

# Referrals to Specialist Dental Services, Oral Health Centre 004648



6. Communicating for Safety



1. Clinical Governance

## Purpose and intent

This procedure provides clinicians, both internal and external to the Oral Health Centre (OHC), with information on referring patients for Specialist Dental Services, including available referral pathways and the clinical guidelines for these processes.

## Scope and target audience

This procedure applies:

- all Metro North Hospital and Health Service (Metro North Health) clinical and non-clinical staff (permanent, temporary and casual) and all organisations and individuals acting as its agents (including Visiting Medical Officers and other partners, contractors, consultants and volunteers)
- University of Queensland (UQ) students
- External referring practitioners to the OHC.

## Requirements for Acceptance

All patients referred to the OHC must be advised that treatment is largely provided by students enrolled in the University of Queensland, School of Dentistry (UQSoD) Undergraduate and Postgraduate programmes under the supervision of qualified clinicians. This means that access to care may be limited by student numbers, semester breaks and training requirements.

Further information can be provided to patients using the patient brochure [Welcome to the Oral Health Alliance](#) or by using the [Oral Health Centre | Surgical, Treatment and Rehabilitation Service \(STARS\)](#) website.

## Procedure

### Eligible Patients

- Patients who meet the criteria outlined in the [Oral Health Services Eligibility Guideline](#) are eligible for public sector oral health services.

- Undergraduate (UG) and Postgraduate (PG) clinics may prioritise eligible patients wherever possible to meet course training requirements.

## Non-eligible patients

- Patients who do not meet eligibility criteria for public sector oral health services, as outlined in the [Oral Health Services Eligibility Guideline](#), are generally **not accepted** for treatment.
- Eligibility criteria may be waived when there are insufficient eligible patients to meet student training requirements. This ensures students gain exposure to a broad range of procedures.
- Fees may apply for ineligible patients and for certain treatment types.
- All non-eligible patient referrals require case-by-case assessment and must align with the University of Queensland (UQ) students' learning needs.
- Eligibility exemptions must be assessed and approved by the Clinical Director of the OHC.

## Specialist referral requirements

### General information

- Most specialist services are delivered by **UQ postgraduate students (DClinDent programs)** and patients must be informed of this before a referral is made.
- Not all patients will meet the criteria for treatment at the OHC. If a referral is not accepted, the referring clinician will be notified via email letter ([see Appendix 1](#)).
- Specialist public oral health services have **long wait times**. To ensure fair and appropriate allocation of limited resources, it is essential that scheduled appointments are attended.
  - Patients who do not attend their appointments may have their course of care discontinued, and a new referral will be required.
  - All patients must be provided with information about waiting times and access pathways to support informed decision-making.
- All patients currently in treatment or awaiting an appointment for specialist services may be required to receive a course of care in the **general dental clinic**. This ensures that each patient's oral health status meets the necessary requirements for specialist treatment.
  - Failure to attend scheduled general dental clinic appointments may result in closure of the specialist waiting list entry, and a new referral will be required.
- The referring practitioner is responsible for providing **ongoing general dental care** throughout the patient's specialist treatment.
  - After the specialist course of care is completed, the patient will return to the referring practitioner for **ongoing maintenance**.
- Specialist services fall **outside the standard range of public oral health services** and depend on resource availability, which may result in longer-than-recommended waiting times. Referring clinicians may consider offering patients an alternative treatment option before submitting a referral.
  - The OHC charges **service fees** for high-cost procedures such as Orthodontics and Implants.
  - In exceptional circumstances, service fee obligations may be waived. These cases are individually reviewed by the OHC Clinical Director.
- The OHC welcomes external referrals to Specialist Dental Services.

The following specialist dental services are available for referrals (click on the specialist service required)

1. [Cancer Care \(RBWH Patients Only\)](#)
2. [Dental Implants](#)
3. [Endodontics](#)
4. [Dento-Maxillofacial Radiology \(DMFR\) – OHC only \(not external\)](#)
5. [Intravenous Sedation](#)
6. [Oral & Maxillofacial Surgery \(OMFS\)](#)
7. [Oral Medicine](#)
8. [Orthodontics](#)
9. [Paediatric Dentistry](#)
10. [Periodontics](#)
11. [Prosthodontics](#)
12. [Special Needs Dentistry \(SND\)](#)

## Referral Procedure

- The referring practitioner must complete the Referrals to Specialist Dental Services, Oral Health Centre form. This is an **online MS Form** available on:
  - The direct link to the form is [HERE](#)
  - The link to the form is also available on:
    - The OHA QHEPS webpage: <https://qheps.health.qld.gov.au/stars/clinical-services/oral-health-alliance>
    - The Oral Health Centre (STARS) public-facing webpage: <https://metronorth.health.qld.gov.au/stars/healthcare-services/oral-health-centre>
- To prevent duplicate referrals, the referring practitioner must check the Information System for Oral Health (ISOH) “**Lists**” status and the “**Electronic file**” to ensure the patient is not already on an active waiting list for the same condition.



- If the patient’s dental condition has deteriorated, there is no requirement to complete a referral at this stage. An email should be sent to [OHC\\_referrals@health.qld.gov.au](mailto:OHC_referrals@health.qld.gov.au) to update the team on the condition, and an appropriate plan can be organised.
- Paper forms and referral letters will no longer be accepted.

- Specialist services can only be accessed via referrals from dental, allied health, or medical practitioners.

## Information Required in the Referral

The referring practitioner must provide all relevant clinical information, including:

### Reason for referral

- Affected regions (tooth numbers, oral tissues, etc.)
- Requested treatment
- Treatment completed or partially completed (including reasons for incomplete care)

### Medical history

- Relevant medical conditions and considerations

### Radiographs

- A recent orthopantomogram (OPG), within 6 months, is **mandatory for all referrals**
- A recent periapical radiograph (PA) and a bitewing (BW), within 6 weeks, is **mandatory for Endodontic referrals**
- Pre- and post-extraction x-rays are required when referring for the retrieval of remaining retained roots or failed attempts of extractions

### Clinical digital images

- Relevant clinical photographs/images should be emailed to [OHC\\_Radiology@health.qld.gov.au](mailto:OHC_Radiology@health.qld.gov.au), ensuring the following details are included:
  - Patient's full name
  - Date of birth
  - Patient ISOH identifier number
  - Description of image (area of interest)
  - Date of image acquisition.
- Clinical pictures (less than 6 weeks) are mandatory for oral medicine referrals.

### Urgent cases

- Urgent cases must be clearly identified, with justification provided in writing.
- Inappropriate urgent referrals will be returned to the referring clinician with justified, written reasoning, which may delay treatment.

### Additional requirements

- Interpreter needs
- Mobility considerations
- Bed-bound patients or those requiring significant support must attend with an appropriate escort (e.g., nurse, mental health worker, social support worker) who must remain for the duration of the appointment.

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## After Referral submission

- Patients are placed on a priority waiting list on the date their referral is accepted by the triaging practitioners.
- Once triaged and accepted by the receiving specialist clinic, patients will receive a text message confirming acceptance.

