MONASH DOCTORS
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Applicant's Name		Position:		Home Site:	

PART B: CREDENTIALING AND DEFINING SCOPE OF CLINICAL PRACTICE

DENTIST – All Sites

PLEASE NOTE: Monash Health acknowledges that occasions may arise where the emergency needs of a patient require a procedure to be undertaken which falls outside the scope of clinical practice authorised for the practitioner concerned. Monash Health will support members of the Senior Medical Staff who are required to so act

Core Services:

Core Services: **Please indicate (with a ✓) those procedures you wish to undertake on a site by site basis**	**Children**	**Adult**	**Primary Teeth**	**Permanent Teeth**
Inpatient Services	☐	☐	☐	☐
Outpatient Services	☐	☐	☐	☐
Research	☐	☐	☐	☐
Supervision of trainee and/or students	☐	☐	☐	☐
Other Services	☐	☐	☐	☐

Diagnostic Services:

Please indicate (with a ✓) those procedures you wish to undertake on a site by site basis	**Children**	**Adult**	**Primary Teeth**	**Permanent Teeth**
Comprehensive oral examination	☐	☐	☐	☐
Periodic oral examination	☐	☐	☐	☐
Oral examination – limited	☐	☐	☐	☐
Consultation	☐	☐	☐	☐
Consultation – extended (30mins)	☐	☐	☐	☐
Written report (not elsewhere included)	☐	☐	☐	☐
Letter of referral	☐	☐	☐	☐
Letter of referral - GA	☐	☐	☐	☐

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Diagnostic Services: cont'd				
Please indicate (with a ✓) those procedures you wish to undertake on a site by site basis	**Children**	**Adult**	**Primary Teeth**	**Permanent Teeth**
Intraoral PA or B/W radiograph	☐	☐	☐	☐
Intraoral radiograph – occl. Max or mand.	☐	☐	☐	☐
Extraoral radiograph – max. mand.	☐	☐	☐	☐
Biopsy of tissue	☐	☐	☐	☐
Pulp testing (part of examination)	☐	☐	☐	☐
Diagnostic model	☐	☐	☐	☐
Cephalometric analysis – excluding radiographs	☐	☐	☐	☐
Preventative Services:				
Please indicate (with a ✓) those procedures you wish to undertake on a site by site basis	**Children**	**Adult**	**Primary Teeth**	**Permanent Teeth**
Removal of plaque and/or stain	☐	☐	☐	☐
Recontouring of pre-existing restoration(s)	☐	☐	☐	☐
Removal of calculus	☐	☐	☐	☐
Bleaching, internal	☐	☐	☐	☐
Topical application of remineralising agent	☐	☐	☐	☐
Concentrated remineralising agent, application	☐	☐	☐	☐
Oral hygiene instruction	☐	☐	☐	☐
Fissure sealing	☐	☐	☐	☐
Desensitising procedure	☐	☐	☐	☐

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Periodontics:				
Please indicate (with a ✓) those procedures you wish to undertake on a site by site basis	**Children**	**Adult**	**Primary Teeth**	**Permanent Teeth**
Treatment of acute periodontal infection	☐	☐	☐	☐
Clinical periodontal analysis and recording	☐	☐	☐	☐
Root planning and subgingival curettage	☐	☐	☐	☐
Gingivectomy	☐	☐	☐	☐
Periodontal surgery involving one tooth or an implant	☐	☐	☐	☐

Oral Surgery				
Please indicate (with a ✓) those procedures you wish to undertake on a site by site basis	**Children**	**Adult**	**Primary Teeth**	**Permanent Teeth**
Removal of a tooth or part thereof	☐	☐	☐	☐
Sectional removal of a tooth	☐	☐	☐	☐
Surgical removal of tooth/fragment not requiring removal of bone or tooth division	☐	☐	☐	☐
Surgical removal of tooth/fragment requiring removal of bone	☐	☐	☐	☐
Alveolectomy	☐	☐	☐	☐
Ostectomy	☐	☐	☐	☐
Removal of hyperplastic tissue	☐	☐	☐	☐
Repair of skin and subcutaneous tissue or mucous membrane	☐	☐	☐	☐
Mandible – relocation following dislocation	☐	☐	☐	☐
Repositioning of displaced tooth/teeth	☐	☐	☐	☐
Splinting of displaced tooth/teeth	☐	☐	☐	☐

