

# Monash Health Referral Guidelines

## SPECIALIST DENTAL UNIT

### Monash Medical Centre, Clayton

#### EXCLUSIONS

- Patients assessed as suitable for treatment in a Dental Health Services Victoria (DHSV) clinic or in a community practice setting
- Patients who **DO NOT** possess any of the following conditions:
  - Cleft lip and palate and craniofacial anomalies
  - Complex neurological disease
  - Dento-alveolar trauma requiring emergency management
  - Dental infection and abscesses requiring emergency management
  - Intellectual and physical impairment requiring special management
  - Oral cancer requiring dental rehabilitation
  - Oral mucosal diseases
  - Organ transplant and immunosuppression
  - Significant valvular or ischaemic heart disease requiring cardiology support
  - Thalassemia major or blood dyscrasias

#### CONDITIONS

[General Dental](#)

[Oral Medicine and Pathology](#)

[Paediatric and Special Needs Dental](#)

[Cleft Orthodontics](#)

#### PRIORITY

All referrals received are triaged by **Monash Health clinicians** to determine **urgency of referral**.

##### EMERGENCY

For emergency cases please do any of the following:

- send the patient to the Emergency department OR
- Contact the on call registrar OR
- Phone 000 to arrange immediate transfer to ED

##### URGENT

The patient has a condition that has the potential to deteriorate quickly with significant consequences for health and quality of life if not managed promptly.

##### ROUTINE

The patient's condition is unlikely to deteriorate quickly or have significant consequences for the person's health and quality of life if the specialist assessment is delayed beyond one month

Head of unit:  
Mr Christopher Poon

Program Director:  
Mr Alan Saunder

Last updated:  
21/02/2019

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### Monash Medical Centre, Clayton

#### REFERRAL

How to refer to  
Monash Health

#### Mandatory referral content

##### Demographic:

Full name  
Date of birth  
Next of kin  
Postal address  
Contact number(s)  
Email address  
Medicare number  
Referring GP details  
including **provider number**  
Usual GP (if different)  
Interpreter requirements

##### Clinical:

Reason for referral  
Duration of symptoms  
Management to date and response to  
treatment  
Past medical history  
Current medications and medication  
history if relevant  
Functional status  
Psychosocial history  
Dietary status  
Family history  
Diagnostics as per referral guidelines



[Click here](#) to download the outpatient referral form

#### CONTACT US

##### Medical & Dental practitioners

To discuss complex & urgent referrals  
contact on call Dental registrar via  
hospital switchboard

**P: 1300 342 273**

##### General enquiries

Phone: 1300 342 273

##### Submit a fax referral

Fax referral form to Specialist Consulting  
Services: 9594 2273

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# GENERAL DENTAL

## GENERAL DENTAL

## WHEN TO REFER?

### Presentation

- Painful teeth/tooth
- Signs of infection (facial or gum swelling / abscess)
- Dental Trauma
- General dental conditions – decay, gum diseases
- Complex root canal treatment required
- Acute / Aggressive gingival / periodontal conditions
- Gingival hyperplasia
- Acute Necrotising Ulcerative Gingivitis (ANUG)
- Dental rehabilitation following oral cancer treatment
- Congenital abnormalities of the dentition in patients with cleft and craniofacial anomalies
- Obstructive sleep apnoea (OSA)

### Initial GP Work Up

- Medical history is paramount
- Further details related to their complaint, previous treatment history, dental condition, occlusion
- Radiograph – OPG
- Sleep study results (for those with OSA)

### Management Options for GP

#### Dental infections

- Infections can quickly become serious and life threatening due to airway obstruction.
- Early referral to Dental services can prevent major infections

#### Dental Trauma

- Prognosis often dependent on actions taken at the place of accident
- Don't delay in seeking dental treatment
- Dental trauma fact sheets
  - [Australian Dental Association](#)
  - [International Association of Dental Traumatology](#)

#### Emergency

Dental trauma

#### Urgent

Dental infections

#### Routine

- Dental maintenance – decay and gum disease
- Replacement of missing teeth

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# ORAL MEDICINE/PATHOLOGY

## ORAL MEDICINE/PATHOLOGY

## WHEN TO REFER?

### Presentation

- Ulceration (more than two weeks or recurrent)
- White/red/mixed/pigmentary patches of the oral mucosa that are non removable
- Angular cheilitis
- Oro-facial pain of non-dental origin (burning mouth syndrome, trigeminal neuralgia and unexplained orofacial pain)
- Dry mouth and other symptoms related to the salivary glands
- Soft/Bony tissue swelling of the oro-facial region
- Oro-facial manifestations of systemic disease
- TMD (Temporo-mandibular disorders that require non surgical management)

### Urgent

Early referrals for suspected malignant lesions

### Routine

All other conditions

### Initial GP Work Up

- Details of the patient's concern, current dental condition, history of the presenting complaint
- Photos of the lesion (if possible)
- Medical history is paramount
- Radiograph – OPG

### Management Options for GP

- Early referrals for suspected malignant lesions
  - Non-healing ulcer present for more than two weeks
  - A lump or thickening in the oral mucosa
  - A white or red patch on the gums, tonsils, or lining of the mouth
  - Numbness of the tongue or other area of the mouth
  - A lump or mass in the neck
  - Weight loss

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# PAEDIATRIC AND SPECIAL NEEDS DENTAL

## PAEDIATRIC AND SPECIAL NEEDS DENTAL



## WHEN TO REFER?

### Presentation

- Patients with an intellectual and physical disability that requires general dental care
- Paediatrics patients that present with a medically compromised condition that would require general anaesthetic for dental management
- Patients that would require general anaesthetic for dental treatment (strict criteria apply depending on referral details)

### Initial GP Work Up

- Details regarding patient's concerns, current dental condition, previous treatment history
- Medical history is paramount
- Radiograph – OPG

### Management Options for GP

- Early referrals required if patients present with behavioural indications of pain in their mouth
- Would require dental management due to their intellectual or physical condition and difficulty of being examined in the dental chair (depending on referral details)

### Emergency

Dental trauma

### Urgent

Dental infections

### Routine

Patients meeting medical referral criteria requiring preventative and continuing care of oral hygiene, maintenance, and cleaning of teeth and gums

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# ORTHODONTICS

## ORTHODONTICS

## WHEN TO REFER?

### Presentation

- Individuals with cleft lip and/or palate or other craniofacial anomalies

### Initial GP Work Up

- Details of the patient's complaint, current dental condition and occlusion
- Medical history is paramount
- Radiograph – OPG (within 6 months)

### Management Options for GP

- Referrals can be made when patient is in their *primary or mixed* dentition
- Ensure patient maintains good oral hygiene

### Routine

Patients with cleft and craniofacial anomalies meeting medical referral criteria for aligning or straightening teeth

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