## Radiograph Imaging Requirements

### Digital Images (preferred method)

Digital radiographic images acquired on any Queensland Health PACS system are preferred. All radiographs must include:

- Patient's full name
- Date of birth
- Date of exposure

### Image Access and Submission

- Images available on **eUnity/NilRead** are preferred. Please indicate this on the referral form.
- For images acquired on the statewide **QRIS IMPAX** system, include the patient's hospital UR number in the referral.
- If images were obtained on a **non-Queensland Health PACS**, the referrer must obtain a suitable copy and email it to: **OHC\_Radiology@health.qld.gov.au**

### Acceptable Digital Formats

- Preferred formats: **DICOM** (with viewing software), **TIFF**, **PNG**, or **lossless JPEG 2000**
- Not accepted:
  - Highly compressed or low-resolution JPEG images
  - Photographs or photocopies of radiographs
  - Radiographs scanned on low-resolution photocopiers or scanners

### Diagnostic Quality

- Images must be of sufficient diagnostic quality.
- Poor-quality images may be rejected, and a new referral may be required.

## Referral Criteria for Specialist Dental Services

Specific eligibility and referral criteria requirements are outlined in this section.

### Cancer Care (RBWH Patients Only)

| Clinical requirements for referral for cancer care patients under the care of RBWH |  |
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| <b>Clinical Reason for Referral</b>  | <p><b>Important:</b> This is only to refer patients under the care of cancer care services at the <a href="#">Royal Brisbane and Women's Hospital (RBWH)</a></p> <p><b>When to Refer</b></p> <p>Referral to the OHC Cancer Care service is appropriate for RBWH patients who are:</p> <ul style="list-style-type: none"> <li>Planned for <b>head and neck radiation</b> with or without chemotherapy</li> <li>Newly diagnosed with a <b>haematological malignancy</b> requiring dental assessment</li> <li>Planned for a <b>stem cell transplant</b>, or within <b>12 months post-transplant</b></li> <li>Requiring <b>pre-bisphosphonate dental review</b> for bone malignancy</li> <li>At risk of osteroradionecrosis (ORN) or medication related osteonecrosis of the jaws (MRONJ) and requiring <b>dental extractions</b></li> </ul>                                 |
| <b>Responsibilities of the Referring Practitioner</b>                              | <ul style="list-style-type: none"> <li>If the patient can be safely managed locally, the OHC will provide <b>advice</b> (e.g., radiation mapping, extraction timing) to support treatment at the referring clinic.</li> <li>Once the cancer patient becomes <b>stable</b>, they will be returned to the referring dentist for ongoing care.</li> </ul>   |
| <b>Priority Categories</b>   | <p><b>Category 1 – High Priority</b></p> <p>Patients who are symptomatic or require urgent cancer-related dental clearance:</p> <ul style="list-style-type: none"> <li>Symptomatic <b>ORN / MRONJ</b></li> <li>New <b>haematological malignancy</b></li> <li>Planned <b>head &amp; neck radiation</b> ± chemotherapy</li> <li>Planned <b>stem cell transplant</b></li> <li>Planned <b>bisphosphonate therapy</b> for bone malignancy</li> <li><b>Symptomatic teeth</b> requiring extraction in a high-risk ORN/MRONJ setting</li> </ul> <p><b>Category 2 – Medium Priority</b></p> <ul style="list-style-type: none"> <li><b>Asymptomatic</b> teeth requiring extraction in a high-risk ORN/MRONJ setting</li> <li><b>Asymptomatic</b> ORN or MRONJ</li> </ul> <p><b>Category 3 – Low Priority</b></p> <ul style="list-style-type: none"> <li>All other cases</li> </ul> |

## Dental Implants

| Clinical Requirements for referral for dental implants |  |
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| <b>Clinical Reason for Referral</b>                    | <p><b>Important:</b> The OHC Implant Program accepts <u>simple implant cases only</u>.</p> <p><b>Accepted (Simple) Cases</b></p> <ul style="list-style-type: none"> <li>• Single-unit implant crowns</li> <li>• Implant-supported dentures</li> <li>• Some straightforward multi-unit cases</li> </ul> <p><b>Not Accepted (Complex) Cases</b></p> <ul style="list-style-type: none"> <li>• Zygomatic implants</li> <li>• Full-arch or partial-arch prostheses</li> <li>• Milled bar restorations</li> <li>• Any complex restorative plan <b>unless</b> required for Postgraduate student learning outcomes             <ul style="list-style-type: none"> <li>○ These patients may be offered alternative plans or returned to the referrer</li> </ul> </li> </ul> <p><b>Implants Placed Elsewhere</b></p> <ul style="list-style-type: none"> <li>• The OHC <b>will not</b> restore implants placed:             <ul style="list-style-type: none"> <li>○ In private practice</li> <li>○ Overseas</li> <li>○ At any non-OHC facility</li> </ul> </li> </ul> <p><b>Exception:</b></p> <ul style="list-style-type: none"> <li>○ Implant referrals may be accepted on a <b>case-by-case</b> if OHC was involved in treatment planning (e.g., with a Queensland Health Maxillofacial team).</li> </ul> <p><b>Peri-implantitis / Explant Cases</b></p> <ul style="list-style-type: none"> <li>• If implants were placed outside the OHC, refer to the <b>Periodontics Program</b> for assessment and management.</li> </ul> |
| <b>Responsibilities of the Referring Clinician</b>     | <p><b>Inform the Patient</b></p> <ul style="list-style-type: none"> <li>• Dental implants may <b>not</b> be suitable for all cases</li> <li>• Good oral hygiene and periodontal health are essential</li> <li>• All dental caries and pathology must be treated before referral</li> <li>• The first appointment is usually <b>consultation and assessment only</b></li> <li>• Additional exclusion criteria may apply based on medical or social history</li> </ul> <p><b>Before Referring</b></p> <p>Ensure the patient has:</p> <ul style="list-style-type: none"> <li>• Demonstrated good oral hygiene</li> <li>• No untreated dental caries or pathology</li> <li>• Stable periodontal health</li> </ul>  |

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| <b>Cost and fees</b> | <p>Implant treatment at the OHC incurs fees as outlined in the <a href="#">Informed Financial Consent: Dental Implants</a> form.</p> <p>For patients receiving implants as part of a <b>prosthodontic rehabilitation</b>, costs will be discussed with the patient <b>before surgery</b>.</p> |
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## Endodontics

