Pre Expedition Dental Assessment Form

Dear Colleague

The individual you are examining will shortly be taking part in an expedition. For an extended period of time will completely isolated from dental services. Safeguarding the overall health and well-being of expedition members in remote locations includes establishing thorough dental fitness prior to departing the UK. It is essential that all participants are dentally fit prior to travel to prevent avoidable emergencies in remote locations.

Please complete the attached form with appropriate radiographs for the patient. Your comments and the completed form will help us to determine the individual's fitness for travel.

The individual will cover the reasonable cost of the examination, treatment and this report. He/She will be responsible for returning the report and radiographs to us. We fully understands and accepts it has no redress against you in the event of the individual encountering dental complications whilst in isolated areas but we would emphasise the importance of restoring carious lesions, removing teeth of poor prognosis or providing high quality root canal treatment where appropriate before signing the form.

We appreciate your support

Patient information for assessor (completed by patient)															
Name			Date of Birth												
Telephone			Email												
Expedition Location			Dates of Expedition					to							

Information to be completed at assessment (completed by Dentist)															
Regular attender	Yes		No		Irregular attender	Yes		No							
Year of last GDP dental appt.															
Reason for last attendance:	Pain														
	Perio.														
	Fillings														
	Endodontics														
	Oral surgery														
	Check-up														
	Other														
Assessment report															
Soft tissue examination															
BPE				Active periodontal disease											
3rd molars	Present		UR 8		UL8		Potentially symptomatic	UR 8		UL 8	
			LR 8		LL 8			LR 8		LL8	

Please chart missing teeth, existing restorations, endodontically treated teeth and untreated disease if you have not been able to complete treatment you deem necessary to ensure the individual is dentally fit. **SOE or KODAK R4 PRINT OUTS WILL BE ACCEPATBLE**

8	7	6	5	4	3	2	1		1	2	3	4	5	6	7	8
Right																Left
8	7	6	5	4	3	2	1		1	2	3	4	5	6	7	8

Radiographs **attached**	B/W		OPT		P/As		Full mouth P/As		Other	
Dates when taken										

Treatment identified at assessment visit and completed		Treatment not yet completed	
Potential areas of concern			

I have thoroughly dentally examined this individual before his/her participation in the Expedition . All necessary treatment has been completed and I have identified what I believe could be potential areas of concern.

Summary	
This individual has good oral health and is not expected to need routine treatment within the next 6 /12 months	
This individual has oral conditions as outlined above but these conditions are not expected to need urgent/emergency treatment within the next 6 / 12 months	
This individual has oral conditions as outlined above that may need urgent/emergency treatment within the next 6 / 12 months	

Additional comments (review of endodontically treated teeth, vitality tests of heavily restored or traumatised teeth, manifestations of systemic disease, etc)

Signed		GDC Number	
Dentist Name		Performer's List Number	
Date		Practice telephone number	

Practice Stamp

Please remember to enclose radiographs as necessary. Thank you.