

Applicant's Name

Position:

Home Site:

PART B: CREDENTIALING AND DEFINING SCOPE OF CLINICAL PRACTICE

DENTIST

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.

Core 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"/>	

Diagnostic Services:

Please indicate (with a ✓) those procedures you are able to undertake at Monash Health Dental Services	All Patients	Comments/Remarks
Comprehensive oral examination / Consultation	<input type="checkbox"/>	
Written Report / Letter of referral	<input type="checkbox"/>	
Referral to other services	<input type="checkbox"/>	
Intraoral radiographs, including PA, B/W and Occlusal	<input type="checkbox"/>	
Extra oral radiographs – OPG and Lateral Ceph	<input type="checkbox"/>	
Cephalometric analysis – excluding radiographs	<input type="checkbox"/>	
Pulp testing (part of examination)	<input type="checkbox"/>	
Diagnostic model	<input type="checkbox"/>	

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Preventative Services:

Please indicate (with a ✓) those procedures you are able to undertake at Monash Health Dental Services	All Patients	Comments/Remarks
Removal of plaque and/or stain and/or calculus	<input type="checkbox"/>	
Recontouring of pre-existing restoration(s)	<input type="checkbox"/>	
Bleaching, internal		
Application of remineralising agent	<input type="checkbox"/>	
Oral hygiene instruction	<input type="checkbox"/>	
Fissure sealing	<input type="checkbox"/>	

Periodontics:

Please indicate (with a ✓) those procedures you are able to undertake at Monash Health Dental Services	All Patients	Comments/Remarks
Treatment of acute periodontal infection	<input type="checkbox"/>	
Clinical periodontal analysis and recording	<input type="checkbox"/>	
Root planning and subgingival curettage	<input type="checkbox"/>	
Gingivectomy	<input type="checkbox"/>	
Periodontal surgery involving tooth/teeth	<input type="checkbox"/>	
Placement of implant/implants	<input type="checkbox"/>	

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Restorative Services:

Please indicate (with a ✓) those procedures you are able to undertake at Monash Health Dental Services	All Patients	Comments/Remarks
Restoration of teeth with metallic and adhesive materials (1 to 5 surfaces- Direct)	<input type="checkbox"/>	
Provisional (intermediate/temporary) restoration	<input type="checkbox"/>	
Metal band and	<input type="checkbox"/>	
Pin retention	<input type="checkbox"/>	
Stainless steel crown	<input type="checkbox"/>	
Post - direct	<input type="checkbox"/>	

Endodontics:

Please indicate (with a ✓) those procedures you are able to undertake at Monash Health Dental Services	All Patients	Comments/Remarks
Direct pulp capping	<input type="checkbox"/>	
Pulpotomy	<input type="checkbox"/>	
Anterior and Premolar Root Canal Treatments	<input type="checkbox"/>	
Molar Root Canal Treatments	<input type="checkbox"/>	
Resorbable root canal filling – primary tooth	<input type="checkbox"/>	
Apicetomy	<input type="checkbox"/>	
Apical seal – per canal	<input type="checkbox"/>	
Removal of a root filling	<input type="checkbox"/>	
Root canal treatment of immature permanent teeth	<input type="checkbox"/>	

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Oral Surgery:

Please indicate (with a ✓) those procedures you are able to undertake at Monash Health Dental Services	All Patients	Comments/Remarks
Removal of a tooth or part thereof	<input type="checkbox"/>	
Sectional removal of a tooth	<input type="checkbox"/>	
Surgical removal of tooth/fragment not requiring removal of bone or tooth division	<input type="checkbox"/>	
Surgical removal of tooth/fragment requiring removal of bone	<input type="checkbox"/>	
Repositioning and/or replantation of displaced tooth/teeth	<input type="checkbox"/>	
Splinting of displaced tooth/teeth	<input type="checkbox"/>	
Drainage of abscess or cyst	<input type="checkbox"/>	
Mandible – relocation following dislocation	<input type="checkbox"/>	
Removal of hyperplastic tissue	<input type="checkbox"/>	
Repair of skin and subcutaneous tissue or mucous membrane	<input type="checkbox"/>	
Alveolectomy/Alveoloplasty	<input type="checkbox"/>	
Ostectomy	<input type="checkbox"/>	
Frenectomy	<input type="checkbox"/>	

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Fixed Prosthodontics:

Please indicate (with a ✓) those procedures you are able to undertake at Monash Health Dental Services	All Patients	Comments/Remarks
Full Crown – acrylic resin – indirect	<input type="checkbox"/>	
Full crown – non-metallic - indirect	<input type="checkbox"/>	
Full crown – veneered – indirect	<input type="checkbox"/>	
Full crown – metallic – indirect	<input type="checkbox"/>	
Post and core for crown – indirect	<input type="checkbox"/>	
Implant supported crown/bridge	<input type="checkbox"/>	
Recementing crown/veneer/bridge/inlay/onlay	<input type="checkbox"/>	
Removal of crown	<input type="checkbox"/>	
Removal of bridge or splint	<input type="checkbox"/>	
Repair of crown, bridge or splint - indirect	<input type="checkbox"/>	

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Removal Prosthodontics:

Please indicate (with a ✓) those procedures you are able to undertake at Monash Health Dental Services	All Patients	Comments/Remarks
Complete maxillary denture	<input type="checkbox"/>	
Complete mandibular denture	<input type="checkbox"/>	
Partial denture – resin base	<input type="checkbox"/>	
Partial denture – cast metal framework	<input type="checkbox"/>	
Immediate denture	<input type="checkbox"/>	
Resilient lining	<input type="checkbox"/>	
Relining – complete denture – processed	<input type="checkbox"/>	
Relining – partial denture – processed	<input type="checkbox"/>	
Remodelling – complete denture	<input type="checkbox"/>	
Remodelling – 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/adding tooth on a denture	<input type="checkbox"/>	
Repair or addition to metal casing	<input type="checkbox"/>	
Implant supported denture	<input type="checkbox"/>	

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Orthodontics:

Please indicate (with a ✓) those procedures you are able to undertake at Monash Health Dental Services	All Patients	Comments/Remarks
Passive removable appliance	<input type="checkbox"/>	
Active removable appliance	<input type="checkbox"/>	
Functional orthopaedic appliance	<input type="checkbox"/>	
Partial banding	<input type="checkbox"/>	
Full arch banding	<input type="checkbox"/>	
Fixed palatal or lingual arch appliance	<input type="checkbox"/>	
Maxillary expansion appliance	<input type="checkbox"/>	
Passive fixed appliance	<input type="checkbox"/>	
Extra-oral appliance	<input type="checkbox"/>	
Orthodontic adjustment	<input type="checkbox"/>	
Repair removable appliance – resin base	<input type="checkbox"/>	
Addition to removable appliance – clasp, spring or tooth	<input type="checkbox"/>	

General Services:

Please indicate (with a ✓) those procedures you are able to undertake at Monash Health Dental Services	All Patients	Comments/Remarks
Drug therapy – provision of medication/medicament	<input type="checkbox"/>	
Occlusal splint	<input type="checkbox"/>	
Adjustment/repair of pre-existing occlusal splint	<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:	