



This form has a section each for completion by:

- a restorative phase provider (page 3) AND
- a surgical phase provider (page 5)

Each provider must only complete the section of the form intended for their involvement. All sections must be completed before lodgement with DVA.

## Patient Details

1. DVA File number

2. Surname

3. Given name(s)

4. Date of birth

The restorative phase provider (prosthodontist or dentist) is considered to be the co-ordinator of dental implant requests. They must work with the surgical phase provider to ensure the form is fully and correctly completed. A current OPG must be provided with every request. They must also ensure any other reports/documentation supporting this request, including from the surgical phase provider, are provided to DVA.

This form must pass between the two involved providers so that all sections are completed. All relevant sections must be completed before the form can be submitted.

**Please Note:** where an incomplete form is received by DVA it will be returned to the restorative phase provider even if the restorative phase provider has completed their section.

Providing the fully completed form and supporting documentation allows DVA to give consideration to the proposed implant related treatment planning and any associated client health issues. DVA approval **must** be granted prior to any part of the treatment commencing.

To confirm patient eligibility or for assistance completing this form please contact the Health Approvals & Home Care team on **1800 550 457**.

Please send the completed form to DVA at [health.approval@dva.gov.au](mailto:health.approval@dva.gov.au)

If you do not have access to email please post the form to:

**Health Approvals & Home Care team**  
**Department of Veterans' Affairs**  
**GPO Box 9998 Brisbane QLD 4001**

## Important information in relation to claiming approval for dental implants

An extract of the Osseo-integrated Dental implant Policy Guidelines can be found at the end of this form. The full guidelines are at: <https://www.dva.gov.au/sites/default/files/files/providers/dental/osseo.pdf>

Further information about the provision of dental treatment to DVA clients can also be found in the Notes for Providers of Dental Treatment and DVA Fee Schedules of Dental Services at: <https://www.dva.gov.au/providers/dentists-dental-specialists-and-dental-prosthetists>.

## Privacy notice

Your personal information is protected by law, including the *Privacy Act 1988*. Your personal information may be collected by DVA for the delivery of government programmes for war veterans, members of the Australian Defence Force, members of the Australian Federal Police and their dependants.

[Read more: How DVA manages personal information.](#)

The provider is responsible for ensuring that the client is aware that their personal information is to be forwarded to DVA for determining and/or providing benefits under the relevant legislation. The information will be treated in a confidential manner. However, it may be used for clinical review, audit or management purposes or disclosed to the client's local medical officer.

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### Some points to remember when completing this form

1. DVA will generally only approve requests where the provider will claim the fee listed in the relevant DVA Fee Schedule.
2. Requests for a *partial upper implant retained denture* implant must have a demonstrated history of failed conventional dentures.
3. To determine a relevant history of “failed dentures”, the entitled person must have had their existing denture re-lined by a prosthodontist.
4. Requests for a *lower denture* implant (implant retained over-dentures) do not require a history of failed denture, they can be considered as a first treatment option, however clinical justification must be provided by the Prosthodontist as to why implants are the only treatment option.
5. If this request relates to an Implant Supported Bridge, please refer to the last page of this form for guidelines on when this treatment may be considered for approval.
6. A treatment plan must be submitted with this request, particularly where the request falls outside the DVA implant guidelines. The plan must include OPG and, where appropriate, photographs.
7. Where relevant, mitigating strategies to deal with risk of failure associated with bruxism must be outlined.
8. There are treatment limits in relation to the number of implants that can be given. Please see the last page of this form for information on these limits.

In the event of inappropriate servicing or treatment, or unprofessional conduct, DVA may disclose this information to the relevant state or territory registration board or professional body.

### Freedom of Information

Under the *Freedom of Information Act 1982* the patient may obtain access to this form subject to the application of relevant exemption provisions specified in the Act.

