



**Service:** Oral Surgery

**Care Venue:**  HSC  VGH

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

# Case Priority Criteria

| Priority / Target Days | Diagnosis Description   |
|------------------------|---|
| 1<br>(21 days)         | <input type="checkbox"/> ABSCESS DRAINAGE (SIGNS OF INFECTION)<br><input type="checkbox"/> CLOSED REDUCTION MANDIBLE/MAXILLA<br><input type="checkbox"/> FACIAL INFECTION OF DENTAL SOURCE WITH PAIN, HIGH MEDICAL RISK<br><input type="checkbox"/> HARDWARE REMOVAL, DENTAL EXTRACTION, ABSCESS DRAINAGE (DUE TO MAJOR INFECTION)<br><input type="checkbox"/> MAXILLA AND MANDIBLE OSTEONECROSIS (ACUE AND SUBACUTE SYMPTOMS)<br><input type="checkbox"/> ORAL AND MAXILLOFACIAL OSTEOMYELITIS<br><input type="checkbox"/> SINUS OR NASAL CAVITY FOREIGN BODY<br><input type="checkbox"/> TEMPOROMANDIBULAR JOINT DYSFUNCTION (ACUTE)<br><input type="checkbox"/> TRAUMA FACIAL INJURIES (ORIF MANDIBLE, MAXILLA, ORBIT, ZYGOMA, UPPER/MIDFACE, FACIAL FRACTURE, FACIAL LACERATION)  |
|                        | <input type="checkbox"/> Urgent; does not require emergency slate   |
| 2<br>(90 days)         | <input type="checkbox"/> BENIGN HARD AND/OR SOFT TISSUE LESION<br><input type="checkbox"/> HARDWARE REMOVAL, DENTAL EXTRACTION, ABSCESS DRAINAGE (DUE TO MINOR INFECTION)<br><input type="checkbox"/> MAXILLA AND MANDIBLE OSTEONECROSIS (CHRONIC SYMPTOMS)<br><input type="checkbox"/> MAXILLA AND MANDIBLE OSTEORADIONECROSIS<br><input type="checkbox"/> ORAL DEBRIDEMENT AND MANDIBULAR PROCEDURES<br><input type="checkbox"/> SIALOLITHIASIS AND SIALADENITIS<br><input type="checkbox"/> SKELETAL HARDWARE/DEVICE COMPLICATIONS (SUBACUTE AND CHRONIC)  |
|                        | <input type="checkbox"/> Constant, frequent or severe pain/symptoms (biological, psychological)<br><input type="checkbox"/> Significantly impacts ability to perform usual activities<br><input type="checkbox"/> High probability of disease progression with morbidity that might affect function or life expectancy<br><input type="checkbox"/> Recurring unscheduled visits i.e., ED/primary care physician/surgeon   |
| 3<br>(182 days)        | <input type="checkbox"/> HARDWARE REMOVAL OR DENTAL EXTRACTION (MEDICALLY COMPROMISED PATIENT)<br><input type="checkbox"/> ORAL FISTULA REPAIR<br><input type="checkbox"/> TEMPOROMANDIBULAR ANKYLOSIS<br><input type="checkbox"/> TEMPOROMANDIBULAR JOINT DYSFUNCTION (CHRONIC)  |
|                        | <input type="checkbox"/> Mild or occasional pain/symptoms (biological, psychological)<br><input type="checkbox"/> Minimally or moderately impacts ability to perform usual activities.<br><input type="checkbox"/> Low probability of disease progression that might affect function or life expectancy<br><input type="checkbox"/> Minimal unscheduled visits i.e., ED/primary care physician/surgeon  |
| 4<br>(274 days)        | <input type="checkbox"/> ALVEOLAR, FACIAL DEFORMITY CLEFT<br><input type="checkbox"/> DENTAL PROCEDURES (ALVEOPLASTY, DENTAL PROSTHETICS)<br><input type="checkbox"/> DENTAL EXOTOSIS, PRIMARY TOOTH RETAINED, SUPERNUMERARY TOOTH WITH/WITHOUT ASSOCIATED PATHOLOGY<br><input type="checkbox"/> DENTAL IMPACTION ASYMPTOMATIC<br><input type="checkbox"/> DENTAL IMPLANTS<br><input type="checkbox"/> FACIAL DEFORMITIES/DEFICIENCIES REQUIRING ORTHOGNATHIC PROCEDURE<br><input type="checkbox"/> ORAL RECONSTRUCTIVE PROCEDURES (PALATAL EXPANSION, VESTIBULOPLASTY, BONE EXOTOSIS)<br><input type="checkbox"/> MANDIBULAR & MAXILLARY PROCEDURES INCLUDING OSTEOTOMIES, VERTICAL RAMUS, BONE GRAFTS, EXCISIONS<br><input type="checkbox"/> MAXILLA OR MANDIBLE ATROPHY (REQUIRING BONE GRAFT)<br><input type="checkbox"/> MAXILLA OR MANDIBLE REHABILITATION PHASE I (POST RECONSTRUCTION)<br><input type="checkbox"/> NASAL FISTULA (RESIDUAL VESTIBULAR OR PALATAL)<br><input type="checkbox"/> REMOVAL HARDWARE, DENTAL EXTRACTION<br><input type="checkbox"/> SOFT TISSUE REVISION (POST RECONSTRUCTION)<br><input type="checkbox"/> SOFT TISSUE FRENECTOMY |
|                        | <input type="checkbox"/> Elective indication for surgery<br><input type="checkbox"/> Minimal risk of morbidity incurred in waiting  |
| <b>Oncology</b>        |   |
| 1<br>(14 days)         | <input type="checkbox"/> EXCISION/BIOPSY FOR SUSPECTED CANCER<br><input type="checkbox"/> HARD AND OR SOFT TISSUE OF ORAL CAVITY LESION CONFIRMED MALIGNANT<br><input type="checkbox"/> SALIVARY GLAND NEOPLASM CONFIRMED   |
|                        | <input type="checkbox"/> Urgent; does not require emergency slate<br><input type="checkbox"/> Diagnostic Surgical Oncology Cases  |
| 2<br>(28 days)         | <input type="checkbox"/> HARD AND OR SOFT TISSUE OF ORAL CAVITY LESION SUSPECTED MALIGNANT<br><input type="checkbox"/> SALIVARY GLAND NEOPLASM SUSPECTED  |
|                        | <input type="checkbox"/> Patients diagnosed with highly aggressive malignancies   |
| 3<br>(42 days)         | <input type="checkbox"/> N/A  |
|                        | <input type="checkbox"/> All patients with known or suspected highly invasive cancer<br><input type="checkbox"/> Cancer is not highly aggressive or indolent  |
| 4<br>(84 days)         | <input type="checkbox"/> N/A  |
|                        | <input type="checkbox"/> Patients diagnosed or suspected to have indolent malignancies  |