| Clinical requirements for referral to endodontic specialist |  |
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| <b>Tooth Suitability</b>                                    | <p>Referred teeth <b>must</b>:</p> <ul style="list-style-type: none"> <li>• Be functional and free of active caries</li> <li>• Have a good <b>endodontic, periodontal, and restorative prognosis</b></li> <li>• Be of significant value for <b>function, aesthetics, or denture support</b></li> <li>• Be <b>temporised and ready for treatment</b> <ul style="list-style-type: none"> <li>○ <b>Exception:</b> Vital Pulp Therapy cases</li> </ul> </li> </ul>   |
| <b>Restorability Criteria</b>                               | <p>Restorability and functional assessment should include the following criteria. Root canal treatment <b>will not</b> be offered if any of the following are present:</p> <ul style="list-style-type: none"> <li>• Unrestorable coronal or root caries</li> <li>• Caries in the furcation</li> <li>• Loss of <b>&gt;50%</b> of sound coronal tooth structure</li> <li>• Evidence of <b>root fractures</b></li> <li>• No opposing tooth and <b>no plan</b> to restore the opposing dentition</li> <li>• Periodontal attachment loss <b>&gt;4 mm</b></li> <li>• Insufficient ferrule or deep/subgingival crown margins</li> </ul> |
| <b>Patient Factors</b>                                      | <ul style="list-style-type: none"> <li>• Patients must demonstrate <b>good oral hygiene</b> and motivation for complex care.</li> <li>• Inclusion criteria may be waived when extraction is contraindicated due to medical conditions such as: <ul style="list-style-type: none"> <li>○ High-dose antiresorptive therapy for cancer</li> <li>○ Radiation therapy</li> <li>○ Other medically significant risks</li> </ul> </li> </ul>   |
| <b>Radiographic Requirements</b>                            | <ul style="list-style-type: none"> <li>• A recent OPG is <b>mandatory for all referrals</b> (within 6 months)</li> <li>• A recent periapical radiograph (PA) and a bitewing (BW) is <b>mandatory for Endodontic referrals</b> (within 6 weeks)</li> <li>• A clinical photograph where appropriate</li> </ul>   |
| <b>Priority Categories</b>                                  | <p><b>Priority 1 – High Priority</b></p> <ul style="list-style-type: none"> <li>• Traumatic dental injuries <ul style="list-style-type: none"> <li>○ Luxation, avulsion, crown/root fractures</li> </ul> </li> <li>• Cases where delayed treatment may adversely affect significant medical conditions <ul style="list-style-type: none"> <li>○ Cardiac, transplant, oncology, immunocompromised patients</li> </ul> </li> </ul>   |

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|  | <ul style="list-style-type: none"> <li>Teeth with <b>lateral</b> or <b>pulpal floor perforations</b></li> <li>Severe pain requiring specialist-level differential diagnosis</li> </ul> <p><b>Priority 2 – Medium Priority</b></p> <ul style="list-style-type: none"> <li>Symptomatic teeth <b>despite appropriate initial management</b> in general clinics</li> <li>Teeth with <b>large resorptive lesions</b></li> </ul> <p><b>Priority 3 – Low Priority</b></p> <ul style="list-style-type: none"> <li>Symptomatic <b>re-treatment</b> cases or those requiring <b>endodontic surgery</b></li> <li>Symptomatic teeth not responding to the referring clinician’s endodontic treatment</li> <li>Asymptomatic teeth (single or multi-rooted) where:             <ul style="list-style-type: none"> <li>Access is complex</li> <li>Complications occurred during attempted treatment</li> </ul> </li> </ul> |
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## Dento-Maxillofacial Radiology (DMFR) – OHC only (not external)

| Clinical reasons for referral to Dento-Maxillofacial Radiology (DMFR) specialist |  |
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| <b>Clinical Reason for Referral</b>  | <b>Important – only internal (OHC) patient referrals to the DMFR will be accepted. External referrals will not be processed</b>  |
| <b>Referring Practitioner</b>  | <p><b>All images (CBCT, OPG’s or Intraoral) with atypical findings for patients receiving care at the OHC should be referred for a DMFR review.</b></p> <p><b>OPGs</b></p> <p>It is the responsibility of the clinician requesting OPG’s to review the image and document relevant findings in ISOH.</p> <p>Please refer to DMFR only if atypical findings are identified.</p> <p><b>CBCTs</b></p> <p>All internal OHC CBCT scans will be screened for pathology as part of standard care, so DMFR referrals are not required unless treating clinicians require further investigation or opinion.</p> <p>If a patient has a CBCT scan by an external provider, the referring practitioner must contact the <b>original imaging provider</b> to obtain a report.</p> <p><b>How Reports Are Provided</b></p> <p>All radiology reports and clinical feedback are uploaded to <b>ISOH</b> and the internal referring clinician is responsible for reviewing the report.</p> |

## Intravenous Sedation

| Clinical requirements for referral to intravenous sedation specialist |   |
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| <b>Clinical Reason for Referral</b>                                   | <p><b>Clinical Information Required in the Referral</b></p> <p>Please include the following details to support appropriate triage and planning:</p> <ul style="list-style-type: none"> <li>• The <b>specific dental treatment</b> proposed under IV sedation</li> <li>• Whether <b>additional treatment</b> will be completed by the referring clinician</li> <li>• Whether <b>any specialist treatment</b> is required so a joint consultation can be arranged</li> <li>• A <b>comprehensive medication history</b></li> <li>• Details of <b>any treatment already tolerated and completed</b></li> </ul>  |
| <b>Eligibility</b>  | <p><b>Patients must meet all of the following criteria:</b></p> <ul style="list-style-type: none"> <li>• <b>16 years or older</b></li> <li>• Unable to be treated with <b>local anaesthetic alone</b></li> <li>• Suitable for IV sedation due to <b>phobia or high anxiety</b>, or other appropriate indications</li> <li>• <b>Medically fit:</b> <ul style="list-style-type: none"> <li>○ <b>ASA I</b> – No systemic disease</li> <li>○ <b>ASA II</b> – Mild systemic disease (e.g., well-controlled diabetes, epilepsy, asthma)</li> </ul> </li> <li>• <b>Not eligible if:</b> <ul style="list-style-type: none"> <li>○ <b>ASA III</b> – Severe systemic disease</li> <li>○ <b>ASA IV</b> – Severe systemic disease that is a constant threat to life</li> </ul> </li> <li>• <b>BMI must be under 40</b></li> <li>• Please record the patient's <b>weight and BMI</b> in the referral form</li> </ul> |
| <b>Responsibilities of the Referring Practitioner</b>                 | <p><b>Information to provide to the patient</b></p> <p>Please ensure the patient understands:</p> <ul style="list-style-type: none"> <li>• The <b>first appointment</b> will always be a <b>consultation only</b>, not treatment.</li> <li>• A <b>responsible escort</b> must accompany them to the treatment appointment and take them home afterwards.</li> <li>• Someone must be available to <b>observe the patient for 8 hours</b> following discharge.</li> </ul> <p>Please document that you have informed the above to the patient.</p>   |

