Referral to the Royal Dental Hospital of Melbourne Procedure

Statement

The Royal Dental Hospital of Melbourne (RDHM) accepts referrals from external public and private health practitioners, as well as internal referrals, to the Primary Care (Emergency Services and Dental Teaching Clinic) and Specialist Care Units. Services are provided by DHSV health care professionals, as well as specialists and clinicians in training from the Melbourne Dental School and RMIT University.

Purpose

This procedure outlines the requirements for referral (clinical handover) of patients to RDHM to ensure the planning and delivery of care that is appropriate, well communicated, documented, and coordinated.

Referral of eligible clients occurs under the following circumstances:

- Emergency referral/transfer
- Referral to a RDHM for general dental care within the Dental Teaching Clinic (DTC)
- Referral to a RDHM for specialist dental care

Scope

This procedure applies to all staff, contractors, students, specialists-in-training and supervisors providing care for clients of DHSV and is relevant to the care of all patients (including those with additional health care needs) referred or transferred to RDHM.

Definitions

Eligibility	The criteria clients are required to meet to receive oral health care at RDHM
Priority Access	Identified community groups are given priority to receive public oral health care. This includes being offered the next available appointment and skipping the waiting list.
Student	A person undertaking studies with the Melbourne Dental School or RMIT University and on clinical placement and training in the RDHM Dental Teaching Clinic to become one of the following: • a dental hygienist • a dental therapist • a dentist • an oral health therapist, or, • a prosthetist
Titanium	The electronic patient management system used in all community dental agencies including RDHM.
Referring health practitioner	A registered health practitioner as recognised in Australia, from either the dental or medical field.
Community dental agency	Community health agencies delivering public oral health care to eligible individuals.
Emergency Care Demand Management System	The triage assessment questionnaire will determine the urgency by categories 1-5 with an expected maximum timeframe for care provided.
People with additional health care needs	People with circumstances or requirements surrounding their oral care or where oral health influences and impacts on the outcome of their treatment. (National Oral Health Plan 2015-2024). This may include people that have a developmental condition (such as autism spectrum disorder or ADHD), intellectual disability, physical or psychiatric condition or are medically compromised (such as hospital inpatients or outpatients) including frail and functionally dependent older adults.
Frail and functionally dependent adults	Adults requiring assistance from others to enable them to continue living in the community or adults living in residential aged care facilities.
Medical Treatment Decision Maker (MTDM)	When a person does not have the capacity to make a medical treatment decision themselves, a Medical Treatment Decision Maker (MTDM) may be appointed as someone to speak for the person and to make a medical treatment decision on that

	person's behalf. The Office of the Public Advocate defines who may be appointed and act as a MTDM.

Principles

Eligibility

Oral Health care services at RDHM are available to clients who meet the eligibility requirements to receive treatment as outlined in the Department of Health Eligibility and priority access for public dental services policy.

Exceptions

DHSV may offer specialist services to clients outside the eligibility requirements if:

- Emergency treatment is required under general anaesthesia (refer to Summary of RDHM Patient fees)
- The case is exceptional and beneficial as a teaching case for specialist-in-training programs. Enquiries regarding exceptions can be made through initial contact with Patient Access on (03) 9341 1000 who will forward the request to the appropriate area for consideration.

Eligibility whilst Waiting for Care

Patients meeting the eligibility criteria for public dental care can be found on the Victorian department of health website www.health.vic.gov.au/dental-health/access-to-victorias-public-dental-care-services.

Eligibility for Specialist services at RDHM applies to patients eligible for public dental care who also meet the clinical criteria for the relevant specialist clinic.

A course of care commences once a client is removed from the waiting list and attends for an initial appointment. If the concession card eligibility expires whilst waiting for care, the referred treatment will be honoured and completed. However, if a further course of care is required, the client may be offered referral to a private practitioner.

Fees

Referring practitioners should ensure all clients understand that fees will be charged for most specialist treatments, including screening visits that may or may not lead to treatment. The fees (or co-payments) for clients receiving DHSV specialist or emergency services (regardless of age), are based on the Department of Health Public Dental Fees Policy. Further information regarding fees can be found at Victoria's public dental care fees - health.vic.

Information outlining the patient fees payable for care received at RDHM is contained in the Royal Dental Hospital of Melbourne Patient Fees Procedure (143632_v3.2.pdf (amazonaws.com)). The fee schedule can be found in Attachment 1 of the Procedure. Note: Fees are subject to change annually.

The client will be informed of the first visit fee when contacted to make the initial appointment. Once the treatment plan is determined, the client will be provided with a fee estimate and asked for financial consent. The cost of treatment to the client may influence which care option they choose.

All treatment provided in the Dental Teaching Clinic is free of charge. In cases where it is identified that the client requires additional treatment in Primary care or a Specialist Care unit, fees may apply as outlined above.

Procedure

Referral/Transfer for Emergency Care

Emergency dental care is available to all people through The Royal Dental Hospital of Melbourne (RDHM) 365 days a year. Severity and priority of emergency care is assessed in accordance with the Emergency Care Demand Management system, or Triage Tool, as developed by DHSV in partnership with Community Dental Agencies and the Victorian Government. The triage assessment will determine the urgency by categories 1-5 with an expected maximum timeframe for care provision.

1. Transfer from a community dental agency

    If community dental agencies are unable to provide care according to the required triage timeframe, they may provide the client with the option to:

    - Access care through a private dental provider using a Victorian Emergency Dental Scheme voucher (VEDS)

- Transfer care to the RDHM Primary Care clinic (Only feasible for metropolitan community dental agencies).

This transfer/referral can be initiated by:

a. Requesting emergency care by phone.

- The agency calls RDHM on (03) 9341 1000 to arrange an appointment on behalf of the client.

- Details regarding the urgency of care are provided verbally to RDHM staff and the Consumer Information – Emergency Assessment Referral to RDHM (CI-EAR) is faxed to RDHM. This form includes details regarding the client identification, referring agency, and the urgency for care triage outcome.

b. Requesting emergency care in person.

- The agency calls RDHM on (03) 9341 1000 to arrange an appointment on behalf of the client.

- The client will be provided with a copy of the (CI-EAR) form to present at RDHM.

A record of the referral source will be made in the episode of care created in the RDHM electronic patient management system, Titanium. On presentation, the client's full details will be updated in Titanium.

People with additional health care needs who present without an appointment at RDHM will be triaged and have their care attended to. Wherever possible, RDHM encourages prior warning by telephone before the client's arrival (phone 03 9341 1000).

If requesting treatment for an **urgent dental problem** including bleeding, trauma and facial swelling, clients who would usually receive dental care within the Paediatric dentistry or ISND Units will be assessed by triage staff and receive priority care. The client will be treated in a Primary Care setting or referred to the appropriate specialist unit as required.

Consent must be obtained for people with additional health care needs attending for Emergency Care.

2. Transfer from a public / private health practitioner

- Clients eligible for public dental services can be referred to their closest community dental agency, including RDHM, by any health practitioner for emergency care.

- All clients are eligible for urgent emergency care at RDHM regardless of their eligibility for public dental services. Fees may apply for clients not eligible for public dental services.

