



Service: Dentistry

Care Venue: HSC | BRC BTC PDH TGH TPC

Case Details <small>*all fields are mandatory in Novari ATC</small>		Patient Name*:		DOB: MM/DD/YYYY	
		PHIN*:			
Diagnosis Category*					
<input type="checkbox"/> [C] Known Cancer <input type="checkbox"/> [C] Suspected Cancer <input type="checkbox"/> BENIGN TUMOURS <input type="checkbox"/> CONGENITAL AND DEVELOPMENTAL DISORDERS <input type="checkbox"/> DENTAL PROCEDURES FOR PERSONS WITH DISABILITY <input type="checkbox"/> MANAGEMENT OF INFECTION <input type="checkbox"/> OTHER DENTAL DIAGNOSES					
If Cancer*: <input type="checkbox"/> Diagnostic <input type="checkbox"/> Treatment <input type="checkbox"/> Reconstruction <input type="checkbox"/> Prophylactic <input type="checkbox"/> Staging <input type="checkbox"/> Surveillance <input type="checkbox"/> Palliative					
Please refer to the Case Priority Criteria to complete this section					
Wait 2 Priority*: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		Diagnosis Description:			
Consented Procedure*:					Est. Procedure Time*: <small>Default value provided by system when available</small> ____ mins
Procedure Notes:					
DTT*: MM/DD/YYYY	Laterality*: <small>(if applicable)</small> <input type="checkbox"/> Left <input type="checkbox"/> Right	Anesthetic*: <small>Regional sites only</small> <small>Anesthetist required</small> <input type="checkbox"/> Yes <input type="checkbox"/> No	Attend Short*: <small>Patient is available on short notice as a last-minute case replacement.</small> <input type="checkbox"/> Yes <input type="checkbox"/> No	Admission Type*: <input type="checkbox"/> Day Surgery <input type="checkbox"/> Inpatient <input type="checkbox"/> Same Day Admit <input type="checkbox"/> Short Stay	Post Procedural Destination*: <small>Day Surgery</small> <input type="checkbox"/> ICU <input type="checkbox"/> Unit LOS: ____ days
Special Instructions:					

