



Service: Oral Surgery

Care Venue: HSC VGH

Case Details <i>*all fields are mandatory in Novari ATC</i>		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"/> DENTOALVEOLAR SURGERY <input type="checkbox"/> FACIAL TRAUMA <input type="checkbox"/> MANAGEMENT OF INFECTION <input type="checkbox"/> OTHER ORAL/MAXILLOFACIAL DIAGNOSES <input type="checkbox"/> TEMPOROMANDIBULAR JOINT			
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*:					
Procedure Notes:					
DTT*: MM/DD/YYYY	Laterality*: (if applicable) <input type="checkbox"/> Left <input type="checkbox"/> Right	Attend Short*: Patient is available on short notice as a last-minute case replacement. <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*: Day Surgery <input type="checkbox"/> ICU <input type="checkbox"/> Unit LOS: ____ days	
Special Instructions:					
Review by:			Entered by:		

Case Priority Criteria

Priority / Target Days	Diagnosis Description
1 (21 days)	<input type="checkbox"/> ABSCESS DRAINAGE (SIGNS OF INFECTION) <input type="checkbox"/> CLOSED REDUCTION MANDIBLE/MAXILLA <input type="checkbox"/> FACIAL INFECTION OF DENTAL SOURCE WITH PAIN, HIGH MEDICAL RISK <input type="checkbox"/> HARDWARE REMOVAL, DENTAL EXTRACTION, ABSCESS DRAINAGE (DUE TO MAJOR INFECTION) <input type="checkbox"/> MAXILLA AND MANDIBLE OSTEONECROSIS (ACUE AND SUBACUTE SYMPTOMS) <input type="checkbox"/> ORAL AND MAXILLOFACIAL OSTEOMYELITIS <input type="checkbox"/> SINUS OR NASAL CAVITY FOREIGN BODY <input type="checkbox"/> TEMPOROMANDIBULAR JOINT DYSFUNCTION (ACUTE) <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 (90 days)	<input type="checkbox"/> BENIGN HARD AND/OR SOFT TISSUE LESION <input type="checkbox"/> HARDWARE REMOVAL, DENTAL EXTRACTION, ABSCESS DRAINAGE (DUE TO MINOR INFECTION) <input type="checkbox"/> MAXILLA AND MANDIBLE OSTEONECROSIS (CHRONIC SYMPTOMS) <input type="checkbox"/> MAXILLA AND MANDIBLE OSTEORADIONECROSIS <input type="checkbox"/> ORAL DEBRIDEMENT AND MANDIBULAR PROCEDURES <input type="checkbox"/> SIALOLITHIASIS AND SIALADENITIS <input type="checkbox"/> SKELETAL HARDWARE/DEVICE COMPLICATIONS (SUBACUTE AND CHRONIC)
	<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
3 (182 days)	<input type="checkbox"/> HARDWARE REMOVAL OR DENTAL EXTRACTION (MEDICALLY COMPROMISED PATIENT) <input type="checkbox"/> ORAL FISTULA REPAIR <input type="checkbox"/> TEMPOROMANDIBULAR ANKYLOSIS <input type="checkbox"/> TEMPOROMANDIBULAR JOINT DYSFUNCTION (CHRONIC)
	<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
4 (274 days)	<input type="checkbox"/> ALVEOLAR, FACIAL DEFORMITY CLEFT <input type="checkbox"/> DENTAL PROCEDURES (ALVEOPLASTY, DENTAL PROSTHETICS) <input type="checkbox"/> DENTAL EXOTOSIS, PRIMARY TOOTH RETAINED, SUPERNUMERARY TOOTH WITH/WITHOUT ASSOCIATED PATHOLOGY <input type="checkbox"/> DENTAL IMPACTION ASYMPTOMATIC <input type="checkbox"/> DENTAL IMPLANTS <input type="checkbox"/> FACIAL DEFORMITIES/DEFICIENCIES REQUIRING ORTHOGNATHIC PROCEDURE <input type="checkbox"/> ORAL RECONSTRUCTIVE PROCEDURES (PALATAL EXPANSION, VESTIBULOPLASTY, BONE EXOTOSIS) <input type="checkbox"/> MANDIBULAR & MAXILLARY PROCEDURES INCLUDING OSTEOTOMIES, VERTICAL RAMUS, BONE GRAFTS, EXCISIONS <input type="checkbox"/> MAXILLA OR MANDIBLE ATROPHY (REQUIRING BONE GRAFT) <input type="checkbox"/> MAXILLA OR MANDIBLE REHABILITATION PHASE I (POST RECONSTRUCTION) <input type="checkbox"/> NASAL FISTULA (RESIDUAL VESTIBULAR OR PALATAL) <input type="checkbox"/> REMOVAL HARDWARE, DENTAL EXTRACTION <input type="checkbox"/> SOFT TISSUE REVISION (POST RECONSTRUCTION) <input type="checkbox"/> SOFT TISSUE FRENECTOMY
	<input type="checkbox"/> Elective indication for surgery <input type="checkbox"/> Minimal risk of morbidity incurred in waiting
Oncology	
1 (14 days)	<input type="checkbox"/> EXCISION/BIOPSY FOR SUSPECTED CANCER <input type="checkbox"/> HARD AND OR SOFT TISSUE OF ORAL CAVITY LESION CONFIRMED MALIGNANT <input type="checkbox"/> SALIVARY GLAND NEOPLASM CONFIRMED
	<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"/> SALIVARY GLAND NEOPLASM SUSPECTED
	<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"/> N/A
	<input type="checkbox"/> Patients diagnosed or suspected to have indolent malignancies