- The locations of these clinics can be found at: www.rdhm.org.au

3. From an acute public hospital

RDHM have an arrangement with The Royal Melbourne and St Vincent's Hospital for the acute diversion of client for emergency or urgent dental care. These clients are provided with a discharge summary letter and access to care is determined as per referral outlines for urgent dental care.

Referrals to the Dental Teaching Clinic

RDHM supports the education of future dental practitioners through its Dental Teaching Clinic (DTC), where students provide dental treatment to members of the community under the supervision of a registered dental practitioner.

All treatment provided in the Dental Teaching Clinic is fee exempt and generally waiting times are shorter. In cases where it is identified that the client requires additional treatment in a specialist clinic, fees may apply.

Referral to RDHM Dental Teaching Clinic (DTC) may arise as

- Self-referral: initial screening consultation may be required to determine suitability for treatment prior to clients being added to DTC waitlist and provided a clinic information sheet.

- DTC referral (Internal): Referred by RDHM practitioner and automatically accepted and added to the DTC waitlist. Referring Clinician advises the client of wait times when arranging referral.

- Specialist Care referral: In circumstances where a client referral to Specialist Care is rejected transfer to DTC may be considered. The specialist unit sends a letter advising the client was rejected for specialist

care and with the clients consent transferred to DTC. The DTC Referral is screened by a DTC senior dentist to assess suitability and added to the waitlist.

If the client is unsuitable for treatment in the Dental Teaching Clinic, the client and the referring clinic will receive a letter of explanation and the client may be directed to return to the referring clinic.

Referrals to Specialist Care Units

RDHM Specialist Units include:

Oral Medicine	Paediatric Dentistry	Periodontics
Prosthodontics	Endodontics	Orthodontics
Oral and Maxillofacial Surgery	Integrated Special Needs Dentistry	

Clients for specialist care can be referred to RDHM by a health practitioner in circumstances where the client:

- Requires specialist level of care

- Is assessed to meet the referral criteria for the selected specialist unit (refer to Appendix), and,

- Agrees to be referred to RDHM for specialist treatment.

Following receipt of the referral, the information will be reviewed/screened by the Specialist Unit and a decision made to accept or reject the referral.

- Accepted referrals are placed on the appropriate clinic waiting list.

- The client and the referring practitioner will receive written confirmation of whether the referral has been accepted, rejected or if further information is required.

- In some circumstances a screening/assessment consultation is arranged to evaluate if the treatment need is suitable for care at RDHM and therefore if the referral is accepted.

The referring practitioner:
- Must accept ongoing responsibility for the client's general dental management at all times including while waiting for specialist care, to ensure the continuity of care for all clients referred for specialist services

- Will receive a discharge summary on completion of specialist treatment.

Specialist services may be offered to clients not eligible for public treatment in exceptional cases and where a benefit can be demonstrated (for example uncommon presentations that would provide an opportunity for postgraduate teaching). Specialist services to non-eligible clients attract full fees.

Referrals to Day Surgery Unit

Patients requiring day surgery are referred internally to the RDHM Day Surgery Unit (DSU) via the relevant specialist clinic at RDHM:
- Paediatric Dentistry
- Oral and Maxillofacial Surgery
- Integrated Special Needs Dentistry

Following receipt of the referral, the information will be reviewed/screened by the Day Surgery Unit and a decision made to accept or reject the referral.

- Accepted referrals are placed on the waiting list.

- The client and the referring practitioner will receive written confirmation of whether the referral has been accepted, rejected or if further information is required.

- In some circumstances a screening/assessment consultation is arranged to evaluate if the treatment need is suitable for Day Surgery and therefore if the referral is accepted.

The referring practitioner:
- Must accept ongoing responsibility for the client's general dental management at all times including while waiting for care, to ensure the continuity of care for all clients referred for Day Surgery services

Assessment for treatment provided under general anaesthesia (GA)

- In some circumstances the provision of care for people with additional health care needs may require treatment to be provided under GA. In all cases the client is required to attend a consultation appointment in the Paediatric dentistry or ISND Unit to develop a   treatment plan prior to referral for treatment under GA at either RDHM Day Surgery Unit (DSU) or a tertiary hospital.

- Copies of relevant recent radiographs need to be provided. If requesting radiographs are performed at RDHM, the area or teeth of interest must be noted. This will assist and guide Radiology staff to gain the best possible radiograph(s).

- For treatment under a GA, the relevant medical questionnaire needs to be completed and returned to the DSU booking office. This will be given to the client or carer at the consultation appointment for completion.

- Once the GA medical questionnaire has been reviewed by a member of the DSU clinical team, a pre-anaesthetic consultation may be required. The anaesthetist will decide if the client is able to be treated in the RDHM Day Surgery Unit or whether referral to another medical facility is required.

Making a Referral

Referral form - A referral is to be made on the RDHM Dental Services Referral Form for the relevant clinic which can be found:

- on the RDHM website for private referrers www.rdhm.org.au, or

- by using the *Create patient letter* icon in the Titanium Patient Management System for community dental agencies as per the Quick Reference Guide: RDHM Referral.

If a client requires comprehensive care (more than one specialty), the referring practitioner may request consultation in multiple specialist areas but should nominate ONE specialist area as the primary contact. This specialty will then refer to other clinics, where necessary.

Referral Criteria - Acceptance for care is dependent on the applicable referral criteria as specified within the RDHM Dental Service Referral Form for each Unit (Also refer to Appendix).

Information Required - All sections of the referral form are to be completed. Failure to provide adequate detail or the information required by the referring practitioner will delay the referral process. The referral will be returned to the referrer with a request to provide the missing information. All referrals should be forwarded as per instructions on the referral form (Also refer to Appendix).

For further advice or assistance please call Patient Access on (03) 9341 1000.

Referrals to Specialist Services - Referrals to Specialist Services fall into three categories, as outlined below. Referring practitioners are required to indicate the category the referral falls under on the referral form.

Specialist Consultation and Examination only - to provide advice or diagnosis and treatment planning for a particular client but returns the client to the referrer for treatment.
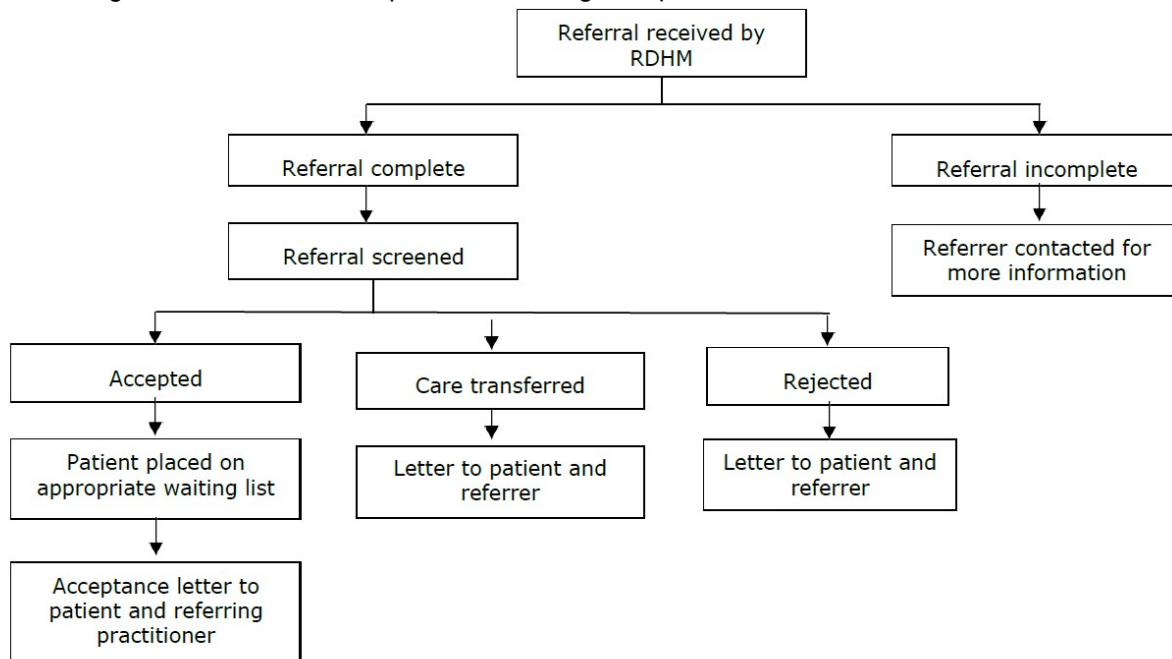
Specific Treatment - The specialist provides treatment in a particular area. The guidelines for each specialist area can be found in the RDHM Dental Services Referral Form in:

