

Name of service/Department	<b>Special Care Dentistry Department</b>
Brief description of service/department	<p>Specialist services to clients with severe disabilities and complex additional needs who are not suitable for routine dental care or routine attendance. This includes physical, sensory, intellectual, mental, medical, emotional or social impairment or disability or, more often, a combination of a number of these factors.</p> <p>Special Care Dentistry Referrals will be considered in conjunction with other conditions outlined in the Specialist Referral Protocols, for</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Persons with mental illness/disorder/condition or disability (behavioural, and/or intellectual) who are not suitable for routine dental care or are living in Aged care residential or nursing homes; group homes; at home with family or with help from professional carers</li> <li><input type="checkbox"/> Persons who are homeless</li> <li><input type="checkbox"/> Persons with serious medical conditions</li> <li><input type="checkbox"/> Persons with severe physical disabilities (unable to walk unattended by carers, or using wheelchairs, walking frames, callipers, scooter or other mobility aid)</li> <li><input type="checkbox"/> Persons with sensory disabilities of a severity which preclude routine attendance at Public Oral Health Clinics</li> </ul>
Important information for Patient/How to prepare for your visit to our department (clinical department)	<p>The Referral Centres need the commitment of the patient/carer/parent/guardian to attend their appointments and aspire to good oral hygiene. This will be considered a condition of service provision.</p> <p><b>REFERRAL ENQUIRIES TO SPECIAL CARE DENTISTRY (SCD)</b></p> <ol style="list-style-type: none"> <li>1. It is preferred that patients are referred by Community Oral Health Clinic (COHC) Dental Practitioner, so that Referral eligibility can be met. <u>Unless they have obvious physical disability and unable to attend/sit in a dental chair in the COHC, see Point 2.</u></li> <li>2. <u>For those cases that cannot attend/sit in a dental chair in a COHC,</u> the patient must meet eligibility criteria see <b>*Guidelines for Eligibility</b> and a <b>Specialist Referral Form<sup>^</sup></b> to Special Care Dentistry must be completed by the: <ol style="list-style-type: none"> <li>a) Patient's Treating Dentist</li> <li>b) Patient's Treating Specialist Doctor or</li> <li>c) Patient's General Practitioner</li> </ol> </li> </ol>

as a detailed Medical History is required. **^See Essential Referral Information**

3. Permanently Bedbound/Nursing Home patients which live in SLHD, who cannot attend the SCD Department, and may need Outreach Services:

3.1 Give the SCD Reception Phone Number: 929 33270 to make enquiries

3.2 Transfer the caller to Special Care Dentistry Reception X 33270

#### **^ESSENTIAL REFERRAL INFORMATION SPECIAL CARE DENTISTRY**

All Referring Practitioners **must use** the NSW Health Oral Health Specialist Referral Form

Incomplete or illegible Referrals will **not be accepted**

**We request that the referring practitioner must always provide the following:**

- a) Specialist Referral Form\*
- b) **MUST** include Provider Number, and all contact details for correspondence
- c) A detailed medical history, treatment plans and any other relevant information, must be included with the referral, these must be additional to the Specialist Referral Form

#### **\*Information required on the \*Specialist Referral Form to be accepted and processed:**

1. Indicate Type of Specialty Service Required i.e. SPECIAL CARE DENTISTRY
2. All the patient's details must be written clearly on the specialist referral form.
3. All sections of the Specialist Referral Form must be completed, and the referral must be signed by the referring Practitioner.
4. Patients must be on a current Health Care Card / Pension Concession Card to be eligible for treatment, both Medicare and Concession Card Details must be included.
5. If there are any X-rays, these with the Specialist Referral Form / detailed Medical History / Treatment Plans should be posted.
6. If you do not have X-rays, all Specialist Referral Forms with attachments can be faxed to Special Care Dentistry for processing

Any other  
comments that are  
relevant

**Please post or fax the referral.**

Special Care Dentistry Fax: 02 9293 3214

**Postal Address:**

Special Care Dentistry

Level 6, Sydney Dental Hospital  
2 Chalmers Street  
Surry Hills NSW 2010

**Further Information**

Oral Health Specialist Referral

Form [www.slhd.nsw.gov.au/oralhealth/pdf/Spec\\_Referral\\_Oral\\_Health.pdf](http://www.slhd.nsw.gov.au/oralhealth/pdf/Spec_Referral_Oral_Health.pdf)

Oral Health Specialist Referral Protocols

[http://www0.health.nsw.gov.au/policies/pd/2011/pdf/PD2011\\_071.pdf](http://www0.health.nsw.gov.au/policies/pd/2011/pdf/PD2011_071.pdf)

Sydney Dental Hospital website

[www.slhd.nsw.gov.au/oralhealth/](http://www.slhd.nsw.gov.au/oralhealth/)