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Applicant's Name		Position:		Home Site:	

Please indicate (with a ✓) those procedures you wish to undertake on a site by site basis	Children	Adult	Primary Teeth	Permanent Teeth
Replantation and splinting of tooth	☐	☐	☐	☐
Frenectomy	☐	☐	☐	☐
Drainage of abcess or cyst	☐	☐	☐	☐
Endodontics:				
Please indicate (with a ✓) those procedures you wish to undertake on a site by site basis	**Children**	**Adult**	**Primary Teeth**	**Permanent Teeth**
Direct pulp capping	☐	☐	☐	☐
Pulpotomy	☐	☐	☐	☐
Complete chemo-mech prep of root canal	☐	☐	☐	☐
Root canal obturation	☐	☐	☐	☐
Extirpation of pulp or debridement of root canal(s) – emergency	☐	☐	☐	☐
Resorbable root canal filling – primary tooth	☐	☐	☐	☐
Apicetomy – per root	☐	☐	☐	☐
Apical seal – per canal	☐	☐	☐	☐
Removal or a root filling	☐	☐	☐	☐
Irrigation and/or dressing of root canal system	☐	☐	☐	☐
Interim therapeutic root filling	☐	☐	☐	☐

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Restorative Services:				
Please indicate (with a ✓) those procedures you wish to undertake on a site by site basis	**Children**	**Adult**	**Primary Teeth**	**Permanent Teeth**
Metallic restoration – 1-5 surfaces – direct	☐	☐	☐	☐
Adhesive resin restoration – 1-5 surfaces – anterior tooth – direct	☐	☐	☐	☐
Adhesive resin restoration – 1-5 surfaces – posterior tooth – direct	☐	☐	☐	☐
Provisional (intermediate/temporary) restoration	☐	☐	☐	☐
Metal band	☐	☐	☐	☐
Pin retention	☐	☐	☐	☐
Stainless steel crown	☐	☐	☐	☐
Cusp capping	☐	☐	☐	☐
Recementing of inlay/onlay	☐	☐	☐	☐
Post - direct	☐	☐	☐	☐
Fixed Prosthodontics:				
Please indicate (with a ✓) those procedures you wish to undertake on a site by site basis	**Children**	**Adult**	**Primary Teeth**	**Permanent Teeth**
Full Crown – acrylic resin – indirect	☐	☐	☐	☐
Full crown – non metallic - indirect	☐	☐	☐	☐
Full crown – veneered – indirect	☐	☐	☐	☐
Full crown – metallic – indirect	☐	☐	☐	☐
Post and core for crown – indirect	☐	☐	☐	☐

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Applicant's Name		Position:		Home Site:	

Please indicate (with a ✓) those procedures you wish to undertake on a site by site basis	Children	Adult	Primary Teeth	Permanent Teeth
Preliminary restoration for crown – direct	☐	☐	☐	☐
Provisional crown	☐	☐	☐	☐
Recementing crown or veneer	☐	☐	☐	☐
Recementing bridge or splint	☐	☐	☐	☐
Removal of crown	☐	☐	☐	☐
Removal of bridge or splint	☐	☐	☐	☐
Repair of crown, bridge or splint - indirect	☐	☐	☐	☐
Removal Prosthodontics				
Please indicate (with a ✓) those procedures you wish to undertake on a site by site basis	**Children**	**Adult**	**Primary Teeth**	**Permanent Teeth**
Complete maxillary denture	☐	☐	☐	☐
Complete mandibular denture	☐	☐	☐	☐
Partial denture – resin base, 1-4 teeth, insert appliance	☐	☐	☐	☐
Partial denture – resin base, 5-9 teeth, insert appliance	☐	☐	☐	☐
Partial denture – resin base, 10-12 teeth, insert appliance	☐	☐	☐	☐
Partial denture – cast metal framework, 1-4 teeth, insert appliance	☐	☐	☐	☐
Partial denture – cast metal framework, 5-9 teeth, insert appliance	☐	☐	☐	☐
Parital denture – cast metal framework, 10-12 teeth, insert appliance	☐	☐	☐	☐
Retainer	☐	☐	☐	☐
Occlusal rest	☐	☐	☐	☐
Immediate tooth replacement	☐	☐	☐	☐