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### PART A – To be completed by the Restorative Phase Provider - Prosthodontist or Dentist

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#### PROVIDER DETAILS

- |  |   |
|--|---|
| <b>5. Provider name</b>  | <input type="text"/>  |
| <b>6. Provider number</b>  | <input type="text"/>  |
| <b>7. Provider email</b>   | <input type="text"/>  |
| <b>8. Provider phone number</b>  | <input type="text" value="[ ]"/>  |
| <b>9. Please indicate patient awareness of the procedure</b>                 | <input type="checkbox"/> The patient is fully aware of the surgical procedures, complications and success rates associated with osseo-integrated implant treatment.<br><input type="checkbox"/> The patient is fully aware of the limitations of implants and retained dentures, the risks of failure, and the process involved in maintaining them.<br><input type="checkbox"/> Osseo-integrated implants offer the beneficiary the only possibility of successfully wearing partial or full dentures.<br><input type="checkbox"/> The client has provided their consent to undergo osseo-integrated implants. |
| <b>10. Please indicate patient fitness and suitability for the procedure</b> | <input type="checkbox"/> In my opinion the patient is medically fit to undergo dental implant treatment and its ongoing impacts<br><input type="checkbox"/> I have confirmed the patient has the necessary physical and cognitive functionality to maintain the implant.  |

**PART A - To be completed by the Restorative Phase Provider - Prosthodontist or Dentist cont...**

**11. Please provide details of the patient's medical General Practitioner**

Name

Address

  

POSTCODE

Phone number

**12. Please indicate your patient's smoking status**

Current

Ex-smoker - date ceased smoking

Non-smoker

**13. Please provide details of any health conditions that may impact on the surgical and/or restorative procedure associated with the implant treatment, and/or the long term maintenance of the implant**

  
  
  
  
  
  

**14. Please provide details of current medications taken by the patient**

  
  
  
  
  
  

**15. Please indicate why implants are clinically required and how this relates to treatment planning for the remaining dentition** (include a separate report if required)

**16. Please provide evidence and opinion regarding the adequacy of the periodontal status to support dental implant placement/success** (include a separate report if required)


**17. If treatment request is for implant retained dentures, has there been a history of failed dentures?**

Yes

No

▶ Please provide clinical justification as to why dentures have not been trialed prior to requesting implant treatment. *Implant retained dentures are considered for funding where failure to manage with conventional dentures has occurred.*


**18. Details of the procedure**

Number of implants

Locations of implants (FDI tooth code)

Date of tooth loss



**19. Please describe the implant/denture type and the structure of the implant denture**


**20. Use item numbers for abutments, attachments, and modifications to existing dentures as appropriate from the DVA Fee Schedule of Dental Services for Dentists and Dental Specialists and the proposed fee** (please attach separate quote if item numbers are not listed in table)

<i>Item number</i>	<i>Qty of each item</i>	<i>Amount requested (ea)</i>
<b>D661/S661</b> – Fitting of implant abutment		\$
<b>D671/S671</b> – Full crown attached to osseo-integrated implant - non-metallic; indirect		\$
<b>D672/S672</b> – Full crown attached to osseo-integrated implant - veneered; indirect		\$
<b>D673/S673</b> – Full crown attached to osseo-integrated implant - metallic; indirect		\$
<b>S735</b> – Precision or Magnetic Denture Attachment		\$
<b>S770</b> – Provision of Dentures in Complex Case * only to be used in exceptional cases		\$
<b>S679</b> – Surgical Implant Guide		\$

**PART B - To be completed by the Surgical Phase Provider - Oral and Maxillofacial surgeon, Oral surgeon or Periodontist**

**PROVIDER DETAILS**

21. Provider name

22. Provider number

23. Provider email

24. Provider phone number

25. Please indicate patient awareness of, and fitness for surgery

The patient is fully aware of the surgical procedures, complications and success rates associated with osseo-integrated implant treatment.

In my medical opinion the patient is fit to undergo surgery for dental implants.

