OMB Approved No. 2900-0781 Respondent Burden: 15 Minutes Expiration Date: 09/30/2019

Department of Veterans Affairs

ORAL AND DENTAL CONDITIONS INCLUDING MOUTH, LIPS AND TONGUE (OTHER THAN TEMPOROMANDIBULAR JOINT CONDITIONS) **DISABILITY BENEFITS QUESTIONNAIRE**

IMPORTANT - THE DEPARTMENT OF VETERANS AFFAIRS (VA) WILL NOT PAY OR REIMBURSE ANY EXPENSES OR COST INCURRED IN THE PROCESS OF COMPLETING AND/OR SUBMITTING THIS FORM. PLEASE READ THE PRIVACY ACT AND RESPONDENT BURDEN INFORMATION

BEFORE COMPLETING FORM.							
NAME OF PATIENT/VETERAN (First, Middle Initial, Last)							
PATI	ENT/VETERAN'S SOCIAL SECURITY NUMBER						
NOT	TO DIVISION V. C. C. analysis 4. the HC Department of V		. X74 '11 '1 d information				
nrov	TE TO PHYSICIAN - Your patient is applying to the U.S. Department of Vide on this questionnaire as part of their evaluation in processing the veteran'	eterans Affairs (VA) for disability benefits claim VA reserves the right to confirm	ts. VA will consider the information you the authenticity of ALL DBOs completed by				
priva	tte health care providers.	5 Claim. 1.1.10001100	me damonas, 01/122 @ 10p				
		I - DIAGNOSIS					
	DOES THE VETERAN NOW HAVE OR HAS HE OR SHE EVER BEEN DIAGNO	OSED WITH AN ORAL OR DENTAL CON	OITION? (This is the condition the veteran is				
	laiming or for which an exam has been requested)						
\Box	YES NO (If "Yes," complete Item 1B)	1 1 12 () Hetel above 16th and					
from section	E: These are the diagnoses determined during this current evaluation of the caprevious diagnosis for this condition, or if there is a diagnosis of a complicion. Date of diagnosis can be the date of the evaluation if the clinician is making the distory.	cation due to the claimed condition, expla	in your findings and reasons in the "Remarks"				
	SELECT THE VETERAN'S CONDITION (check all that apply)						
	LOSS OF ANY PORTION OF MANDIBLE						
Ш	(for reasons other than periodontal disease or edentulous atrophy)	ICD Code:	Date of diagnosis:				
	LOSS OF ANY PORTION OF MAXILLA (for reasons other than periodontal disease or edentulous atrophy)	ICD Code:	Date of diagnosis:				
	MALUNION OR NONUNION OF MANDIBLE	ICD Code:	Date of diagnosis:				
	MALUNION OR NONUNION OF MAXILLA	ICD Code:	Date of diagnosis:				
	LOSS OF TEETH (for reasons other than periodontal disease, or other routine dental maladies: this is intended for loss of teeth due to service-related trauma)	ICD Code:	Date of diagnosis:				
	TEMPOROMANDIBULAR JOINT DISORDER (TMJD) (If checked, complete the VA Form 21-0960M-15, Temporomandibular Joint Conditions Disability Benefits Questionnaire in lieu of this questionnaire if that is the veteran's only condition. If the veteran has a TMJD condition AND additional oral or dental conditions, complete this questionnaire and ALSO complete VA Form 21-0960M-15)	ICD Code:	Date of diagnosis:				
	LIMITATION OF MOTION OF THE TEMPOROMANDIBULAR JOINT DUE TO CAUSES OTHER THAN TMJD (If checked, complete this questionnaire and ALSO complete VAF Form 21-0960M-15, Temporomandibular Joint Conditions Disability Benefits Questionnaire)	ICD Code:	Date of diagnosis:				
	ANATOMICAL LOSS OR INJURY OF THE MOUTH, LIPS OR TONGUE	ICD Code:	Date of diagnosis:				
	OSTEOMYELITIS, OSTEORADIONECROSIS OR BISPHOSPHONATE- RELATED OSTEONECROSIS OF THE JAW	ICD Code:	Date of diagnosis:				
	ORAL NEOPLASM (If checked, specify):	ICD Code:	Date of diagnosis:				
	PERIODONTAL DISEASE (If this is the ONLY diagnosis checked, proceed to the signature section at the end of this form (for VA purposes this disease is not considered disabling)	ICD Code:	Date of diagnosis:				
	OTHER (specify):						
	Other diagnosis #1	ICD Code:	Date of diagnosis:				
	Other diagnosis #2	ICD Code:	Date of diagnosis:				
1C. IF ADDITIONAL DIAGNOSES THAT PERTAIN TO ORAL OR DENTAL CONDITIONS, LIST USING ABOVE FORMAT:							
NOTE: This questionnaire is appropriate for bone loss due to trauma or disease such as osteomyelitis and <i>not</i> to the loss of the alveolar process as a result of periodontal							
disease, edentuious atrophy since such loss is not considered disabling. This is intended for loss of teeth due to service-related trauma.							
SECTION II - MEDICAL RECORD REVIEW							
2. INDICATE MEDICAL RECORDS REVIEWED IN PREPARATION OF THIS REPORT: C-FILE (VA ONLY)							
OTHER, DESCRIBE:							
Ш		MEDICAL HISTORY					
SECTION III - MEDICAL HISTORY 3A. MEDICAL/DENTAL HISTORY (including onset and course) OF THE VETERAN'S ORAL AND/OR DENTAL CONDITION:							
SA. MEDICALIDENTAL HISTORY (INCIDENTIAL ONSET AND COURSE) OF THE VETERAN'S URAL AND/OR DENTAL CONDITION:							

