

AK6 RUJUKAN KE KLINIK PAKAR RESTORATIF



Decision for Referral to the MOH Restorative Dental Specialist

This will be based on the final score as follows :

Complexity code	Modifying Factor (Yes/No)	Final Score	Decision
1	No	1	To be managed by Dental officer
1	Yes	2	
2	No	2	
2	Yes	3	Will be accepted for referral
3	No	3	
3	Yes	3	

Note : If there is more than 1 modifying factor, the complexity score increases only by 1 (and is not cumulative)

Root Canal Treatment Complexity Assessment

Complexity	Code	Features
Low	1	<ul style="list-style-type: none"> • Single/multiple root canals with curvature < 15° to root axis • No root canal obstruction/damaged access • I & D required
Moderate	2	<ul style="list-style-type: none"> • Single/multiple root canals with curvature > 15° but < 40° to root axis. • Teeth with incomplete root development
High	3	<ul style="list-style-type: none"> • Single/multiple root canals with curvature > 40° from radiographic or clinical evidence through their entire length <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>15° to root axis</p>  </div> <div style="text-align: center;"> <p>40° to root axis</p>  </div> </div> <ul style="list-style-type: none"> • Single/multiple root canals that are not considered negotiable • Periradicular surgery • Teeth with iatrogenic damage or pathological resorption • Teeth with difficult root morphology • Cases requiring multidisciplinary management • Others (e.g difficult and uncertain diagnosis)

Modifying factors

1. Medical history that significantly affects clinical management such as:
 - patients with a history of head/neck radiotherapy
 - patients who are immuno compromised or immuno suppressed
2. Special Needs patients with restorative treatment
3. Mandibular dysfunction
4. Atypical facial pain.
5. Limited conventional or surgical operating access.
6. Endodontic retreatment

Fixed Prosthodontics Treatment Assessment

This basic assessment assumes that the proposed restorative dental treatment will conform to the existing occlusion. The principles apply to conventional and adhesive units.

Fixed Prosthodontic restorations include:

- Intra coronal restorations
- Veneer restorations
- Extra coronal restorations including pontic units

Complexity	Code	Features
Low	1	<ul style="list-style-type: none"> • Single restorations not involved in anterior guidance, where there are adequate teeth to maintain the existing occlusion.
Moderate	2	<ul style="list-style-type: none"> • Multiple restorations not involved in anterior guidance, where there are adequate teeth to maintain the existing occlusion.
High	3	<ul style="list-style-type: none"> • Restorations that contribute to anterior guidance where there are insufficient teeth to maintain the current guidance. • Extra coronal restoration of posterior sextant (all teeth) where a terminal unit is involved. • Extra coronal restoration of the complete anterior guidance including pontic units. • Extra coronal restoration of upper and lower sextants (all teeth) on the same site. • Restorations that are supported by osseointegrated implants. • Severe/ generalized tooth surface loss (toothwear). • Severe/generalised hypoplastic teeth (due to fluorosis or amelogenesis imperfecta). • Failure of multiple crown / bridge • Multidisciplinary problems such as extensive hypodontia, cleft lip and palate cases etc.

Modifying factors

1. Medical history that significantly affects clinical management such as:
 - patients with a history of head/neck radiotherapy.
 - patients who are immuno compromised or immuno suppressed.
2. Special Needs patients with restorative treatment
3. Mandibular dysfunction.
4. Atypical facial pain.
5. Skeletal base alveolar discrepancy that adversely affects the occlusion.
6. Evidence of significant parafunction.
7. Limited operating access.
8. Reorganisation of the occlusion required.

Appendix 1C

Removable Prosthodontics Treatment Assessment

This assessment applies to the partially dentate patient, the edentulous patient is excluded.

Complexity	Code	Features
Low	1	<ul style="list-style-type: none"> • Prostheses with bounded saddles replacing posterior teeth • All mucosal borned prostheses • Prostheses replacing anterior teeth where there are adequate sound or restored teeth to provide anterior guidance
Moderate	2	<ul style="list-style-type: none"> • Free end saddle prostheses which are dependent upon differential support • Prostheses with problems involving the path of insertion and/or available undercuts where some tooth modification is involved • Prostheses which contribute to anterior guidance
High	3	<ul style="list-style-type: none"> • Prostheses where abutment teeth require extra coronal restoration to improve stability and retention • Indication for sectional prostheses • Prostheses involving osseo integrated implant support • Presence of oro-facial defects requiring obturator/restoration • Multidisciplinary problems such as extensive hypodontia, cleft lip and palate cases etc

Modifying factors

1. Medical history that significantly affects clinical management such as:
 - patients with a history of head/neck radiotherapy
 - patients who are immuno compromised or immuno suppressed
2. Special Needs patients with restorative treatment
3. Mandibular dysfunction.
4. Atypical facial pain.
5. Skeletal base alveolar discrepancy that adversely affects the occlusion.
6. Evidence of significant parafunction.
7. Presence of retching tendency.
8. Limited operating access.
9. Reorganisation of the occlusion required.