## Oral & Maxillofacial Surgery (OMFS)

| Clinical requirements for referral to OMFS specialist |   |
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| <b>Clinical Reason for Referral</b>                   | <p><b>Dento-alveolar surgery</b></p> <ul style="list-style-type: none"> <li>• Impacted or fractured teeth</li> <li>• Benign oral tumours or cysts</li> <li>• Patients needing oral surgery who have significant medical co-morbidities</li> </ul> <p><b>Oral medicine / pathology</b></p> <ul style="list-style-type: none"> <li>• Conditions requiring surgical management</li> </ul> <p><b>Please note that Referrals are only accepted from within the Metro North catchment area or from a district without its own OMFS department</b></p>   |
| <b>Referring Practitioner Responsibilities</b>        | <p><b>What You Must Tell the Patient</b></p> <ul style="list-style-type: none"> <li>• All procedures at the Oral Health Centre (OHC) are done under local anaesthetic only.</li> <li>• If the patient wants or needs <b>general anaesthetic</b>, refer directly to a <b>tertiary hospital</b>.</li> <li>• Waiting lists apply.</li> <li>• A consultation with an <b>OMFS specialist</b> is required before any surgery.</li> <li>• Some suitable cases may be managed by the <b>5th-year Advanced Oral Surgery Clinic</b>.</li> </ul> <p>Please document that you have informed the above to the patient.</p> <p><b>Your Responsibilities Before the Patient Is Seen</b></p> <ul style="list-style-type: none"> <li>• Ensure you provide detailed information, including: <ul style="list-style-type: none"> <li>- Recent medical history</li> <li>- <b>Pre and post extraction x-rays must be provided in cases referred for retrieval of retained roots or failed attempts of extractions</b></li> </ul> </li> <li>• You remain responsible for <b>symptom management</b> until the patient is reviewed by OMFS.</li> <li>• For painful impacted third molars: <ul style="list-style-type: none"> <li>○ Pain may be due to <b>traumatic occlusion</b> from an opposing over-erupted third molar.</li> <li>○ If appropriate, consider <b>extracting the opposing third molar</b> as an interim measure.</li> <li>○ If symptoms persist or worsen review and refer as appropriate.</li> </ul> </li> </ul> |
| <b>Emergency</b>                                      | <p><b>Emergency Situations — Do NOT send to OHC</b></p> <ul style="list-style-type: none"> <li>• Send the patient <b>directly to the nearest hospital ED or hospital-based OMFS unit</b>. Make a courtesy phone call before the patient arrives.</li> <li>• <b>Emergency referral indications</b> <ul style="list-style-type: none"> <li>○ Suspected <b>facial fractures</b></li> </ul> </li> </ul>   |

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|  | <ul style="list-style-type: none"> <li>○ <b>Severe odontogenic infections</b></li> <li>○ <b>Uncontrolled bleeding</b> after dental treatment despite local measures</li> </ul> |
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## Oral Medicine

| Clinical requirements for referral to oral medicine specialist |  |
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| <b>Clinical Reason for Referral</b>                            | <p><b>When to Refer</b></p> <p>Oral Medicine referrals are appropriate for:</p> <ul style="list-style-type: none"> <li>• Diagnosis and non-surgical management of medically related oral disorders</li> <li>• Oral and maxillofacial region conditions</li> <li>• Oral mucosal disease</li> <li>• Oro-facial pain</li> <li>• Oral health care for medically complex patients</li> </ul> <p><b>What Every Referral Must Include</b></p> <p>To allow proper triage, referrals must contain:</p> <ul style="list-style-type: none"> <li>• The <b>specific condition</b> and <b>reason for referral</b></li> <li>• A <b>recent medical history</b></li> <li>• A <b>clinical photo</b>, if relevant</li> <li>• Clear details of the <b>history, symptoms, and clinical findings</b></li> </ul>  |
| <b>Responsibilities of the Referring Clinician</b>             | <ul style="list-style-type: none"> <li>• Inform the patient that <b>waiting lists exist</b> for Oral Medicine at the Oral Health Centre</li> <li>• Provide <b>ongoing local review</b> while the patient waits</li> <li>• Consider alternative pathways (e.g., local HHS Maxillofacial Unit) when appropriate</li> <li>• Submit a <b>second referral</b> if symptoms worsen or the condition deteriorates</li> </ul>   |
| <b>Traumatic Ulcers – Pre-Referral Requirements</b>            | <p>Before referring an ulcer, the following steps must be completed:</p> <p><b>Step 1: Remove Local Irritants</b></p> <p>Assess and correct:</p> <ul style="list-style-type: none"> <li>• Ill-fitting dentures</li> <li>• Sharp or fractured teeth</li> <li>• Overhanging restorations</li> </ul> <p><b>Step 2: Review After Adjustment</b></p> <ul style="list-style-type: none"> <li>• Re-examine the ulcer after irritant removal</li> <li>• If the ulcer <b>resolves</b>, no referral is needed</li> <li>• If the ulcer <b>persists beyond 2–3 weeks</b>, proceed with referral</li> </ul> <p><b>Ulcer referrals must include:</b></p> <ul style="list-style-type: none"> <li>• Documentation of the steps taken above</li> <li>• A <b>good quality clinical photograph</b></li> </ul> |

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| <b>Priority Categories</b> | <p><b>Priority 1 – High Priority</b></p> <ul style="list-style-type: none"> <li>• Concern for <b>oral cancer</b></li> <li>• Concern for <b>high-grade potentially malignant disorders</b> <ul style="list-style-type: none"> <li>◦ e.g., biopsy-proven high-grade dysplasia, PVL</li> </ul> </li> <li>• <b>Acute mucosal pain</b></li> <li>• <b>Trigeminal neuralgia</b></li> <li>• Severe TMJ or masticatory muscle pain (8/10) <b>not improved</b> by general clinic treatment</li> </ul> <p><b>Priority 2 – Medium Priority</b></p> <ul style="list-style-type: none"> <li>• Low-grade potentially malignant conditions <ul style="list-style-type: none"> <li>◦ e.g., asymptomatic oral lichen planus, homogenous leucoplakia</li> </ul> </li> <li>• Most temporomandibular disorders</li> </ul> <p><b>Priority 3 – Low Priority</b></p> <ul style="list-style-type: none"> <li>• Asymptomatic oral lesions <ul style="list-style-type: none"> <li>◦ e.g., squamous papilloma, fibroma</li> </ul> </li> </ul> |
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## Orthodontics

| <b>Clinical requirements for referral to orthodontics specialist</b> |   |
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| <b>Clinical Reason for Referral</b>                                  | <p><b>Eligibility for Referral</b></p> <p>Orthodontic services at the Oral Health Centre are available for:</p> <p><b>Publicly Eligible Patients</b></p> <ul style="list-style-type: none"> <li>• Children and young adults enrolled in the <b>Cleft Lip and Palate Program</b> (Queensland Children’s Hospital)</li> <li>• Children who are dependents of a <b>current Health Care Card or Pensioner Concession Card holder</b>, and who meet <b>Category 8 or higher</b> on the Orthodontic Severity Criteria (see below)</li> </ul>  |
| <b>Orthodontic Severity Criteria</b>                                 | <p><b>Orthodontic Severity Criteria (Categories 0–10)</b></p> <p><b>Category 10</b></p> <ul style="list-style-type: none"> <li>• Cleft lip and palate</li> <li>• Craniofacial syndromes (e.g., Crouzon’s)</li> <li>• Severe deformities requiring <b>orthognathic surgery</b></li> </ul> <p><b>Category 9</b></p> <ul style="list-style-type: none"> <li>• 100% overbite with traumatic soft-tissue damage <ul style="list-style-type: none"> <li>◦ Class II Div I or II with trauma to unattached gingiva</li> </ul> </li> </ul> <p><b>Category 8</b></p> <ul style="list-style-type: none"> <li>• Functional crossbite</li> <li>• Impacted maxillary canines</li> <li>• Overjet <math>\geq 10</math> mm</li> </ul> <p><b>Category 7</b></p> |