Case Priority Criteria

Priority / Target Days	Diagnosis Description												
1 (21 days)	<input type="checkbox"/> DENTAL ABSCESS WITH OR WITHOUT PULP NECROSIS (Moderate Risk of Infection Progression) <input type="checkbox"/> ADVANCED DENTAL CARIES WITH PAIN (High Risk Medical Status) <input type="checkbox"/> HARD AND/OR SOFT TISSUE INFECTION (High Risk Medical Status) <input type="checkbox"/> ORAL AND/OR DENTAL TRAUMA (Non-Acute) <input type="checkbox"/> Urgent; does not require emergency slate												
2 (90 days)	<table border="0"> <tr> <td><input type="checkbox"/> ADVANCED DENTAL CARIES WITH PAIN (Moderate Risk Medical Status)</td> <td><input type="checkbox"/> PERICORONITIS IMPACTED MOLAR (Low Risk Medical Status)</td> </tr> <tr> <td><input type="checkbox"/> DENTAL CLEARANCE</td> <td><input type="checkbox"/> MAXILLA AND MANDIBLE OSTEONECROSIS OR OSTEORADIONECROSIS</td> </tr> <tr> <td><input type="checkbox"/> DENTAL IMPACTION SYMPTOMATIC</td> <td><input type="checkbox"/> SIALOLITHIASIS AND SIALADENITIS</td> </tr> <tr> <td><input type="checkbox"/> DENTAL IMPACTION SYMPTOMATIC OR TIMING REQUIREMENTS</td> <td><input type="checkbox"/> HARD AND/OR SOFT TISSUE INFECTION (Moderate Risk Medical Status)</td> </tr> <tr> <td><input type="checkbox"/> SUPERNUMERARY TOOTH WITH OR WITHOUT ASSOCIATED PATHOLOGY</td> <td><input type="checkbox"/> HARD AND OR SOFT TISSUE OF ORAL CAVITY LESION (Benign)</td> </tr> </table> <input type="checkbox"/> Constant, frequent or severe pain/symptoms (biological, psychological) <input type="checkbox"/> Significantly impacts ability to perform usual activities <input type="checkbox"/> High probability of disease progression with morbidity that might affect function or life expectancy <input type="checkbox"/> Recurring unscheduled visits i.e., ED/primary care physician/surgeon	<input type="checkbox"/> ADVANCED DENTAL CARIES WITH PAIN (Moderate Risk Medical Status)	<input type="checkbox"/> PERICORONITIS IMPACTED MOLAR (Low Risk Medical Status)	<input type="checkbox"/> DENTAL CLEARANCE	<input type="checkbox"/> MAXILLA AND MANDIBLE OSTEONECROSIS OR OSTEORADIONECROSIS	<input type="checkbox"/> DENTAL IMPACTION SYMPTOMATIC	<input type="checkbox"/> SIALOLITHIASIS AND SIALADENITIS	<input type="checkbox"/> DENTAL IMPACTION SYMPTOMATIC OR TIMING REQUIREMENTS	<input type="checkbox"/> HARD AND/OR SOFT TISSUE INFECTION (Moderate Risk Medical Status)	<input type="checkbox"/> SUPERNUMERARY TOOTH WITH OR WITHOUT ASSOCIATED PATHOLOGY	<input type="checkbox"/> HARD AND OR SOFT TISSUE OF ORAL CAVITY LESION (Benign)		
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3 (182 days)	<table border="0"> <tr> <td><input type="checkbox"/> DENTAL CARE ROUTINE</td> <td><input type="checkbox"/> DENTAL IMPLANTS</td> </tr> <tr> <td><input type="checkbox"/> ORAL DENTAL EXAMINATION AND TREATMENT</td> <td><input type="checkbox"/> DENTOALVEOLAR DEFICIENCY CROWDING</td> </tr> <tr> <td><input type="checkbox"/> UNABLE TO EXAMINE (Low Risk Medical Status)</td> <td><input type="checkbox"/> EXOSTOSIS</td> </tr> <tr> <td><input type="checkbox"/> ANKYLOGLOSSIA</td> <td><input type="checkbox"/> PRIMARY TOOTH RETAINED</td> </tr> <tr> <td><input type="checkbox"/> DENTAL CARIES (No Pain)</td> <td><input type="checkbox"/> GINGIVAL HYPERPLASIA</td> </tr> <tr> <td><input type="checkbox"/> DENTAL IMPACTION (Asymptomatic)</td> <td><input type="checkbox"/> REVISION OR REMOVAL OF HARDWARE</td> </tr> </table> <input type="checkbox"/> Mild or occasional pain/symptoms (biological, psychological) <input type="checkbox"/> Minimally or moderately impacts ability to perform usual activities <input type="checkbox"/> Low probability of disease progression that might affect function or life expectancy <input type="checkbox"/> Minimal unscheduled visits i.e., ED/primary care physician/surgeon	<input type="checkbox"/> DENTAL CARE ROUTINE	<input type="checkbox"/> DENTAL IMPLANTS	<input type="checkbox"/> ORAL DENTAL EXAMINATION AND TREATMENT	<input type="checkbox"/> DENTOALVEOLAR DEFICIENCY CROWDING	<input type="checkbox"/> UNABLE TO EXAMINE (Low Risk Medical Status)	<input type="checkbox"/> EXOSTOSIS	<input type="checkbox"/> ANKYLOGLOSSIA	<input type="checkbox"/> PRIMARY TOOTH RETAINED	<input type="checkbox"/> DENTAL CARIES (No Pain)	<input type="checkbox"/> GINGIVAL HYPERPLASIA	<input type="checkbox"/> DENTAL IMPACTION (Asymptomatic)	<input type="checkbox"/> REVISION OR REMOVAL OF HARDWARE
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<input type="checkbox"/> DENTAL IMPACTION (Asymptomatic)	<input type="checkbox"/> REVISION OR REMOVAL OF HARDWARE												
4 (274 days)	<input type="checkbox"/> DENTAL CARE ROUTINE FOR ANNUAL VISITS <input type="checkbox"/> EXAMINATION UNDER ANAESTHETIC FOR PERIODIC REGULAR CARE <input type="checkbox"/> Elective indication for surgery <input type="checkbox"/> Minimal risk of morbidity incurred in waiting												
Oncology													
1 (14 days)	<input type="checkbox"/> N/A <input type="checkbox"/> Urgent; does not require emergency slate <input type="checkbox"/> Diagnostic Surgical Oncology Cases												
2 (28 days)	<input type="checkbox"/> HARD AND/OR SOFT TISSUE OF ORAL CAVITY LESION SUSPECTED MALIGNANT <input type="checkbox"/> Patients diagnosed with highly aggressive malignancies												
3 (42 days)	<input type="checkbox"/> N/A <input type="checkbox"/> All patients with known or suspected highly invasive cancer <input type="checkbox"/> Cancer is not highly aggressive or indolent												
4 (84 days)	<input type="checkbox"/> OTHER DENTAL AND PERIODONTAL CANCER <input type="checkbox"/> Patients diagnosed or suspected to have indolent malignancies												