- The Titanium Patient Management System

- The RDHM website

Comprehensive care- Where treatment needs are beyond the attending practitioner's resources or capabilities (may involve referral to multiple areas).

Process of Referrals

The following flowchart outlines the process following receipt of referrals.

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                          Referral received by
                                RDHM
                          /                  \
              Referral complete          Referral incomplete
                     |                           |
              Referral screened          Referrer contacted for
                                            more information
          /          |           \
     Accepted   Care transferred   Rejected
         |            |               |
  Patient placed   Letter to       Letter to
  on appropriate   patient and     patient and
   waiting list    referrer        referrer
         |
  Acceptance letter to
   patient and referring
      practitioner
```

Referral Priority

Referrals are screened by a senior dental practitioner within the relevant clinic. Referrals for priority specialist care can be expedited. However, the referring practitioner should review and coordinate the client's general dental needs as soon as possible to ensure an overall treatment plan has been developed and implemented.

Offer of Appointment for Screening Consultation

Acceptance to the Orthodontic, Prosthodontic and Dental Teaching Clinic may be subject to a screening consultation. This consultation will determine if the treatment need is suitable for care at RDHM and therefore if the referral is accepted. This screening appointment should not be considered automatic acceptance for treatment. Alternate treatment options will be discussed if the referral is not accepted.

Referral Acceptance

Once a referral is accepted, the client is placed on the appropriate waiting list. When the client comes to the top of the waiting list they will be contacted to make an appointment. The RDHM dental practitioner will determine suitable treatment options available to the client and the urgency of such treatment at the first visit. Prior to referral, referring practitioners are asked to discuss the various treatment possibilities with the client to ensure their treatment expectations remain realistic. This is particularly important where complex care such as prosthodontic and orthodontic treatment.

Referrals received in error

Any referral received at RDHM and addressed to another health service or health professional not appointed to work at RDHM, is to be returned to the original referrer. Subsequently, if the referral is received again it may only be accepted by RDHM for processing if the referring health service includes a cover letter stating that the referral has been re-directed with approval of both the original referrer and the client.

Accessing Care for People with Additional Healthcare Needs

Accessing care

- Specialist referral enquiries to either the Paediatric dentistry or ISND Units should be directed to the appropriate RDHM Referral form on the RDHM webpage. A hard copy can be downloaded from the website and faxed if required. The referral must include a current medical summary to be completed by the client's medical practitioner prior to referral. For paediatric clients the medical history may be provided by the child's parent or carer.
- All information must be completed and returned to the RDHM Patient Access Centre.

- The referral will be forwarded to the Paediatric dentistry or ISND Units for assessment. Confirmation of the referral assessment outcomes will be communicated to the client (and their medical treatment decision maker (MTDM) if they have one) and their referring clinician.
- Assessing eligibility, establishing priority access (triage), and identifying physical access (transport) may be further explored either by a telephone call or telehealth video consultation with the patient and/or their support team.

Consent

- Consent for dental examination must be provided within the referral form. Implied or expressed consent for examination is provided by the client, or parent/guardian in the case of a child. In situations where the client does not have the capacity to provide consent or the clinician is not satisfied that the person has capacity to provide informed consent to examination, consent will need to be provided by the medical treatment decision maker. If the client uses an augmentative and alternative communication (AAC) device or other non-verbal communication methods, these will be accommodated during the consult and included when considering capacity to provide consent.
- Information defining the medical treatment decision maker (MTDM) from the Office of the Public Advocate is also provided within the RDHM Referral forms. The Office of the Public Advocate fact sheet defines who is able to provide consent as the medical treatment decision maker

Wheelchair Transfer

- DHSV has a no-lift policy, which means clients may need to be examined in their wheelchair. In cases where transfer to a dental chair is required, it is the responsibility of the client and/or the accompanying carer to do so.

- If appropriate, clients can be transferred from their wheelchair to the dental chair using transfer hoist. Pre-visit booking of the hoist is essential.

Carers

- Each person with additional health care needs that usually has a support person must be accompanied by that person at every appointment for the duration of the appointment. The support person may be a family member, Person Responsible or paid carer. DHSV staff members are not able to assist with toileting.

Service for Clients from Rural / Remote Areas

Victorian Patient Transport Assistance Scheme - Clients needing access to specialist services who live more than 100km from the hospital are eligible to claim a subsidy from the Department of Health for travel and accommodation. Claim forms must be signed by the referring practitioner and the treating specialist before the client can lodge a claim. Claims can only be lodged after the client has attended the appointment. For further details regarding eligibility please contact:

> Victorian VPTAS Office
> PO Box 712
> Ballarat VIC 3350
> Toll free telephone: 1300 737 073

Non-Emergency Ambulance Transport assistance

NEPT is available for clients who require active clinical monitoring/care or clinical supervision during transport. This is provided by a paramedic, health professional or qualified patient transport officer or attendant and is not a time critical ambulance response.

Please refer to the *Non-emergency Patient Ambulance Transport procedure*.

Other important referral acceptance considerations include:

Demonstrated Oral Hygiene and Health

Commencement of elective specialist treatment, particularly Prosthodontics, Endodontics and Orthodontics, is dependent on sound management of the client's general dental care. This includes all pain relief and temporary restorations and the client's demonstrated ability to maintain good oral hygiene and periodontal health.

Clients are required to:

- Travel to RDHM for treatment

- Keep appointments and be on time - If a client consistently fails to attend appointments they will be notified that they will need to reapply for a new referral to be seen for specialist treatment. The referring practitioners will be notified if this affects one of their clients.

- Be easily contactable by phone

- Agree to pay fees, where required.

  - Understand and accept that they have been referred to be treated by students (If they have been referred to see students in the Dental Teaching Clinic)

Completion of Treatment

Once specialist treatment is completed the client and referring practitioner will receive a discharge letter detailing the treatment provided, any medical/oral issues noted during treatment, and details of any additional ongoing care required on behalf of the referring practitioner. This is especially relevant for clients receiving care under General Anaesthesia (GA). All specialist clinicians (from either Paediatric Dentistry or ISND Units) will provide a discharge letter on completion of care to the referrer and client, their carer, family and/or MTDM.

