**Crew Dental Referral**

**A – Referral Details (to be completed prior to referral)**

|  |  |  |  |
| --- | --- | --- | --- |
| Vessel |  | Referral Date |  |
| Referral Port |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Surname |  | Given Name(s) |  |
| Rank/ Rating |  | Crew ID |  |
| Date of Birth |  | Nationality |  |

|  |  |
| --- | --- |
| **Nature of complaint** |  |
| **Past medical history** |  |
| **Current medication** |  |
| **Known allergies** |  |

|  |  |
| --- | --- |
| Master: |  |

**B – Consent to Disclosure**

I, the above named crew member, hereby authorise the healthcare facility/ dentist to release all medical/ dental records relating to this referral to the Master of the referring ship and MyriadSea and their agents.

Crew Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*\*\*\***

**C – Note to Dentist**

Dear Dentist,

Please record your findings and any treatment provided along with details of further management instructions/ recommendations.

MyriadSea will cover the costs of emergency dental treatment necessary for the immediate relief of pain and the treatment of acute infections. If medically indicated, Neptune Pacific will cover the cost of the first treatment of an emergency pulpectomy, however completion of any root canal treatment is at the crew members expense. All other procedures such as crowns, bridge work and periodontal surgery are at the expense of the crew member. Please provide your detailed bill to our local agent to facilitate payment.

MyriadSea

**\*\*\*\*\***

**D – Record of Examination (dentist to complete)**

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| --- |
| **Brief history of injury/illness** |
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| --- |
| **Diagnosis** |
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| --- |
| **Treatment** |
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| --- |
| **Management recommendations** |
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|  |  |
| --- | --- |
| **Further medical/ dental referral required? (if yes, give details)** | YES / NO |
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| --- |
| **Tests, x-rays carried out** |
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|  |
|  |

**E- Fitness for Duty**

|  |  |
| --- | --- |
| **IMPORTANT!**Is the crew member fit to perform the essential functions of their current job without posing a health risk to others onboard the ship? | YES / NO |

**If “NO”:**

|  |  |
| --- | --- |
| Is the crew member fit to remain onboard when the vessel proceeds to sea without undue risk to themselves or others onboard? | YES / NO |
| Is the crew member fit to travel? | YES / NO |

**F – Signature**

|  |  |
| --- | --- |
| **Dentists Name** |  |
| **Address** |  |
| **Telephone Number/****Email** |  |
| **Dentists Signature** |  |

**ONE COPY TO MASTER**

**ONE COPY TO SHIP MANAGEMENT TEAM**