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.

Tooth Decay (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 25 March 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 25 March 2025;
- A pre-embarkation dental examination by the dental officer, dated 14 July 1941;
- A prisoner of war camp dental notes by the prisoner dentist, Burma-Thailand Railway, dated 2 September 1943;
- A prisoner of war camp dental notes by the prisoner dentist, Burma-Thailand Railway, dated 10 June 1944;
- A repatriation dental examination and bitewing radiographs by the dental officer, dated 18 October 1945;
- A radiotherapy summary by the radiation oncologist, repatriation hospital, dated 13 April 1951;
- A dental record and periapical radiographs by the dental officer, field dental unit, Korea, dated 18 January 1952;
- A discharge dental examination by the dental officer, dated 22 August 1958.

Your service

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

2 October 1939 and 15 November 1958

Tooth Decay (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: Tooth Decay (Dental Caries)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 25 March 2025, and is supported by a prisoner of war camp dental notes by the prisoner dentist, Burma-Thailand Railway, dated 10 June 1944.

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 pain on eating sweet, hot and cold food in the upper right side of your mouth, with food packing in a cavity in the upper right first molar on 10 June 1944.

The diagnosis was made clinically by a dentist among the prisoners on 10 June 1944, on symptoms of pain with sweet and hot food and examination showing a cavity in 16 and a softened lesion on the exposed root surface of 15, and was confirmed by a service dental officer

with bitewing radiographs on 18 October 1945. This meets the Statement of Principles definition of tooth decay.

This has then led to further investigations and the diagnosis of your condition of *Tooth Decay (Dental Caries)*. I have accepted your condition of *Tooth Decay (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 10 June 1944.

Tooth Decay (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 25 March 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 25 March 2025;
- A pre-embarkation dental examination by the dental officer, dated 14 July 1941;
- A prisoner of war camp dental notes by the prisoner dentist, Burma-Thailand Railway, dated 2 September 1943;
- A prisoner of war camp dental notes by the prisoner dentist, Burma-Thailand Railway, dated 10 June 1944;
- A repatriation dental examination and bitewing radiographs by the dental officer, dated 18 October 1945;
- A radiotherapy summary by the radiation oncologist, repatriation hospital, dated 13 April 1951;
- A dental record and periapical radiographs by the dental officer, field dental unit, Korea, dated 18 January 1952;
- A discharge dental examination by the dental officer, dated 22 August 1958.

Your service

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

2 October 1939 and 15 November 1958

Tooth Decay (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: Tooth Decay (Dental Caries) (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 25 March 2025, and is supported by a prisoner of war camp dental notes by the prisoner dentist, Burma-Thailand Railway, dated 10 June 1944.

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 pain on eating sweet, hot and cold food in the upper right side of your mouth, with food packing in a cavity in the upper right first molar on 10 June 1944.

The diagnosis was made clinically by a dentist among the prisoners on 10 June 1944, on symptoms of pain with sweet and hot food and examination showing a cavity in 16 and a softened lesion on the exposed root surface of 15, and was confirmed by a service dental officer with bitewing radiographs on 18 October 1945. This meets the Statement of Principles definition of tooth decay.

After the condition arose, it was worsened during your service. The radiotherapy of March and April 1951 treated a buccal carcinoma at the site of tobacco use that had continued through your captivity, and the upper right teeth lay in the field. Severe radiation-induced xerostomia was continuous from April 1951 and persisted through your operational service in Korea from October 1951, a continuous period of more than 3 months within the 2 years before the worsening on 18 January 1952. In captivity from 1942 to 1945 and on operational service in Korea from 1951, you had no access to fluoride in water, toothpaste or supplements, continuously for more than 1 year within the 5 years before onset and before the worsening. In captivity from January to May 1944 you sucked palm sugar about 12 times a day, more than 30

minutes apart, for about five months before onset. You had smoked about 20 cigarettes a day since October 1939, about 4.5 pack-years by your onset in captivity on 10 June 1944 and about 12 pack-years by the worsening in Korea, and had not ceased. You chewed tobacco on more days than not from October 1939, through your captivity and into your operational service in Korea, more than 12 years before the worsening on 18 January 1952, and had not ceased. As a prisoner of war you had no means of cleaning your teeth from February 1942 to September 1945, continuously for more than 3 months within the 2 years before onset. As a prisoner of war you had no preventive professional dental care from July 1941 until October 1945, within the 5 years before onset on 10 June 1944. You were a prisoner of war of the Japanese from 15 February 1942 to 5 September 1945, held at Changi and in labour camps on the Burma-Thailand Railway, before the clinical onset on 10 June 1944, which occurred in captivity, and before the clinical worsening. MET.

This has then led to further investigations and the diagnosis of your condition of *Tooth Decay (Dental Caries) (Worsening)*. I have accepted your condition of *Tooth Decay (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 18 January 1952.

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.