Recalls

Recalls may be appropriate for patients, including those with an additional health care need, and may be set on a recurring basis, at appropriate intervals.

Aligned Documents

RDHM Waitlist Management Procedure	DHSV0240331 2024
Clinical Care Policy	DHSV0145521 2022
Access to Care Framework	DHSV0183548 2022

Related External Documents

ACSQHC. 2018. National Standard 1: Clinical Governance

ACSQHC. 2018. National Standard 2: Partnering with Consumers

ACSQHC. 2018. National Standard 5: Comprehensive Care

ACSQHC. 2018. National Standard 6: Communicating for Safety

Appendix

Appendix 1 - Guidelines for Referral for Specialist Care Services.
Appendix 2 - Quick Reference Guide Emergency and Urgent Referrals

References

Department of Health and Human Services Eligibility and priority access for public dental services policy
Department of Health and Human Services Public dental urgent denture care wait list policy
Department of Health and Human Services Public dental non-urgent care wait list policy
Department of Health and Human Services Public Dental Fees Policy, September 2014
Informed Consent Policy and Procedure
Non-emergency Patient Ambulance Transport procedure. Emergency Triage Procedure
Royal Dental Hospital of Melbourne Patient Fees Procedure

Approved by	**Date approved**	**Document owner**	**Revision date**
RDHM Operations Committee	October 2024	RDHM COO	27 Oct 2027

Replaces:

Referral to the Royal Dental Hospital of Melbourne Policy [PO-35]

Access to Care for People with Additional Health Care Needs Procedure

Appendix 1 – Guidelines for Referral for Specialist Care Services

Introduction

Specialist dental services can be provided by The Royal Dental Hospital of Melbourne (RDHM) through referral only for eligible patients. This document introduces the scope for each discipline, as well as the acceptance and exclusion criteria. All referring dental practitioners are advised to review this document carefully when considering a specialist referral.

Specialist Care Services – RDHM

Department of Oral Medicine and Surgery (Oral Med & Surg)	Department of Integrated Specialist Care (ISC)
1. Oral and Maxillofacial Surgery 2. Oral Medicine	3. Endodontics 4. Integrated Special Needs Dentistry 5. Orthodontics 6. Paediatric Dentistry 7. Periodontics 8. Prosthodontics

Specialist Care Services

RDHM may provide the following specialist services via referral:
- Clinical opinion
- Assistance in developing treatment plans
- Active treatment/management
- Telehealth

Specialist Referral Urgency

The referring practitioner should be familiar with the urgency descriptors and criteria in Table 1 when completing patient referral forms:
- **Urgency 1** – Infection, Pathology and Trauma
- **Urgency 2** – Pain, Medically-associated reasons for referral
- **Urgency 3** – Elective or non-elective care for oral dysfunction and /or disease stabilisation

RDHM screening practitioners will make a clinical determination and assign a prioritisation based on referral urgency.

Specialist Care Pathway

The following steps are the pathways for patients to receive specialist care as a result of referral to RDHM:
- Submission of the Unit specific Referral form(s) and the required supporting documentation.
- Referral receipt and action ie Acceptance or Rejection.
- Accepted referrals will be placed on waitlist with prioritisation based on urgency and clinical presentation.
- While on Specialist Care waitlist any emergency, general or supportive care should be provided at their community dental agency (CDA).
- When off the waitlist, patients will receive an assessment – which in most cases includes an examination and an outline of treatment options.
- In some cases, a multidisciplinary approach involving other RDHM specialist units will be required.
- A final treatment plan will involve a shared decision making process (including informed consent) prior to the commencement of any treatment. The treatment plan will outline the sequence of care, including the need for multiple appointments, and any fees requirements.

Note: For a multidisciplinary comprehensive care plan, fees will be associated with a course of care in each of the involved Specialist units.

Table 1 - Referral indication of Urgency for Specialist Care

For Referring Practitioners		
Urgent Care		
Urgency	**Descriptors**	**Criteria**
1	**Infection**	• Symptomatic infection with significant impact on general health - medically compromised adults and children • Documented increase in the difficulty in the medical management of co-morbid conditions with likely oral cavity source • Facial Cellulitis and/or signs and symptoms of systemic infection (febrile and tachycardia) *Note – client likely referral or managed in Paediatrics. OMS. ISND, Perio.*
	Pathology	• Suspicious pathology e.g. ulceration > 2 weeks, potential malignancy, cysts, tumours of the jaws with signs+/- symptoms • Complication of surgery- non healing socket, nerve injury, infection, suspected MRONJ *Note – client likely referred to Oral Med. OMS, Paediatrics*
	Trauma	• Time-sensitive trauma management following Emergency care. • Tooth or roots pushed into a sinus or other space *Note – client likely referral or managed in Paediatrics. OMS. Endo*
2	**Pain**	• Swelling in the Mouth • Specialist level pain management is required: pain of suspected dental origin causing disturbed sleep (long-term pharmacological management) – *Clients of any age who have additional needs (physical or intellectual disability, pre-cooperative aged children and/or dental/needle phobia)* • *Note – clients likely referred to Paediatrics, ISND. Oral Med*
	Medical Referral	• Patients referred from a specialist medical practitioner requiring specific medical care (e.g. radiotherapy, chemotherapy, organ transplant, heart surgery or urgent assessment for specialist service). *Note – client likely referred to Paediatrics. Perio. OMS. ISND*
	Medically compromised for routine care	• Medically compromised clients (complex medical comorbidities, immunocompromised, on bone modifying drugs or on chemo/radiotherapy requiring routine dental treatment). *Note – client likely referral or managed in OMS. Paediatrics. Perio. ISND*
	Dental "fitness" prior to medical Treatment	• Dental assessment and treatment prior to Time Sensitive General Health Treatment requiring Dental Specialist Intervention - *Needs to be outside the scope of general dentist. (eg. requiring behavioural. management or oral surgery)* *Note – client likely referred to OMS, Paediatrics, ISND*
Non-urgent Care		
3	**Non-Elective care** **Stabilisation management oral dysfunction and/or disease stabilisation**	• Limitations in chewing/speaking/smiling OR uncontrolled dental disease OR unstable treatment phase • asymptomatic or mild symptoms controlled with self-management and alternate support is considered such as tele-dentistry *Note – client likely managed in Paediatrics. Ortho. ISND. Endo. Perio*
	Elective Care	• Elective procedures can be delayed with minimal/no clinical risk. *Note – client likely referral or managed in all specialist units*

Discharge from Specialist Care

On completion of specialist care, the RDHM course of care will be closed, and the patient returned to their referring clinics.

A discharge summary letter will be sent to the referring practitioner and a copy provided to the patient. The discharge summary will contain:

- Details of the treatment and/or the placement of implantable devices,
- Confirmation that the referring dental agency will be responsible for ongoing maintenance.

Referral form requirements and Discipline specific Checklists

Patients being referred will need a completed referral form(s) and the required supporting documentation. Some specialist care units require additional supporting information in order to better assess referrals. The following units have developed discipline-specific checklists that needs to be completed by the referring practitioner contained in the referral forms:

- Oral Medicine – Oral Mucosal referrals
- Orthodontics – Description of Malocclusion
- Paediatric Dentistry – Caries Management and Special Needs Patients