26. Please provide details of any health conditions that may impact on the surgical and/or restorative procedure associated with the implant treatment, and/or the long term maintenance of the implant


27. Please indicate implant type and proposed fee

Number of implants required

Site of implants (FDI codes)

Single stage (S688) - proposed fee per implant

Two stage (S684 + 691) - proposed fee per implant

28. Please enter bone details inclusive of proposed item and fee (please note: the only item numbers in the 200 range that DVA will fund is the S243, and in special circumstances S244)

Sufficient bone exists at the site

Site augmentation is required (as described by S243 only)

Proposed fee for S243 per implant

How many sites require augmentation?

29. Please indicate the location of service for the implant surgery

Hospital - name of hospital

Overnight stay

Day stay

Rooms

Anticipated date for the implant surgery

## Overview Osseo-integrated Dental Implant Guidelines

DENTAL IMPLANT POLICY				
Treatment type	Single tooth implant	Implants to support full lower denture	Implants to support partial upper denture	Implant Supported Bridges
<b>Generic Criteria</b>	<ul style="list-style-type: none"> <li>Treatment is clinically necessary (not for cosmetic purposes only)</li> <li>The entitled person is fully aware of the surgical procedure and understands the risks of this treatment</li> <li>Clinical Information and Treatment plan must be provided with application</li> </ul>			
<b>Treatment limits</b>	<ul style="list-style-type: none"> <li>Two implants over a two year period</li> <li>Tooth loss occurred within reasonable time (generally less than 3 years) and is clinically indicated</li> </ul>	<ul style="list-style-type: none"> <li>Up to three implants</li> </ul>	<ul style="list-style-type: none"> <li>Two implants</li> </ul>	<ul style="list-style-type: none"> <li>One implant, replacing a maximum of 2 teeth</li> </ul>
<b>Surgical Phase Providers</b>	<ul style="list-style-type: none"> <li>Oral and Maxillofacial surgeon</li> <li>Oral surgeon</li> <li>Periodontist</li> </ul>			
<b>Restorative Phase Providers</b>	<ul style="list-style-type: none"> <li>Prosthodontist</li> <li>Dentist (for single tooth implants)</li> </ul>			
<b>Bone and Soft Tissue Grafting</b>	<ul style="list-style-type: none"> <li>Allowed if clinically required</li> <li>Bone and soft tissue grafting as described by items D/S243 (Osseous graft - per tooth or implant) is accepted as part of implant treatment</li> <li>Block grafting as described by items S244 (Osseous graft - block) will only be funded in exceptional circumstances</li> <li>These services will only be considered as part of the surgical phase of treatment</li> </ul>			
<b>Sinus Lifts</b>	<ul style="list-style-type: none"> <li>DVA may fund the provision of implants where sinus lift surgery is required</li> <li>Require accompanying treatment plan with initial application</li> </ul>			

### Criteria for consideration of approval of Implant Supported Bridges

Requests for implant supported bridges will be considered, where there is sufficient evidence.

The circumstances under which these requests will be considered are:

- If either tooth 12 22 32 42 31 41 has been missing for a period outside the restriction of STI.
- If either tooth 12 22 32 42 31 41 has been restored with a non-removable prosthesis.
- If either tooth 12 22 32 42 31 41 has not been restored, for greater than the restriction period (STI), with a removable denture.
- If either tooth 12 22 32 42 31 41 has been lost with the adjacent tooth recently (STI).
- If either tooth 12 22 32 42 31 41 was recently lost and was an abutment for the pontic of an adjacent tooth.
- If evidence (OPG, study models and photos) has been supplied to substantiate appropriateness of treatment plan.
- That the restoration is inclusive of either tooth 12 22 32 42 31 41.
- That the restoration is limited to a single implant to a single implant retained cantilever bridge replacing not more than 2 teeth.

**These requests must be submitted with additional clinical explanation including the provision of OPGs, study models and/or photographs, to clarify that no other treatment option is available.**