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|                                   | <ul style="list-style-type: none"> <li>• Overjet 6–10 mm</li> <li>• Crowding <math>\geq</math> 7 mm per arch</li> <li>• Trauma causing loss of maxillary incisors requiring orthodontic space management</li> <li>• Interceptive cases involving pathology or supernumerary teeth affecting eruption</li> </ul> <p><b>Category 6</b></p> <ul style="list-style-type: none"> <li>• Class II Div I with overjet 3–6 mm (headgear/bite plane cases)</li> <li>• Congenital absence of anterior teeth</li> <li>• Significant spacing in both arches</li> </ul> <p><b>Category 5</b></p> <ul style="list-style-type: none"> <li>• Crowded bimaxillary protrusion</li> <li>• Crowding <math>\geq</math> 5 mm per arch</li> </ul> <p><b>Category 4</b></p> <ul style="list-style-type: none"> <li>• Congenital absence of posterior teeth</li> <li>• Aesthetic crossbite without functional issues (e.g., 13/23 palatal crossbite)</li> </ul> <p><b>Category 3</b></p> <ul style="list-style-type: none"> <li>• Mild crowding (2–3 mm) in 3–4 quadrants</li> </ul> <p><b>Category 2</b></p> <ul style="list-style-type: none"> <li>• Mild crowding (2–3 mm) in 2 quadrants</li> </ul> <p><b>Category 1</b></p> <ul style="list-style-type: none"> <li>• Mild crowding (2–3 mm) in 1 quadrant</li> </ul> <p><b>Category 0</b></p> <ul style="list-style-type: none"> <li>• Normal occlusion</li> </ul> |
| <b>Postgraduate Student Cases</b> | <p>Postgraduate Orthodontic students require a range of case complexities for training.</p> <ul style="list-style-type: none"> <li>• Students treat eligible public patients and <b>selected non-eligible patients</b> who are suitable teaching cases.</li> <li>• Training requires exposure to: <ul style="list-style-type: none"> <li>○ <b>Category 4–8</b> cases at the OHC</li> <li>○ <b>Category 9</b> cases via RBWH</li> <li>○ <b>Category 10</b> cases via QCH</li> </ul> </li> <li>• Non-eligible patients accepted for teaching will be charged a <b>fee-for-service</b>, benchmarked against private specialist orthodontic fees within the OHC catchment.</li> </ul>   |
| <b>Priority for Referral</b>      | <p><b>Priority is given to patients with:</b></p> <ul style="list-style-type: none"> <li>• Urgent orthodontic needs (details required)</li> <li>• Conditions where <b>interceptive treatment</b> is time-sensitive</li> <li>• Functional issues likely to worsen without early intervention</li> <li>• <b>Cleft lip and palate</b></li> <li>• <b>Craniofacial syndromes</b> (e.g., Crouzon syndrome)</li> </ul>   |

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|   | <ul style="list-style-type: none"> <li>• <b>Surgical orthodontic cases</b> (e.g., severe micrognathia, severe prognathism)</li> </ul>  |
| <b>Responsibilities of the Referring Practitioner</b> | <p><b>Before referring:</b></p> <ul style="list-style-type: none"> <li>• Ensure <b>all restorative treatment is completed</b></li> <li>• Confirm <b>excellent oral hygiene and diet control</b></li> <li>• Inform the patient that treatment may be provided by: <ul style="list-style-type: none"> <li>○ <b>Postgraduate orthodontic students</b> (registered dental practitioners), or</li> <li>○ <b>Undergraduate students</b> for interceptive care</li> </ul> </li> <li>• Discuss <b>eligibility and any financial obligations</b> with the patient</li> <li>• Submit the referral only once the patient agrees to proceed</li> </ul> |
| <b>Cost and Fees</b>                                  | <ul style="list-style-type: none"> <li>• Orthodontic treatment may incur fees as outlined in the <a href="#">Informed Financial Consent: Orthodontic - Oral Health Services</a></li> <li>• Costs will be discussed with the patient <b>before treatment begins</b></li> </ul>  |

## Paediatric Dentistry

| Clinical requirements for referral to paediatric dentistry specialist |  |
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| <b>Clinical Reason for Referral</b>                                   | <p><b>When to Refer</b></p> <p>Paediatric Dentistry referrals are appropriate for patients who:</p> <ul style="list-style-type: none"> <li>• Are <b>under 18 years of age</b></li> <li>• Are <b>unable to receive routine dental treatment</b> due to medical, behavioural, developmental, or functional factors</li> <li>• Require treatment that can be provided <b>under local anaesthetic only</b> (no GA available at OHC)</li> </ul> <p><b>Eligible Referral Categories</b></p> <p>Referrals are accepted for children with:</p> <ul style="list-style-type: none"> <li>• Significant <b>medical conditions</b></li> <li>• Hepatitis or HIV-related medical conditions</li> <li>• Haemophilia or other bleeding disorders</li> <li>• Autoimmune diseases</li> <li>• Cardiovascular conditions</li> <li>• Immunocompromise or multisystem disorders</li> <li>• Physical disabilities (e.g., cerebral palsy)</li> <li>• Neurodevelopmental disorders (ASD, intellectual disability, ADHD)</li> <li>• Early childhood caries requiring <b>multiple restorations</b>, including stainless steel crowns</li> <li>• Dental trauma involving <b>permanent anterior teeth</b></li> <li>• Dental phobia or <b>mild–moderate anxiety</b></li> <li>• Dental anomalies (MIH, amelogenesis imperfecta, dentinogenesis imperfecta, oligodontia)</li> </ul> |

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| <b>Information to Include in the Referral</b> | <p>To support triage and appropriate appointment allocation, please include:</p> <ul style="list-style-type: none"> <li>• <b>Detailed notes on behaviour and compliance</b>, e.g.: <ul style="list-style-type: none"> <li>○ Moderately anxious</li> <li>○ Very anxious</li> <li>○ Extremely anxious or phobic</li> </ul> </li> <li>• <b>History of previous dental treatment under general anaesthetic</b>, if applicable</li> </ul> |
| <b>Consent Requirements</b>                   | <ul style="list-style-type: none"> <li>• If the patient lacks capacity to provide consent, details of the following must be provided: <ul style="list-style-type: none"> <li>○ Tribunal appointed guardian</li> <li>○ Enduring Power of Attorney for Health Matters</li> <li>○ Statutory Health Attorney</li> <li>○ Adult Guardian</li> </ul> </li> </ul>  |