Complex Prosthodontic and Dental Implant Therapy

A major challenge for public dental services (RDHM and CDA's), is the increasing number of people presenting with a history of complex prosthodontic care, often provided outside of Victoria's public system. A proportion of these patients are referred to the RDHM specialist care with an unrealistic expectation that they will receive rehabilitation of similar complexity. It is an important principle that access to specialist care is provided equitably and therefore referring practitioners should gauge and manage their patient's expectations before referring including information that:

- they should not expect or commit to a particular treatment modality or procedure,
- a suitable treatment plan will only be offered following a comprehensive specialist assessment, and
- to be prepared for non-acceptance of the referral or a treatment plan which includes alternative treatments including no treatment.\
- Similarly, there is a growing demand and expectation on public dentistry to:
- provide complex prosthodontic and dental implant therapy,
- manage unsuccessful or failed implant cases, and
- provide ongoing maintenance of complex prosthodontic and implant cases.

There is NO direct external referral pathway for implant surgical and/or implant restorative treatment.

A limited number of these cases may be considered for the provision of complex prosthodontic and dental implant therapy through the Melbourne Dental School postgraduate teaching programs via patients already accepted by the **RDHM Prosthodontic Unit**.

Please note:

- Patients with complex psychosocial circumstances may not be suitable as teaching cases.
- Maintenance of dental implants and the management of complication, originally provided by the RDHM, may be accepted as a new course of care. These cases may also be internally referred to other specialist units at the RDHM.
- Patients requiring maxillofacial or extensive prosthetic rehabilitation who are managed in tertiary hospitals may be referred to RDHM for specialist care

For patients with dental implants and restorations completed outside the Victorian public dental sector, who are now requiring attention or treatment due to complications, the community dental agency are advised to:

- Provide pain relief, and
- Return patients to the original treatment provider.

If a referring practitioners submit a referral, RDHM Specialist Units may offer:

- A telehealth consultation, or
- Treatment limited to pain relief and/or basic functional requirement such as:
  - Removal of the fixed implant protheses only,
  - Removal or explantation of the implant(s) only,
  - Issuing of removable prostheses to provide function and dignity.

Consideration of Complex Cases and Treatment by Specialists-in-Training

RDHM is a teaching hospital and therefore a limited number of complex cases may be accepted for postgraduate training purposes. Training cases should align with the value-based health care principles in a public dentistry setting. Note: There is no direct referral process to Postgraduate teaching programs. Case selection and acceptance will be considered separately for specialist-in-training.

Referring practitioner will need to indicate on the referral form(s) if patients do not wish to be treated and managed by Specialists-in-training. Time to treatment may be delayed if opted not to be seen by Specialists-in-training.

1.   Oral & Maxillofacial Surgery (OMS)

The OMS Unit provides specialist level diagnosis & management of oral & dentoalveolar conditions. The Unit also provides advice to referring practitioners for treatment they can provide to patients under their care. The unit works closely with OMS services situated within tertiary hospital settings across Melbourne.

Link to Referral form(s) and the required supporting documentation. RDHM OMS Referral form.

Emergency OMS Patient Referrals

NOTE: Patients with neck swelling, difficulty swallowing &/or limited mouth opening should be referred directly to the nearest emergency department of a medical hospital (Please call the medical hospital & ask to speak to the OMS Registrar on-call before referring patients) See Appendix 2 - Quick Reference Guide Emergency and Urgent Referrals.

Further Guidance when referring Emergency OMS Patients

Patients with space infections of dentoalveolar aetiology with no systemic symptoms and adequate mouth opening are to be directed to attend RDHM Primary Care or ED services.

Conditions that may require **urgent** referral and management include: (Urgency 1)
- Suspected malignancy
- Cysts and tumours of the jaw with concerning signs and/or symptoms
- Patients suspected to have MRONJ
- Tooth or roots pushed into a sinus or other space
- Nerve injuries

The referring practitioner is to contact RDHM OMS Unit on **(03) 9341 1277** to ensure appropriateness of referral & ascertain the ability of the clinic to coordinate care on the day.

Referrers should clearly mark patients with acute symptoms on the RDHM OMS Referral Form as **URGENT**, indicating reasons for urgent attention. The patient must be provided with this completed Referral Form and any available radiographs. They are to check-in at the RDHM ground floor and follow directions to the OMS reception after an appointment has been organised. Due to demand, it may not be possible to provide the care proposed for a particular patient on the same day. This particularly applies to patients requiring general anaesthesia. Prior phone notification is essential.

Clinical criteria for referral

- Impacted teeth with the following presentations: (inc. 8's, supernumerary and other teeth)
    - Recurrent pericoronitis not responding to conservative management
    - Impacted teeth with associated pathology
    - Impacted teeth requiring removal as part of a comprehensive care plan
- Anticipated difficult surgical extraction for teeth
- Private orthodontic patients requiring treatment planning for the management of jaw deformities
- Cysts and tumours of the jaw
- Other soft tissue lesions of the oral cavity
- Dento-alveolar surgery for patients with complex medical needs (e.g. immunosuppressed, previous head & neck radiotherapy)
- Patients taking bisphosphonates or antiresorptive medication for > 4 years, who are diabetic or immunocompromised, taking corticosteroids, with neoplastic disease or requiring multiple sequential extractions or surgical extractions.

Exclusion Criteria

- Patients <14 years of age are to be referred to Paediatric Dentistry Unit
- Patients requiring combined orthodontic & surgical management of jaw deformities are to be referred to Orthodontic Unit
- There is no longer an external referral process for implant therapy via OMS unit. Please consider a referral to the Prosthodontic Unit.

Prerequisites for referral

- An updated medical questionnaire
- Good quality OPG or diagnostic-quality imaging
- An indication of how the referral fits in the overall dental treatment plan (eg urgent referral for the removal of wisdom teeth as patient is about to start cancer therapy)

2.   Oral Medicine

The Oral Medicine Unit is responsible for the diagnosis, prevention and predominantly non-surgical management of oral mucosal disease, chronic orofacial pain and the oral manifestations of systemic disease. This includes oral dermatoses, oral malignancies, temporomandibular disorders, oral dysaesthesias and pain of neuropathic origin.

Oral Medicine may accept referrals from dental practitioners as well as medical practitioners.

Link to Referral form(s) and the required supporting documentation:
RDHM Oral Medicine Mucosal Referral form
RDHM Oral Medicine Orofacial Pain Referral form

Patients may be initially screened in either the Oral Medicine Mucosal Clinic or Orofacial Pain Clinic.

Clinical criteria for referral – Mucosal

- Non-healing ulcer
- Recurrent oral ulceration
- Persistent ulceration
- Blistering conditions
- White patches

- Red patches
- Pigmented lesions
- Gingival swellings
- Xerostomia

Clinical criteria for referral – Orofacial Pain

- Temporomandibular Disorders (TMD)
- Oral dysaesthesias
- Chronic orofacial pain where an odontogenic cause has been excluded

- Suspected Trigeminal Neuralgia
