*

Diagnosis: Traumatic Crown Fracture

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 21 August 2025, and is supported by a deployed dental treatment record and periapical radiograph by the dental officer, Afghanistan, dated 7 July 2012.

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:

- *sustaining a direct blow to the affected tooth, mouth or face at the time of the clinical onset of traumatic crown fracture*
- *having a previous fracture or crack of the affected tooth before the clinical onset of traumatic crown fracture*
- *having a large restoration or endodontic treatment of the affected tooth before the clinical onset of traumatic crown fracture*
- *having sleep bruxism or habitual clenching for at least the 6 months before the clinical onset of traumatic crown fracture*
- *having dental caries involving the affected tooth at the time of the clinical onset of traumatic crown fracture*
- *having erosion of the affected tooth from frequent consumption of acidic drinks or from gastro-oesophageal reflux for at least the 6 months before the clinical onset of traumatic crown fracture*
- *having an increased incisal overjet of at least 6 millimetres, with incompetent lips, at the time of the clinical onset of traumatic crown fracture*
- *sustaining a further blow to the affected tooth after the clinical onset of traumatic crown fracture*
- *developing pulp necrosis or apical periodontitis in the affected tooth after the clinical onset of traumatic crown fracture*
- *having sleep bruxism or habitual clenching after the clinical onset of traumatic crown fracture*
- *having dental caries involving the affected tooth after the clinical onset of traumatic crown fracture*

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 sudden severe pain and bleeding from the upper left central incisor, with a visibly fractured crown, exposed pink pulp, sensitivity to air and cold, and difficulty biting and eating on 3 July 2012.

The diagnosis was made by a deployed dental officer on 7 July 2012 on clinical examination, which showed a fracture of the crown of tooth 21 through enamel and dentine with a 1.5 mm pulp exposure, and on periapical radiography showing an oblique crown fracture 2 mm above the cemento-enamel junction with no root fracture. The patrol medic's record of 3 July 2012 documents the mechanism of injury and the exposed, bleeding pulp.

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

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 3 July 2012.

Teeth - Traumatic Crown Fracture (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 21 August 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 21 August 2025;
- An enlistment dental examination by the dental officer, dated 11 February 2008;
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- A cone beam CT and endodontic consultation by the endodontist, dated 8 December 2015;
- An oral surgery operation record by the oral surgeon, dated 23 February 2016;
- An implant restoration record by the prosthodontist, dated 15 September 2016.

Your service

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

3 February 2008 and 14 June 2017

Teeth - Traumatic Crown Fracture (Worsening)

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

- *inability to obtain appropriate clinical management for traumatic crown fracture*

Diagnosis: Traumatic Crown Fracture (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 21 August 2025, and is supported by a deployed dental treatment record and periapical radiograph by the dental officer, Afghanistan, dated 7 July 2012.

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:

- *inability to obtain appropriate clinical management for traumatic crown fracture*

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 sudden severe pain and bleeding from the upper left central incisor, with a visibly fractured crown, exposed pink pulp, sensitivity to air and cold, and difficulty biting and eating on 3 July 2012.

The diagnosis was made by a deployed dental officer on 7 July 2012 on clinical examination, which showed a fracture of the crown of tooth 21 through enamel and dentine with a 1.5 mm pulp exposure, and on periapical radiography showing an oblique crown fracture 2 mm above the cemento-enamel junction with no root fracture. The patrol medic's record of 3 July 2012 documents the mechanism of injury and the exposed, bleeding pulp.

After the condition arose, it was worsened during your service. On warlike service in Afghanistan in July 2012 there was no dental officer at your patrol base, so the exposed pulp was not treated for four days and became contaminated.

This has then led to further investigations and the diagnosis of your condition of *Traumatic Crown Fracture (Worsening)*. I have accepted your condition of *Traumatic Crown Fracture (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 19 August 2015.

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