## Periodontics

| Clinical requirements for referral to periodontics specialist |  |
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| <b>Referring Practitioner Responsibilities</b>                | <p>Patients referred for periodontal care <b>must</b>:</p> <ul style="list-style-type: none"> <li>• Be motivated to achieve and maintain <b>good long-term oral hygiene</b>.</li> <li>• Be willing to undergo <b>ongoing periodontal treatment</b> and <b>routine supportive therapy</b>.</li> </ul> <p>Additional notes:</p> <ul style="list-style-type: none"> <li>• After specialist treatment, patients will be returned to the referring practitioner with a report outlining recommended supportive therapy.</li> </ul> <p>The Postgraduate Clinic <b>cannot</b> provide all follow-up supportive therapy. Lack of ongoing maintenance may compromise long-term clinical outcomes.</p>   |
| <b>Priority Categories</b>                                    | <p><b>Priority 1 – High Priority</b></p> <p><b>Special needs or medically compromised patients</b>, including:</p> <ul style="list-style-type: none"> <li>• Uncontrolled diabetes</li> <li>• Oncology patients</li> <li>• Organ transplant recipients</li> <li>• Patients with significant cardiovascular disease</li> </ul> <p><b>Priority 2 – Medium Priority</b></p> <ul style="list-style-type: none"> <li>• Advanced periodontitis (&gt;60% bone loss) with <b>pain, swelling</b>, or unresolved symptoms</li> <li>• Moderate to severe <b>gingival hyperplasia</b> affecting function and/or aesthetics</li> </ul> <p><b>Priority 3 – Low Priority</b></p> <ul style="list-style-type: none"> <li>• Advanced periodontitis (&gt;60% bone loss) that is <b>asymptomatic</b> <ul style="list-style-type: none"> <li>○ These patients should receive preliminary treatment and be recalled regularly while awaiting specialist care.</li> </ul> </li> </ul> |

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|  | <ul style="list-style-type: none"><li>• Chronic <b>moderate periodontitis</b> (35–60% bone loss)</li><li>• Chronic <b>mild periodontitis</b> (&lt;35% bone loss)</li><li>• Cases referred for <b>periodontal surgical procedures</b>, including:<ul style="list-style-type: none"><li>○ Canine exposure</li><li>○ Crown lengthening</li><li>○ Frenectomy</li><li>○ Treatment of gingival hyperplasia</li><li>○ These will be prioritised within the context of the patient’s overall treatment plan.</li></ul></li><li>• Other periodontal conditions not listed above</li><li>• <b>Peri-implantitis</b> or patients requiring <b>implant explanation</b></li></ul> <p>For implants not placed at the OHC, referrals will be accepted <b>case-by-case</b> depending on suitability for treatment at the OHC.</p> |
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## Prosthodontics

| Clinical requirements for referral to prosthodontic specialist |   |
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| <b>Clinical Reason for Referral</b>                            | <p><b>When to Refer</b></p> <p>Prosthodontic referrals are appropriate for <b>eligible complex cases only</b>.</p> <p><b>Cleft, Craniofacial &amp; Developmental Conditions</b></p> <ul style="list-style-type: none"> <li>• Cleft palate</li> <li>• Dentinogenesis imperfecta</li> <li>• Amelogenesis imperfecta</li> <li>• Hypodontia</li> <li>• Other eligible congenital or developmental conditions</li> </ul> <p><b>Important:</b> Only patients who:</p> <ul style="list-style-type: none"> <li>• Are registered on the <b>Medicare Cleft Scheme, and</b></li> <li>• Have <b>complex cleft or craniofacial conditions</b> with associated complex dental needs are accepted for specialist prosthodontic care at the OHC.</li> </ul> <p>Patients with <b>simple clefts</b> (soft palate, submucous palate, simple hard palate clefts) or <b>routine needs</b> are <b>not eligible</b> and should be managed locally.</p> <p><b>Head &amp; Neck Cancer Patients</b></p> <ul style="list-style-type: none"> <li>• Patients receiving care through the <b>RBWH Head &amp; Neck Cancer team</b></li> <li>• Must be eligible for public specialist dental care</li> <li>• Must have <b>complex prosthodontic needs</b></li> </ul> <p><b>Trauma Patients</b></p> <ul style="list-style-type: none"> <li>• Eligible patients requiring <b>complex oral rehabilitation</b> following trauma</li> </ul> <p><b>Implant Note:</b> If implants are required as part of the treatment plan, refer to dental implants section above.</p> |
| <b>Responsibilities of the Referring Clinician</b>             | <p><b>Before Referring</b></p> <p>Patients must:</p> <ul style="list-style-type: none"> <li>• Demonstrate <b>good oral hygiene</b>, good periodontal health, and motivation</li> <li>• Have <b>no untreated pathology</b></li> <li>• Have <b>all other dental treatment completed</b></li> </ul> <p>If a patient has poor oral hygiene or lacks motivation:</p> <ul style="list-style-type: none"> <li>• They will be <b>returned to the referring practitioner</b> for ongoing care.</li> </ul> <p><b>Information Required in the Referral</b></p> <p>Include:</p> <ul style="list-style-type: none"> <li>• Adequate clinical details</li> <li>• A <b>recent OPG</b></li> <li>• Charting</li> <li>• Clinical photographs (where appropriate)</li> </ul> <p>Patients who do not clearly meet criteria will be returned for local management.</p>  |

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|                            | <p><b>While Waiting for Specialist Care</b></p> <ul style="list-style-type: none"> <li>• Patients should remain under the care of the referring practitioner</li> <li>• Provide ongoing review and symptom management as needed</li> </ul>  |
| <b>Priority Categories</b> | <p><b>Priority 1 – High Priority</b></p> <ul style="list-style-type: none"> <li>• Cleft lip &amp; palate patients with <b>significant dental needs</b></li> <li>• Patients requiring reconstruction following <b>cancer management</b></li> </ul> <p><b>All Other Cases</b></p> <ul style="list-style-type: none"> <li>• Prosthodontic treatment is <b>long-term</b> and should not be given a fixed timeline</li> <li>• Local measures to <b>temporise symptoms</b> are recommended to maintain comfort while waiting</li> </ul> |

## Special Needs Dentistry (SND)

| Clinical requirements for referral to special needs dental specialist |  |
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| <b>Clinical Reason for Referral</b>                                   | <p><b>Important:</b></p> <ol style="list-style-type: none"> <li>1. The OHC does not provide general anaesthetic (GA).</li> <li>2. Patients requiring GA must be referred to a public oral health facility with GA access.</li> <li>3. Referrals will not be accepted directly from outsourcing/private practices.</li> </ol> <p><b>When to Refer</b></p> <p>The OHC SND service accepts referrals for patients who <b>cannot receive routine dental care</b> due to complex medical, behavioural, cognitive, or functional conditions.</p> <p><b>Eligible Referral Categories</b></p> <p>Referrals are accepted for patients whose conditions significantly influence dental management, including:</p> <ul style="list-style-type: none"> <li>• Complex medical conditions (e.g., heart failure, multiple comorbidities)</li> <li>• Hepatitis with liver complications; oral manifestations of HIV/AIDS</li> <li>• Haemophilia and other bleeding disorders</li> <li>• Autoimmune diseases (SLE, scleroderma, rheumatoid arthritis)</li> <li>• Liver cirrhosis or liver failure</li> <li>• Renal failure</li> <li>• Severe immunocompromise or multisystem disorders</li> <li>• Severe physical disability (not all wheelchair users meet criteria)</li> <li>• Severe intellectual disability</li> <li>• Neurodegenerative diseases (Parkinson's, Huntington's, MND, dementia)</li> <li>• Multidisciplinary care needs (e.g., head &amp; neck cancer pre/post radiotherapy, transplant patients)</li> <li>• Oncology patients (e.g., multiple myeloma, IV anti-resorptive therapy)</li> </ul> |