- Obstructive Sleep Apnoea (OSA)

Urgent Oral Medicine Patient Referrals

The referring practitioner is to contact RDHM Oral Medicine Unit on **(03) 9341 1120** to ensure appropriateness of referral & ascertain the ability of the clinic to coordinate care on the day.
Conditions that may require urgent referral management include: (Urgency 1)
- Suspected malignancy
- Patients suspected to have Trigeminal neuralgia

The patient must be provided with a completed Oral Mucosal or Orofacial Pain Referral Form and any available radiographs and directed to proceed to the main hospital reception after an appointment has been organised. Due to demand, it may not be possible to provide the care proposed for a particular patient on the same day. Prior phone notification is essential. See Appendix 2 - Quick Reference Guide Emergency and Urgent Referrals.

Exclusion Criteria

- Bruxism without signs or symptoms of Temporomandibular Disorder (TMD)
- Odontogenic pain

Prerequisites for referral

- Oral Mucosal referrals
  - Diagnostic-quality clinical photographs are preferrable to avoid delays
  - Radiographs for bony lesions
  - Radiographs for gingival lesions with description of special test done (gingival probing & CO_2 etc)
- Orofacial Pain referrals
  - Patients with TMD need to complete all general dental care, with a statement of confirmation
  - Patients with OSA need a recommendation from sleep specialist with sleep study <12 months

3.   Endodontics

The Endodontic Unit provides specialist Endodontic care for a tooth that has been considered to be suitable to be maintained, has a favourable restorative and periodontal prognosis and is of high strategic value, within the context of a whole of dentition treatment plan, which has been accepted and approved by the patient.

Before referral

The referring practitioner **must** ensure that:
- the scope for endodontic treatment within the clinic has been fully explored, including in-house referral to senior practitioner for appropriate management
- the tooth has all caries removed, is restorable, and has adequate coronal tooth structure and good periodontal prognosis
- the tooth can be isolated with a dental dam.
- the interim restoration of the tooth is durable, overlaid and of a nature that precludes coronal leakage.
- a restorative treatment plan is provided.

Any emergency care will be managed by the referring clinic whilst the patient is waiting for RDHM specialist care.

Link to Referral form(s) and the required supporting documentation. RDHM Endodontic referral form

Clinical criteria for referral

- Tooth pulp damaged and infected due to caries, disease or trauma - outside the scope of a general dentist.
- Endodontic Retreatment
- Curved and missed canals
- Fractured instruments in canals
- Open apices
- A referral may be accepted in cases where a patient is on bone-modulation medication to avoid tooth extraction and medical advice has indicated so. (coronal part of root sealed and submerged)

Exclusions Criteria

- Second and third molars will not be accepted unless they are strategic teeth (bridge abutment or only remaining functional molar in that quadrant) with good prognosis or selected for teaching cases.

Prerequisites for referral

- Complete all general dental care prior to the referral with statement of confirmation.
- Provide evidence that oral disease (dental caries/periodontal disease) has been stabilised and is being adequately maintained by the patient.
- Submission of diagnostic quality preoperative periapical radiographs and bite-wing radiographs.
- An individual dentist with whom the Endodontist can speak to, and who is responsible for the overall management of the patient, including placement of a final restoration
- Completion of the RDHM Endodontic referral form in consultation or approval by the senior dentist.

4. Integrated Special Needs Dentistry

The Integrated Special Needs Dentistry (ISND) Unit accepts adult patients (**18 years or older on referral**), who have special needs. Special needs may include:
- Physical disability, for example Cerebral Palsy
- Intellectual disability, for example Down Syndrome
- Complex medical issues, for example patients who have cancer treatment to the head or neck
- Patients who are homebound

Link to Referral form(s) and the required supporting documentation. RDHM ISND Referral Form

Clinical criteria for referral

Physical and Intellectual Disabilities:
- Patients with physical disability and behavioural issues where the ability to understand and cooperate during dental treatment is so limited that there is a risk of injury or likelihood that the treatment cannot be completed predictably in the dental chair.

Complex Medical Issues:
- There is a significant risk of a deterioration of a medical condition if dental treatment is delayed, **OR**
- There is a significant risk of the proposed treatment adversely impacting the patient's medical condition; **AND** the patient has a medical condition that impacts on the provision of dental care that cannot be managed by a general dentist safely or predictably.

Patients who are homebound:
- Patients who have significant difficulty accessing a dental clinic for example, patients living in:
    - Residential aged care
    - Supported residential setting
    - Supported private accommodation

Exclusion Criteria

- Patients under the age of 18.

Prerequisites for referral

- A detailed medical history from the patient's general practitioner
- Consent to be provided by the patient or the Medical Decision Maker. More information can be found at: https://www.publicadvocate.vic.gov.au/medical-consent/
- Referring dentists are to provide care and treatment aiming to stabilise disease, prevention and maintenance at their local clinic. Once it is established that the patient's care is outside the scope of all senior practitioners at the clinic, a completed RDHM ISND Referral Form may be submitted after discussion with the senior dentist.

5. Orthodontics

The Orthodontic Unit corrects teeth and jaw alignment problems using devices such as braces. Patients should be referred by the CDA which they attend for regular dental care. Patients are only accepted if there is a major improvement in oral health anticipated as a result of the treatment. The Unit also provides advice to referring practitioners for treatments they can provide, such as extractions.

Link to Referral form(s) and the required supporting documentation. RDHM Orthodontic Referral Form

Clinical criteria for referral

The Index of Orthodontic Treatment Need (IOTN) is used as a guide for screening patient treatment needs in this clinic. Only patients with IOTN grade 4 or 5 will be considered as follows:

IOTN Grade 5 – Very High Treatment Need
- Overjet > 12mm
- Reverse overjet > 4mm
- Impeded eruption of teeth (except third molars) due to crowding, displacement, presence of supernumerary teeth, or retained deciduous teeth (These cases may not require appliances)

IOTN Grade 4 – High Treatment Need
- Overjet 9-12mm
- Reverse overjet 2-4mm
- Anterior crossbite > 1mm mandibular displacement
- Posterior crossbite > 2mm mandibular displacement
- Crowding > 10mm in one arch
- Anterior or posterior open bite > 4mm
- Rotation of anterior tooth > 30°
- Increased, complete/overbite causing recession of upper lingual or lower labial gingivae

In addition, patients with missing upper anterior teeth requiring pre-prosthetic orthodontics or orthodontic space closure to obviate the need for a prosthesis **may** also be accepted as part of a comprehensive care plan in conjunction with Prosthodontics.

Interceptive Orthodontics

Patients in the mixed dentition may be considered for:
- Anterior or posterior crossbites when causing fremitus, gingival recession, tooth surface loss or deviation on closing
- Ectopic eruption, impaction, non-eruption, infra-occlusion of teeth
- Management of habits (initial cessation counselling must have been attempted and may include use of commercially available aids (eg bitter nail polish or thumb guard)

Do not take a lateral cephalogram if the patient is under the age of 12. If possible, please submit standard clinical photos of the dentition. Referrals screened by Orthodontics may be allocated to Paediatric Dentistry.

