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 Loss

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 26 August 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 26 August 2025;
- A field medical record (needle-stick injury) by the medical officer, Iraq, dated 7 August 2005;
- A dental record by the dental officer, dated 18 June 2006;
- A pre-deployment dental examination by the dental officer, dated 11 January 2010;
- A field medical record by the medical officer, Afghanistan, dated 2 March 2010;
- A maxillofacial assessment (orthopantomogram and CT) by Role 3 hospital, dated 14 May 2010;
- A dental record and periapical radiograph by the dental officer, dated 3 February 2011;
- A dental record and orthopantomogram by the deployed dental officer, Middle East Area of Operations, dated 2 April 2014;
- A radiotherapy completion summary by the radiation oncologist, dated 28 August 2015;
- A hepatology consultation by the hepatologist, dated 18 September 2017;
- An oral surgery record and orthopantomogram by the oral surgeon, dated 10 November 2017.

Your service

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

13 January 1997 and 28 September 2018

Tooth Loss

You have stated that your condition was caused by:

- *having dental caries in the affected tooth at the time of clinical onset*
- *having periodontitis in the periodontium supporting the affected tooth at the time of clinical onset*
- *having periodontal abscess of the affected tooth at the time of clinical onset*
- *having dental pulp and apical disease of the affected tooth at the time of clinical onset*
- *having a fracture of the affected tooth where the fractures involves the dentine before clinical onset*
- *having luxation of the affected tooth (partial or complete displacement of the tooth from its alveolar socket) at the time of clinical onset*
- *having traumatic avulsion of the affected tooth (total displacement of the tooth out of its alveolar socket) at the time of clinical onset*
- *having a fracture of the alveolar bone supporting the affected tooth before clinical onset*
- *undergoing a course of radiotherapy for head or neck cancer, where the affected tooth was in the field of radiation, within the 4 years before clinical onset*
- *having pericoronitis of the affected tooth at the time of the dental decision to extract the partially erupted tooth*
- *taking ribavirin at the time of clinical onset*

Diagnosis: Tooth Loss

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 26 August 2025, and is supported by a maxillofacial assessment (orthopantomogram and CT) by Role 3 hospital, dated 14 May 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 Loss (Reasonable Hypothesis) (No. 29 of 2025)

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

I am satisfied that you have met the following factor:

- *having dental caries in the affected tooth at the time of clinical onset*
- *having periodontitis in the periodontium supporting the affected tooth at the time of clinical onset*
- *having periodontal abscess of the affected tooth at the time of clinical onset*
- *having dental pulp and apical disease of the affected tooth at the time of clinical onset*
- *having a fracture of the affected tooth where the fractures involves the dentine before clinical onset*

- *having luxation of the affected tooth (partial or complete displacement of the tooth from its alveolar socket) at the time of clinical onset*
- *having traumatic avulsion of the affected tooth (total displacement of the tooth out of its alveolar socket) at the time of clinical onset*
- *having a fracture of the alveolar bone supporting the affected tooth before clinical onset*
- *undergoing a course of radiotherapy for head or neck cancer, where the affected tooth was in the field of radiation, within the 4 years before clinical onset*
- *having pericoronitis of the affected tooth at the time of the dental decision to extract the partially erupted tooth*
- *taking ribavirin at the time of clinical onset*

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 mouth, pain, swelling of the upper lip and gums, and loss of your upper front teeth, with difficulty eating and speaking on 14 May 2010.

The diagnosis was confirmed by clinical examination and imaging on 14 May 2010, when the maxillofacial surgeon recorded the avulsion of tooth 11, the luxation and extraction of tooth 21, the loss of the crown and removal of the root of tooth 12, and an anterior maxillary alveolar fracture, confirmed on orthopantomogram and CT. Each later loss was confirmed by a dental officer at the time of extraction, with radiographs showing the underlying cause: deep caries and periapical disease in 46, severe periodontal bone loss in 36, a partially erupted 38 with pericoronitis, and radiation caries in 47.

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

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 14 May 2010.

Tooth Loss (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 26 August 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 26 August 2025;
- A field medical record (needle-stick injury) by the medical officer, Iraq, dated 7 August 2005;
- A dental record by the dental officer, dated 18 June 2006;
- A pre-deployment dental examination by the dental officer, dated 11 January 2010;
- A field medical record by the medical officer, Afghanistan, dated 2 March 2010;
- A maxillofacial assessment (orthopantomogram and CT) by Role 3 hospital, dated 14 May 2010;
- A dental record and periapical radiograph by the dental officer, dated 3 February 2011;
- A dental record and orthopantomogram by the deployed dental officer, Middle East Area of Operations, dated 2 April 2014;
- A radiotherapy completion summary by the radiation oncologist, dated 28 August 2015;
- A hepatology consultation by the hepatologist, dated 18 September 2017;
- An oral surgery record and orthopantomogram by the oral surgeon, dated 10 November 2017.

Your service

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

13 January 1997 and 28 September 2018

Tooth Loss (Worsening)

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

- *inability to obtain appropriate clinical management for tooth loss before clinical worsening*

Diagnosis: Tooth Loss (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 26 August 2025, and is supported by a maxillofacial assessment (orthopantomogram and CT) by Role 3 hospital, dated 14 May 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 Loss (Reasonable Hypothesis) (No. 29 of 2025)

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

I am satisfied that you have met the following factor:

- *inability to obtain appropriate clinical management for tooth loss 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 bleeding from the mouth, pain, swelling of the upper lip and gums, and loss of your upper front teeth, with difficulty eating and speaking on 14 May 2010.

The diagnosis was confirmed by clinical examination and imaging on 14 May 2010, when the maxillofacial surgeon recorded the avulsion of tooth 11, the luxation and extraction of tooth 21, the loss of the crown and removal of the root of tooth 12, and an anterior maxillary alveolar fracture, confirmed on orthopantomogram and CT. Each later loss was confirmed by a dental officer at the time of extraction, with radiographs showing the underlying cause: deep caries and periapical disease in 46, severe periodontal bone loss in 36, a partially erupted 38 with pericoronitis, and radiation caries in 47.

After the condition arose, it was worsened during your service. On warlike service in Afghanistan in 2010 and in the Middle East in 2014 no dentist was available: the caries in tooth 46 was left with a temporary dressing from 2 March 2010, and the abscess on tooth 36 was managed with antibiotics alone for three weeks.

This has then led to further investigations and the diagnosis of your condition of *Tooth Loss (Worsening)*. I have accepted your condition of *Tooth Loss (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 14 May 2010.

service details and clinicians are invented. It is not a decision of the Department of Veterans' Affairs.