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|  | <ul style="list-style-type: none"> <li>• Severe mental health disorders (treatment-resistant schizophrenia, neurodevelopmental disorders)</li> <li>• Severe or debilitating dental phobia</li> <li>• Functionally dependent older adults</li> <li>• Palliative care patients</li> </ul> <p><b>Additional Referral Requirements</b></p> <ul style="list-style-type: none"> <li>• Patients must first be seen by a Queensland Health Dental Officer</li> <li>• Referrals will not be accepted directly from outsourcing/private practices.</li> <li>• A QH Dental Officer must complete:             <ul style="list-style-type: none"> <li>○ A full medical history</li> <li>○ A treatment plan</li> <li>○ Appropriate radiographs</li> </ul> </li> </ul> <p><b>Scope of Treatment</b></p> <ul style="list-style-type: none"> <li>• The treatment plan must be within the scope of the SND team.             <ul style="list-style-type: none"> <li>○ Complex oral surgery is not provided and may be more appropriate for OMFS.</li> </ul> </li> <li>• In some cases, other specialists (not OMFS) may provide treatment under IV sedation or pre-med/RA.             <ul style="list-style-type: none"> <li>○ The referring dentist must maintain oversight, and SND will coordinate appointments as needed.</li> </ul> </li> <li>• SND will only carry out the specific treatment requiring sedation as outlined in the referral.</li> </ul> <p><b>Consent Requirements</b></p> <p>If the patient lacks capacity, the referral must include details of:</p> <ul style="list-style-type: none"> <li>• Tribunal appointed guardian</li> <li>• Enduring Power of Attorney (Health Matters)</li> <li>• Statutory Health Attorney</li> <li>• Adult Guardian</li> </ul> |
| <p><b>Responsibilities of the Referring Practitioner</b></p> | <ul style="list-style-type: none"> <li>• Conditions manageable by a general dentist will be <b>returned to the referrer</b>.</li> <li>• Bariatric needs or wheelchair use <b>do not automatically qualify</b> for SND referral.</li> <li>• Symptom management remains the responsibility of the referring practitioner until the patient is seen.</li> <li>• After the specialist course of care is completed, the patient will be returned for ongoing maintenance.</li> <li>• If unsure whether a patient meets criteria, the SND specialist is happy to discuss cases directly.</li> </ul> <p><b>Pre-operative Phone Call</b></p> <ul style="list-style-type: none"> <li>• Patients must answer a <b>pre-operative confirmation call</b> 1–2 days before treatment.</li> </ul> <p style="text-align: right;">164/2026</p> <ul style="list-style-type: none"> <li>• This is explained at the consultation appointment and does <b>not</b> need to be included in the referral.</li> </ul>   |

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| <b>Priority Categories</b> | <p><b>Priority 1 – High Priority</b></p> <ul style="list-style-type: none"> <li>• Dental conditions likely to deteriorate rapidly or become a medical emergency</li> <li>• Dental issues delaying urgent medical treatment</li> </ul> <p><b>Priority 2 – Medium Priority</b></p> <ul style="list-style-type: none"> <li>• Conditions causing pain, dysfunction, or disability but not medically urgent</li> </ul> <p><b>Priority 3 – Low Priority</b></p> <ul style="list-style-type: none"> <li>• Conditions causing minimal or no pain or dysfunction, unlikely to deteriorate</li> </ul> |
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## Partnering with consumers

Patients and/or their substitute decision-maker(s) (e.g., family members, appointed guardian, Statutory Health Attorney, Enduring Power of Attorney and/or carers) are to be encouraged and given the opportunity to ask questions, clarify information and identify goals and concerns relating to the patient's care. Staff are responsible for providing information in a way that is understandable and meets the needs of the recipient. Staff must also check that the recipient fully understands the information provided.

An interpreter may be booked to promote consumers' cultural right to communicate in a language of their choosing (per sections 27 and 28 of the *Human Rights Act 2019* (Qld)).

All patients of non-English speaking background, Culturally and Linguistically Diverse (CALD), and Aboriginal and Torres Strait Islander people who speak English as a second or third language are to be informed of their right to ask for full information about their health care issues and planned procedures in their preferred language, where available, through the services of a professional accredited interpreter, on the Metro North Health Intranet [Language Services](#) page.

Chaplaincy Services can be accessed for those seeking spiritual or emotional support – please contact your Ward Administration staff or Facility switchboard between 8:30am and 3:00 pm Monday to Friday, or for urgent or out-of-hours requests.

At all times, staff are to act and make decisions in a way that is compatible with human rights by properly considering the human rights of individuals who may be impacted by their actions or decisions in accordance with the Human Rights Act 2019. Partnering with consumers demonstrates respect, integrity and compassion and Metro North Health's commitment to putting values in action, putting people first and providing high-quality healthcare outcomes to patients.

## Aboriginal and Torres Strait Islander considerations

Metro North Health is committed to protect the public from harm and to improve the quality of health service provision. The NSQHS Standards identify six actions specific to the provision of care for Aboriginal and Torres Strait Islander peoples. The attendance to these actions provides assurance that service provision is equitable, and that the patients' needs drive the level and range of care that can be accessed.

See the [Australian Commission on Safety and Quality in Health Care for further information](#).

Metro North Health is committed to ensuring our staff have the knowledge and skills to deliver care in culturally capable ways and that our work environments are at all times culturally respectful and supportive of Aboriginal and Torres Strait Islander peoples as guided by the [Queensland Health Aboriginal and Torres Strait Islander Cultural Capability Framework 2010-2033](#) and [Metro North Health Equity Strategy 2025-2028](#).

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## Culturally and Linguistically Diverse (CALD) patients

The Australian Charter of Healthcare Rights states that patients have a right to be informed about services, treatment, options and costs in a clear and open way. Wherever practical, healthcare providers should take steps to meet patient/consumer access, treatment, language and communication needs.

The principles of equity and cultural safety provide the guiding principles for implementing and maintaining health equity for our diverse communities, including CALD communities, people from refugee and asylum-seeking backgrounds, LGBTQI+ communities, people living with disabilities, rural and remote communities, people who are homeless or vulnerably housed who access health services. These principles are as follows:

### Access

Individuals and groups within the organisation will take responsibility for providing a range of access options to health services that are culturally appropriate for CALD patients.

### Safety

Patients and other individuals receive safe and high-quality health services, provided with professional care, skill and competence in an environment that makes them feel safe.

### Respect

All individuals and groups are treated according to their unique cultural needs and differences with an understanding to not in any way diminish, demean or disempower individuals on the basis of perceived or actual differences.

### Partnership

Individuals make decisions with their healthcare provider and are involved in honest and open communication, which includes choosing the people involved in planning and decision-making.

### Information

Information is shared with Individuals and groups within the organisation, demonstrating service models that encompass health promotion, disease prevention, diagnostic, treatment, primary, acute, sub-acute and support services.