Exclusion Criteria

- Patients with cleft defects of lip and/or palate, or patients with more than 5 missing permanent teeth (excluding third molars). These patients are covered by the Medicare Cleft Palate Scheme and can attend a private orthodontist, The Royal Children's Hospital or Monash Medical Centre
- Patient with a plaque index >20% with associated gingival inflammation and bleeding on probing
- Patients who have active periodontal disease (gingivitis and/or periodontitis). These patients can only be treated once periodontal health is attained and they are in a maintenance phase.

Prerequisite for referral

- Complete all general dental care prior to the referral with a statement of confirmation
- Excellent oral hygiene
- Patients must be prepared to attend RDHM for multiple visits, often over many years.

6. Paediatric Dentistry

The Paediatric Dentistry Unit provides care for children and adolescents up to 18 years of age dependent on their development and manages complex preventative and therapeutic dental problems.

Link to Referral form(s) and the required supporting documentation. RDHM Paediatric Dentistry Referral Form

Emergency Paediatric Patient Referrals

- For **urgency 1 patients who need to be seen on the same day,** the referring practitioner is to contact RDHM Paediatric Dentistry Unit on 0487214283 and ascertain the ability of the clinic to coordinate care on the same day.

  - The patient is to be provided with this Paediatric Dentistry Referral Form, any available radiographs and directed to proceed to the main hospital reception after an appointment has been organised. Due to demand, it may not be possible to provide the care proposed for a particular patient on the same day. Patients with potentially serious infections (eg spreading cellulitis, systemic signs and symptoms) will be seen on the same day.

  - For emergency care of significant complex trauma please refer to RDHM emergency department or The Royal Children's Hospital 9345 5344. (After hours Registrar 9345 5522 through Hospital Switchboard) Also see Appendix 2 - Quick Reference Guide Emergency and Urgent Referrals.

  - Prior phone notification and confirmation of the receipt of the referral is essential.

- For **urgency 1 patients who require urgent appointment but not same day and urgency 2 patients,** the Paediatric Dentistry Referral should be clearly marked as URGENT indicating the reasons for urgent attention.

  - If insufficient clinical information is recorded (eg detailed pain history), this will lead to delayed assessment.

Clinical criteria for referral

- Complex dental pathology requiring specialist management (cysts, enamel hypomineralisation or hypoplasia)
- Special needs (intellectual, physical and sensory disabilities)
- Syndromes and genetic disorders including amelogenesis imperfecta and dentinogenisis imperfecta
- Medically compromised patients. **Note:** Patients requiring support of a tertiary hospital (inc. patient with Type 1 diabetes, blood dyscrasias or bleeding disorders, severe congenital heart disease or severe respiratory disorders) refer directly to the Department of Dentistry, Royal Children's Hospital.
- Dental anomalies (supernumerary, missing or ankylosed teeth; dilaceration, odontomes, primary failure of eruption)
- Follow up care for complex dental trauma.
- Patients requiring advanced behaviour management including relative analgesia or general anaesthetic.

The decision for treatment under sedation or general anaesthetic will be made by the specialist and parent at the consultation visit.

- Caries and early childhood caries that require complex surgical restoration procedures.
  - For **all** referrals for caries management – **Note:** a requirement that oral health education is provided by the referring clinic, a minimum of 2 sessions is expected but more may be required to support behaviour change.
  - For children without special needs or significant medical conditions it is expected that minimal intervention dentistry options be attempted before referral, unless teeth are symptomatic or clinical/radiographic evidence of pulp/periapical infection.

Exclusion Criteria

If general anaesthetics is required, patients with the following conditions should be referred directly to the Department of Dentistry at The Royal Children's Hospital Melbourne: Type 1 diabetes, blood dyscrasias or bleeding disorders, severe respiratory disorders or severe congenital heart disease.

Interceptive Orthodontics - Young patients possibly requiring interceptive orthodontics, please refer to Orthodontics with a completed Orthodontic Referral Form.

Prerequisite for referral

- Completed medical history
- OPG provided, if able to.
- For Caries Management:
– Oral health education sessions are booked at least every 3 months
– Completed Caries management form
- For specific issue referral: A detailed description of all other issues that are being managed by local clinic and a detailed management plan.

Guidance when referring to RDHM Paediatric Dentistry unit

- Patients meeting the referral criteria will be offered a consultation to assess treatment requirements.
- Patients assessed as needing procedures under General Anaesthesia will be placed on the appropriate waiting list by RDHM screening practitioners. Waiting times are generally shorter for procedures that can be performed under local anaesthesia with or without nitrous oxide sedation.

7. Periodontics

The Periodontics Unit provides diagnosis, prevention and treatment of **moderate to severe** periodontal disease.

Link to Referral form(s) and the required supporting documentation. RDHM Periodontics Referral Form

Clinical criteria for referral

- Periodontitis Classification Stage III or IV
    – pocket probing depth of ≥ 6mm - Localised or Generalised
    – clinical attachment loss of ≥ 5mm **and** furcation involvement
    – drifting or mobile permanent teeth
- Clinical Evidence of acute or rapidly changing periodontal symptoms
    – any rapid changes in gingival contour and texture or pocket depth
    – multiple/periodontal abscess formation
- Recession defects with clinical evidence of deterioration (charting over a 6-month period), or a major aesthetic concern
- Periodontal disease in individuals with **significant** medical history (eg. Severely immunocompromised patient, IV bisphosphonates, severe blood dyscrasia)

AND the following mandatory criterion for **all patients:**
- demonstrated ability to maintain oral hygiene with a plaque score < 15% (shown in a minimum of 2 O'Leary plaque index scores)

Exclusion Criteria

- Plaque index >15%. Patients who cannot maintain a high standard of plaque control will not progress beyond initial phase therapy and may be considered for a referral to the Dental Teaching Clinic (DTC)
- Management and maintenance of any externally placed dental implants will not be accepted.

Prerequisite for referral

- management of general dental care and any ongoing care required/requested during Specialist management including fabrication of dentures
- a detailed periodontal chart (including probing depths, mobility, bleeding / discharge), and two O'Leary plaque index scores to demonstrate improvement in plaque scores
- a diagnostic quality OPG radiograph less than 12 months old.
- Bitewing and periapical views of diagnostic quality as appropriate
- Clinical history to include details of symptoms and any previous treatment including use of antibiotics
- Treatment history (dates of initial therapy, review appointment findings and charting).
- Accurate medical history

Dental Implant Therapy

- RDHM may provide dental implant therapy as suitable teaching cases.
There is NO direct external referral process for implant therapy via Periodontics unit.

Guidance when referring to RDHM Periodontics unit

Referring practitioners are to review the Periodontal classifications table in the **DHSV Clinical Guideline 24 (V.2) - DHSV Periodontal disease risk assessment and managemen**t, when deciding whether to manage patients within CDA or to refer to the RDHM. (144439_v3.0.pdf (amazonaws.com))

8.   Prosthodontics

