



May 18

BRITISH ANTARCTIC SURVEY MEDICAL UNIT

British Antarctic Survey Wintering staff Dental Assessment

BASMU 8 Form

Dear Colleague

The individual you are examining will shortly be deployed to the Antarctic for an extended period of time completely isolated from dental services. This could be for up to one year. Safeguarding the overall health and well-being of staff working in remote locations includes establishing thorough dental fitness prior to departing the UK. It is essential that all staff 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 deployment.

The individual will cover the reasonable cost of the examination, treatment and this report and will be responsible for returning the report and radiographs to BASMU (British Antarctic Survey Medical/Dental Unit). BAS 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					
Antarctic Deployment Station							Winter deploy dates		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							
3 rd 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.

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 travel to the Antarctic. 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 12 months	
This individual has oral conditions as outlined above but these conditions are not expected to need urgent/emergency treatment within the next 12 months	
This individual has oral conditions as outlined above that may need urgent/emergency treatment within the next 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.