### Privacy

Individuals' privacy will be respected, and their health information will be secure and confidential.

### Feedback

Individuals share experiences and participate to improve the quality of care and health services. Feedback or complaints will be provided and actioned without effecting the individual's treatment plan. Concerns will be addressed in a transparent and timely way.

Metro North Health respects, protects and promotes the cultural rights of Culturally and Linguistically Diverse (CALD) people. Please advise CALD patients, their families and/or substitute decision-makers of their cultural and language rights under Section 27 of the *Human Rights Act (2019)*. An interpreter may be booked to promote consumers' cultural right to communicate in a language of their choosing on the Metro North Intranet [Language Services](#) page.

## Human Rights

When following this procedure, staff must comply with their human right obligations under section 58 of the *Human Rights Act 2019 (Qld)* by:

16/04/2026

- (a) giving proper consideration to whether any actions or decisions may affect a person's human rights; and
- (b) acting or make decision in a way that is compatible with human rights.

## Legislation and other authority

*Guardianship and Administration Act 2000* (Qld)

*Hospital and Health Boards Act (2011)* (Qld)

*Human Rights Act 2019* (Qld)

*Powers of Attorney Act 1998* (Qld)

## Related documents

Queensland Health, (2025) [Oral health services eligibility guideline](#) (QH-GDL-444)

[Informed Financial Consent: Orthodontic - Oral Health Services](#)

[Informed Financial Consent: Dental Implants](#)

[Welcome to the Oral Health Alliance](#)

## Appendix 1 – Letter declining referral



**Oral Health Alliance**

BETTER ORAL HEALTH | BETTER FUTURE

(Apply Patient Sticker)

00.00.2026

Dear Referring Practitioner,

Thank you for referring \_\_\_\_\_ to the Oral Health Centre. We regret to inform you that we are unable to accept the referral sent per procedure 004648 Referrals to the Oral Health Centre, due to the following reason/s:

- Referral does not meet the **referral requirements**.
  - o Reason: \_\_\_\_\_
- Failure to **complete all sections** of the referral form and/or inadequate details provided.
- Failure to **attach radiograph/s** (taken within 6 months).
- The patient requires a full course of care by a general dentist prior to receiving specialist dental care.
- The patient was deemed unsuitable for dental treatment.
  - o Reason: \_\_\_\_\_
- Patient is not eligible for public sector oral health services.

If you wish to discuss this care further, please send your enquiry to: [OHC\\_Referral@health.qld.gov.au](mailto:OHC_Referral@health.qld.gov.au)

Yours sincerely,

*Oral Health Centre Management Team*

Oral Health Centre, 288 Herston Rd, Herston, Queensland 4006

004648 Referrals to Specialist Dental Services, Oral Health Centre – Letter Declining Referral  
V3.0 Effective: April 2026 Review: April 2029



**Metro North Health**



**Queensland Government**

## Document history

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|---|--|
| <b>Author</b>   | Oral Health Alliance Director  |
| <b>Custodian</b>  | Oral Health Centre Clinical Director   |
| <b>Consequence Level and Risk Rating</b>                | <b>Likelihood – Possible    Consequence – Minor    Risk Rating – Medium (9)</b>  |
| <b>Compliance evaluation and audit</b>                  | Electronic records audited quarterly for compliance to referral documentation and processes.   |
| <b>Replaces Document/s</b>                              | Procedure 004648 Referral to Specialist Services, Oral Health Centre V2.0 08/2022  |
| <b>Changes to practice from previous version</b>        | <p>Scheduled review changes:</p> <ul style="list-style-type: none"> <li>• Major review as this procedure now applies for external referrals for General Dental Services (UG Student Clinic) and Specialist Dental Services.</li> <li>• This procedure now applies for referrals to the Oral Health Centre (OHA, STARS)</li> <li>• New online referral system via MS Forms.</li> <li>• Document format.</li> <li>• Removal of most appendixes now incorporated into the main text body and tables.</li> </ul> |
| <b>Education and training to support implementation</b> | <ul style="list-style-type: none"> <li>• Communication of this procedure at meetings and via internal communications.</li> <li>• Dissemination via email cascade to key staff groups, relevant team briefings, online publishing, Community and Oral Health Education Newsletter.</li> <li>• Any required face to face education will be identified and coordinated within the relevant Community and Oral Health service line.</li> </ul>   |
| <b>Consultation</b>                                     | <p><b>Key stakeholders</b></p> <p>OHA Director</p> <p>Clinical Director, OHC</p> <p>Specialist Dental Officers</p> <p>Clinical Nurse Consultant - Safety and Quality</p> <p>Administration, OHC</p> <p>Radiation Safety Officer</p> <p>Operations Director OHS</p> <p>Clinical Directors OHS</p> <p>Director Safety and Quality STARS</p> <p>Principal Dentists OHC</p> <p>Nurses OHC</p> <p>Senior Dentists/Supervisors</p>   |

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|                                  | <p><b>Broad Consultation facilitated through the following:</b></p> <p>Metro North Aboriginal and Torres Strait Islander Leadership Team</p> <p>Metro North Clinical Governance</p> <p>Digital Metro North</p> <p>Metro North Medical Services</p> <p>Metro North Nursing and Midwifery Services</p> <p>Metro North Allied Health</p> <p>Metro North Communication</p> <p>Metro North Finance</p> <p>Metro North Norfolk Island Support Program</p> <p>Metro North People and Culture</p> <p>Metro North Workplace Health and Safety</p> <p>Metro North Legal Unit</p> <p>Metro North Ethical Standards Unit</p> <p>Metro North Risk and Compliance Officer</p> <p>Metro North Clinical Streams</p> <p>Metro North Consumer and Community Partnerships</p> <p>Health Excellence Innovation Unit</p> <p>Clinical Directorate Safety and Quality Units</p> <p>Clinical Skills Development Centre</p> |
| <p><b>Marketing Strategy</b></p> | <ul style="list-style-type: none"> <li>• QHEPS update on the OHA homepage.</li> <li>• Marketing through regular email to all line managers of new and updated policies and procedures.</li> <li>• Communication of this procedure at meetings and via internal communications.</li> </ul> <p>A Metro North Policy, Procedure and Protocol Staff Update will be published online each month to update staff of all new and updated policies, procedures and protocols. This update will be emailed to all Safety and Quality Units in each clinical directorate and a broadcast email sent to all Metro North Health staff with a link to the published update.</p>   |
| <p><b>Key words</b></p>          | <p>Standard 1; S1, 004648, Dental, oral, health, referral, specialist, orthodontics, implants, periodontics, radiology, special needs, dentistry, oral health centre, prosthodontics, oral medicine, maxillofacial.</p>  |

**Custodian Signature**

Date: 16/04/2026

Oral Health Alliance Director, Surgical, Treatment and Rehabilitation Services, Metro North Hospital and Health Service

## AUTHORISATION

**Authorising Officer Signature**

**Date**

Chief Operating Officer, Metro North Hospital and Health Service

The signed version is kept in file at Clinical Governance, Metro North Health.