



Falkland Islands

Dental Assessment

Dear colleague,

The individual you are examining has applied to work in the Falkland Islands for an extended period of time. Our dental facilities are limited. For this reason we wish to establish dental fitness prior to departing for the Falkland Islands. It is essential that avoidable dental emergencies do not occur in this remote location.

Please complete the attached form for the patient following a thorough dental examination including bitewing radiographs where these have not recently been taken (ideally within 6 months) and an OPT where unerupted, partially erupted, or problematic wisdom teeth are present. **Please ensure that the radiographs you send to us are of a good enough quality/clarity to enable them to be assessed** (for example, if taking a photograph of a hard copy radiograph you should ensure that there is sufficient light behind the film to allow the image to be seen clearly once emailed or printed).

Please fill in the attached forms fully and accurately as failure to do so will delay the assessment process as we will need to request additional information.

Key points:

- It is important that carious lesions are restored, teeth of poor prognosis are extracted, and high quality root canal treatment is provided where appropriate before declaring the individual to be dentally fit for deployment.
- Individuals with active or unstable periodontal disease must be treated and stabilized before being declared fit.
- Third molars with a history of repeated or severe pericoronitis should be removed, especially if they require surgical extraction as there is very limited access to surgical dental services within the Falklands.
- Orthodontic treatment is not routinely available on the Falkland Islands and fixed braces should be removed before arrival as there is no provision to adjust braces or continue existing treatment once here.
- Individuals from 18 months old and above would be required to undergo dental assessment prior to arriving to the Falkland Islands. Children under the age of six (6) years do not require OPT/Bitewings to be taken.
- **Forms should be completed in English.**

If you are already in the Falkland Islands on a short-term permit, and are now undertaking a full medical and dental assessment in order to obtain a long-term permit, and are found to not be dentally fit, you are not entitled to the treatment necessary to make you dentally fit within the Falkland Islands. This means that you may have to leave the Falkland Islands temporarily, in order to obtain the necessary dental care that you require to make you dentally fit.

Thank you for your cooperation.

For more information:

If you have any questions about completing the form, please contact the King Edward VII Memorial Hospital on +500 28005 or e-mail medicals@kemh.gov.fk



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Dental Assessment

(Photograph)

Attach one passport size colour photograph here. The photograph must be no more than six (6) months old. Write your name on the back of the photograph if sending the physical document to us.

SECTION A PERSONAL DETAILS (as shown in passport)

A1	Family / Last Name	<input type="text"/>
	Given / First Name(s)	<input type="text"/>
A2	Gender	<input type="text" value="Male"/> / <input type="text" value="Female"/>
A3	Date of Birth (DD/MM/YYYY)	<input type="text"/>
A4	Email Address	<input type="text"/>

SECTION B DENTAL EXAMINATION

B1	Name of Examining Dentist	<input type="text"/>						
	Address of Dental Practice	<input type="text"/>						
B2	Regular attender?	<input type="text" value="Yes"/> / <input type="text" value="No"/>						
B3	Date of last dental attendance	<input type="text"/>						
	Reason for last attendance	<input type="text"/>						
B4	Periodontal health	<input type="text" value="Good / Previous periodontitis / Unstable (active periodontitis)"/>						
B5	Oral Hygiene	<input type="text" value="Good / Fair / Poor"/>						
B6	BPE score	<table border="1"><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></table>						
B7	Symptomatic 3 rd molars?	<input type="text" value="No / Yes (list here):"/>						
B8	Date attached radiographs taken?	<input type="text"/>						

SECTION C DENTAL CHARTING

C1 Please chart missing teeth, existing restorations and endodontically treated teeth.

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

C2 All necessary treatments should be completed before any move to the Falklands.

Please list the treatment you have completed in order to make the patient dentally fit since carrying out your assessment and taking the attached radiographs.

C3 Please list any remaining dental concerns we should be aware of:

SECTION D EXAMINING DENTIST'S DECLARATION

I have examined this individual prior to travel to the Falkland Islands. **All necessary treatment that the patient requires to be made dentally fit has been completed** and I confirm that the patient is unlikely to need further dental treatment in the next 6 months.

Signature of Dental Examiner

Name of Dental Examiner

Professional Registration number (e.g. GDC)

Date of Examination

Issuing Clinic / Authority Stamp**SECTION E** FOR COMPLETION BY FALKLAND ISLANDS GOVERNMENT DENTAL OFFICER

Patient Name

Date of Birth (DD/MM/YYYY)

Declaration I have reviewed the information provided to me in this document, including radiographs, and have assessed this patient to be:

☐

A. DENTALLY FIT

☐

B. NOT DENTALLY FIT

If B, reasons:

Signature of FIG Dental Officer

Date

Office Use Only☐*Patient is Entitled to Dental Treatment in the Falkland Islands*☐*Patient is **NOT** Entitled to Dental Treatment in the Falkland Islands*