The Prosthodontic Unit manages oral conditions associated with missing or deficient teeth and/or deficiencies of the face and jaw beyond the scope of a general dental practitioner. The Prosthodontic Unit offers a range of restorative modalities, with each procedure having its own cost/benefit implications. The treating practitioner provides treatment options and helps determine the final choice of modality after assessment and consideration of all relevant factors (clinical, patient and costs).

The Prosthodontic Unit will provide the following services:
- Opinion via referral
- Assistance and advice in developing treatment plans
- Active treatment/management
- Mentoring and professional development

A referral to the Prosthodontics Unit may result in the following outcomes:
- No treatment is warranted
- Natural teeth are replaced with:
    - removable partial or complete dentures,
    - crowns and bridges,
    - implant retained over dentures,
    - implant-supported crowns/bridges.

Link to Referral form(s) and the required supporting documentation. RDHM Prosthodontics Referral form.

Clinical criteria for referral

- Patients who have lost an anterior tooth/teeth or have a tooth/teeth of poor prognosis particularly following trauma, and who otherwise, have intact arches and a sound dentition.
- Patients missing one or more teeth due to trauma, anodontia, genetic conditions, or diseases of the jaws. For example, osteomyelitis, tumours.
- The presence of compromised function:
    - where there are less than 10 functional occlusal units (shortened dental arch) resulting in difficulties in speaking or eating,
    - where patient dignity is affected due to a missing tooth or teeth in the aesthetic zone
- When the provision of a conventional fixed prosthesis will beneficially protect damaged teeth.

Exclusion Criteria

- The management of unsuccessful, failing or failed complex crown & bridge restorative work done externally is restricted. In these cases, the like for like replacement of these prostheses is out of scope for referral to RDHM.
- For externally placed dental implants and restorations, the like for like replacement of the prostheses will not be accepted by RDHM. The scope of treatment does not include any repair of existing implant prostheses or replacement with a new fixed implant prosthesis.

Prerequisite for referral

- Complete all general dental care prior to the referral with a statement of confirmation.
- A diagnostic quality OPG radiograph less than 12 months old
- Bitewing and periapical views of diagnostic quality as appropriate
- Accurate medical history
- Ability to maintain oral hygiene with a plaque score < 15% (shown in a minimum of 2 O'Leary plaque index scores)

Guidance when referring to RDHM Prosthodontic unit

- Referring practitioners should gauge and manage patient's expectations before referring to the RDHM.
- Patients should not expect or commit to a particular treatment modality or procedure. A suitable treatment plan will only be offered following a comprehensive assessment.
- Patients must be prepared for either non-acceptance of the referral or a treatment plan which includes alternative treatments including no treatment.
- Any need for an immediate denture is expected to be provided by the patient's general dentist
- Emergency, general and supportive care will be provided at the community agency during a possibly long waiting period. A recall exam prior to the first RDHM specialist visit is recommended.
- On discharge from Prosthodontics unit community dental agency will be responsible for any ongoing maintenance.
- A new referral to RDHM will be required for reviews or any new problems

Aligned Documents

Referral to the Royal Dental Hospital of Melbourne Procedure (23 NOV 2021)
DHSV Clinical Guideline 24 (V.2) - DHSV Periodontal disease risk assessment and management
RDHM OMS Referral Form
RDHM Oral Medicine Mucosal Referral Form
RDHM Oral Medicine Orofacial Pain Referral Form
RDHM Endodontics Referral Form
RDHM Integrated Special Needs Dentistry Referral Form
RDHM Orthodontics Referral Form
RDHM Paediatric Dentistry Referral Form
RDHM Periodontics Referral Form
RDHM Prosthodontics Referral Form

Appendix 2 - Quick Reference Guide Emergency and Urgent Referrals

		Oral & Maxillofacial Surgery (OMS)	Paediatric Dentistry	Oral Medicine
Emergency Care	**Tertiary Referral**	Patients with neck swelling, difficulty swallowing &/or limited mouth opening should be referred directly to the nearest emergency department of a medical/tertiary hospital. Paediatric Patients may also be directed to the Royal Children's Hospital (Please call the hospital & ask to speak to the OMS Registrar on-call before referring patients) See Table Below		
	RDHM Referral	For emergency care of significant complex trauma please refer to RDHM emergency department or The Royal Children's Hospital for Paediatric Patients.		
		Patients with space infections of dentoalveolar aetiology with **no systemic symptoms and adequate mouth opening** are to be directed to attend **RDHM Primary Care or Emergency services.**		
Urgent Care	**Urgent Referral**	**Suspected malignancy** **Jaw Cysts or tumours with concerning signs and/or symptoms** **Patients suspected to have MRONJ** **Tooth or roots into a sinus or other space** **Nerve injuries**	**Suspected Malignancy** **Jaw cysts or tumours with concerning signs and/or symptoms** **Patients with acute symptoms** *Note: acute symptoms are urgency 2 and not for same day assessment*	**Suspected malignancy** **Trigeminal Neuralgia – Acute Pain**
		Referrers should: • contact RDHM OMS Unit on **(03) 9341 1277** to ensure appropriateness of referral & ascertain the ability to coordinate care on the day. **Prior phone notification is essential** • clearly mark the RDHM OMS Referral Form as **URGENT**, indicating reasons for urgent attention. • Provide the patient with this completed Referral Form and any available radiographs. The patient is to check-in at the RDHM ground floor and follow directions to the OMS reception after an appointment has been organised.	Referrers should: • contact RDHM **Paediatric Dentistry Unit on 0487 214 283** and ascertain the ability of the clinic to coordinate care on the day. **Prior phone notification is essential** • clearly marked the Paediatric Dentistry Referral Form as **URGENT**, indicating reasons for urgent attention. • Provide the patient with this completed Referral Form and any available radiographs. The patient is to proceed to the main RDHM reception after an appointment has been organised.	Referrers should: • contact RDHM Oral Medicine Unit on **(03) 9341 1120** ensure appropriateness of referral & ascertain the ability to coordinate care on the day. **Prior phone notification is essential** • Provide the patient with this completed Referral Form and any available radiographs. The patient is to proceed to the main RDHM reception after an appointment has been organised.
		Due to demand, the proposed care may not be possible on the same day. However, patients with potential serious infections (e.g. spreading cellulitis, submandibular abscess) will be seen on the same day.		Due to demand, the proposed care may not be possible on the same day.

List of Medical/Tertiary Hospitals with OMFS units		
PUBLIC HOSPITAL:	**Telephone No:**	**Address:**
• Barwon Hospital (Geelong)	(03) 4215 0000	Ryrie Street, Geelong
• Western Hospital (Footscray)	(03) 8345 6666	160 Gordon Street, Footscray
• Western Hospital (Sunshine)		176 Furlong Road, Sunshine
• Royal Melbourne Hospital	(03) 9342 7000	300 Grattan Street, Parkville
• Royal Children's Hospital	(03) 9345 5522	50 Flemington Road, Parkville
• St. Vincent's Hospital	(03) 9231 2211	41 Victoria Parade Fitzroy
• Austin Hospital (Heidelberg)	(03) 9496 5000	145 Studley Road, Heidelberg
• Monash Medical Centre (Clayton)	(03) 9594 6666	246 Clayton Road, Clayton
• Dandenong Hospital		135 David Street, Dandenong
Emergency Referrals Royal Children's Hospital Melbourne Department of Dentistry		
• **During Office Hours Emergencies** Monday to Friday 8:30 am to 5:00 pm	Department of Dentistry **Or** Dental registrar	Telephone: 03 9345 5344 Extension: 55344 Page: 55344
• **After Hours Emergencies**	Main Hospital Switchboard	Telephone: 03 9345 5522 (ask to page dentist on call)