

Applicant's Name

Position:

Home Site:

PART B: CREDENTIALING AND DEFINING SCOPE OF CLINICAL PRACTICE

DENTAL PROSTHETIST

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

Services:

Please indicate (with a ✓) those procedures you are able to undertake at Monash Health Dental Services	All Patients	Comments/Remarks
Inpatient/Outpatient Services	<input type="checkbox"/>	
Research	<input type="checkbox"/>	
Supervision of trainee and/or students	<input type="checkbox"/>	
Oral examination / Consultation	<input type="checkbox"/>	
Written Report / Letter of referral	<input type="checkbox"/>	
Diagnostic model	<input type="checkbox"/>	
Complete maxillary and/or mandibular denture	<input type="checkbox"/>	
Partial denture – resin base, 1-12 teeth, insert appliance	<input type="checkbox"/>	
Partial denture – cast metal framework, 1-12 teeth, insert appliance	<input type="checkbox"/>	
Retainer	<input type="checkbox"/>	
Mouthguards	<input type="checkbox"/>	
Immediate dentures	<input type="checkbox"/>	
Resilient lining	<input type="checkbox"/>	
Adjustment of pre-existing denture	<input type="checkbox"/>	

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Relining – complete and/or partial denture – processed	<input type="checkbox"/>	
Remodelling – complete and/or partial denture	<input type="checkbox"/>	
Denture base modification	<input type="checkbox"/>	
Re-attaching pre-existing tooth or clasp to denture	<input type="checkbox"/>	
Replacing/adding clasp on denture	<input type="checkbox"/>	
Repairing broken base of a complete denture	<input type="checkbox"/>	
Replacing tooth on a denture	<input type="checkbox"/>	
Adding tooth to partial denture to replace extracted or decoronated tooth	<input type="checkbox"/>	
Repair or addition to metal casting	<input type="checkbox"/>	
Tissue conditioning preparatory to impressions	<input type="checkbox"/>	
Impression – denture repair/modification	<input type="checkbox"/>	
Denture construction stages	<input type="checkbox"/>	

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Additional Procedures:		
Please indicate any additional or specific sub-specialty procedures (i.e. not included) you are able to undertake at Monash Health Dental Services	All Patients	Comments/Remarks
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	

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:	