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Please indicate (with a ✓) those procedures you wish to undertake on a site by site basis	Children	Adult	Primary Teeth	Permanent Teeth
Resilient lining	☐	☐	☐	☐
Adjustment of pre-existing denture	☐	☐	☐	☐
Relining – complete denture – processed	☐	☐	☐	☐
Relining – partial denture – processed	☐	☐	☐	☐
Remodelling – complete denture	☐	☐	☐	☐
Remodelling – partial denture	☐	☐	☐	☐
Denture base modification	☐	☐	☐	☐
Re-attaching pre-existing tooth or clasp to denture	☐	☐	☐	☐
Replacing/adding clasp on denture	☐	☐	☐	☐
Repairing broken base of a complete denture	☐	☐	☐	☐
Replacing tooth on a denture	☐	☐	☐	☐
Adding tooth to part. Denture to replace extracted or decoronated tooth	☐	☐	☐	☐
Repair or addition to metal casing	☐	☐	☐	☐
Tissue conditioning preparatory to impressions	☐	☐	☐	☐
Impression – denture repair/modification	☐	☐	☐	☐
Denture construction stages	☐	☐	☐	☐
Orthodontics:				
Please indicate (with a ✓) those procedures you wish to undertake on a site by site basis	**Children**	**Adult**	**Primary Teeth**	**Permanent Teeth**
Passive removable appliance	☐	☐	☐	☐

Applicant's Name		Position:		Home Site:	

Please indicate (with a ✓) those procedures you wish to undertake on a site by site basis	Children	Adult	Primary Teeth	Permanent Teeth
Active removable appliance	☐	☐	☐	☐
Functional orthopaedic appliance	☐	☐	☐	☐
Partial banding	☐	☐	☐	☐
Full arch banding	☐	☐	☐	☐
Fixed palatal or lingual arch appliance	☐	☐	☐	☐
Maxillary expansion appliance	☐	☐	☐	☐
Passive fixed appliance	☐	☐	☐	☐
Extra-oral appliance	☐	☐	☐	☐
Orthodontic adjustment	☐	☐	☐	☐
Repair removable appliance – resin base	☐	☐	☐	☐
Addition to removable appliance – clasp, spring or tooth	☐	☐	☐	☐
General Services:				
Please indicate (with a ✓) those procedures you wish to undertake on a site by site basis	**Children**	**Adult**	**Primary Teeth**	**Permanent Teeth**
Emergencies – palliative care	☐	☐	☐	☐
Emergencies – travel to provide services	☐	☐	☐	☐
Drug therapy – provision of medication/medicament	☐	☐	☐	☐
Occlusal splint	☐	☐	☐	☐
Adjustment of pre-existing occlusal splint	☐	☐	☐	☐
Repair/addition – occlusal splint	☐	☐	☐	☐
Miscellaneous – splinting and stabilisation – direct	☐	☐	☐	☐

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Please indicate (with a ✓) those procedures you wish to undertake on a site by site basis	Children	Adult	Primary Teeth	Permanent Teeth
Post-operative care not otherwise included	☐	☐	☐	☐

Additional Procedures:				
Please indicate any additional or specific sub-specialty procedures (i.e. not included in the 'core') you wish to undertake on a site by site basis.	**Children**	**Adult**	**Primary Teeth**	**Permanent Teeth**
	☐	☐	☐	☐
	☐	☐	☐	☐
	☐	☐	☐	☐
	☐	☐	☐	☐

Sign-off					
Applicant's Name:		**Signature:**		**Date:**	
Reviewed & Approved by Dept. Head:		**Signature:**		**Date:**	
Reviewed & Approved by PMD:		**Signature:**		**Date:**	
Reviewed & Approved by CMO:		**Signature:**		**Date:**	