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SECTION III - MEDICAL HISTORY (Continued)						
3B. IS CONTINUOUS MEDICATION REQUIRED FOR CONTROL OF THE VETERAN'S ORAL AND/OR DENTAL CONDITION?						
YES NO If "Yes," list only those medications required for the veteran's oral and/or dental condition)						
SECTION IV - DENTAL AND ORAL CONDITIONS						
4. DOES THE VETERAN HAVE ANY OF THE FOLLOWING DENTAL OR ORAL CONDITIONS?						
YES NO (If "No," proceed to Section V) (If "Yes," check all that apply)						
Mandible (anatomical loss or bony injury) (If checked, complete Part A below.)						
Maxilla (anatomical loss or bony injury) (If checked, complete Part B below.)						
Teeth (anatomical loss or bony injury leading to loss of any teeth) (If checked, complete Part C below.)						
Mouth, lips, tongue and disfiguring scars to the mouth or lips (anatomical loss or injury) (If checked, complete Part D below.)						
Osteomyelitis/osteoradionecrosis/bisphposphonate-related osteonecrosis of the jaw (If checked, complete Part E below.)						
Tumors or neoplasms (If checked, complete Part F below.)						
Other dental or oral conditions, pertinent physical findings or scars due to dental or oral conditions (If checked, complete Part G below.)						
PART A - MANDIBLE, INCLUDING ANATOMICAL LOSS OR BONY INJURY (NOT DUE TO EDENTULOUS ATROPHY OR PERIODONTAL DISEASE)						
1. HAS THE VETERAN LOST ANY PART OF THE MANDIBLE OR MANDIBULAR RAMUS (not due to edentulous atrophy or periodontal disease)? YES NO (If "Yes," indicate severity (check all that apply))						
Loss of approximately 1/2 of the mandible, not involving the temporomandibular articulation Loss of approximately 1/2 of the mandible, involving the temporomandibular articulation						
Loss of approximately 1/2 of the mandible, involving the temporomandibular articulation Complete loss of the mandible between angles						
Loss of less than 1/2 the substance of mandibular ramus, not involving loss of continuity (If checked, indicate side): Right Left Both						
Loss of whole or part of mandibular ramus, without loss of temporomandibular articulation (If checked, indicate side):						
Loss of whole or part of mandibular ramus, involving loss of temporomandibular articulation (If checked, indicate side): Right Left Both						
Other (describe):						
2. HAS THE VETERAN LOST EITHER CONDYLOID (condyloid process) OF THE MANDIBLE?						
YES NO (If "Yes," indicate side): Right Both						
3. HAS THE VETERAN LOST EITHER CORONOID PROCESS OF THE MANDIBLE?						
YES NO (If "Yes," indicate side): Right Left Both						
4. HAS THE VETERAN HAD AN INJURY RESULTING IN MALUNION OR NONUNION OF THE MANDIBLE?						
YES NO (If "Yes," indicate severity):						
Malunion with slight displacement						
Malunion with moderate displacement Malunion with severe displacement						
Nonunion, moderate						
Nonunion, severe						
Other (describe):						
NOTE - The assessment of the severity of malunion or nonunion of the mandible is dependent upon degree of motion and relative loss of masticatory function.						
PART B - MAXILLA, INCLUDING ANATOMICAL LOSS OR BONY INJURY (NOT DUE TO ENDENTULOUS ATROPHY OR PERIODONTAL DISEASE)						
1. HAS THE VETERAN LOST ANY PART OF THE MAXILLA? (Not due to endentulous atrophy or periodontal disease)						
YES NO (If "Yes," indicate severity)						
Loss of less than 25%						
Loss of 25 to 50%						
Loss of more than 50%						
2. IF THE VETERAN HAS LOST ANY PART OF THE MAXILLA, IS THE LOSS REPLACEABLE BY PROSTHESIS?						
YES NO NOT APPLICABLE						
3. HAS THE VETERAN LOST ANY PART OF THE HARD PALATE?						
YES NO (If "Yes," indicate severity)						
Loss of less than 50%						
Loss of 50% or more						
4. IF THE VETERAN HAS LOST ANY PART OF THE HARD PALATE, IS THE LOSS REPLACEABLE BY PROSTHESIS?						
YES NO NOT APPLICABLE						
5. HAS THE VETERAN HAD AN INJURY RESULTING IN MALUNION OR NONUNION OF THE MAXILLA?						
YES NO (If "Yes," indicate severity)						
Malunion or nonunion with slight displacement						
Malunion or nonunion with moderate displacement						
Malunion or nonunion with severe displacement						

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	SECTION I	/ - DI	ENTAL AND	DRAL CONDITIONS	S (Continued)		
PART C - TEETH, INCLUDING ANATOMICAL LOSS OR BONY INJURY LEADING TO LOSS OF ANY TEETH							
· · · · · · · · · · · · · · · · · · ·	(OTHER THAN THAT DUE TO THE LOSS OF THE ALVEOLAR PROCESS AS A RESULT OF PERIODONTAL DISEASE) 1. IS THE LOSS OF TEETH DUE TO LOSS OF SUBSTANCE OF BODY OF MAXILLA OR MANDIBLE WITHOUT LOSS OF CONTINUITY?						
☐ YES ☐ NO							
2. IS THE LOSS OF TEETH DUE TO TRAUMA	OR DISEASE (SUCH	I AS OSTEOMY	ELITIS?)			
YES NO (If "Yes," describe):	,			,			
3. CAN THE MASTICATORY SURFACES BE F	NECTORED BY	OLUT /	NDI E DDOCTU	-0100			
YES NO (If "Yes," describe):	ESTURED BY	SUIT	ABLE PROSTRI	:010 ?			
4. INDICATE THE EXTENT OF LOSS OF TEET	T⊔ (Chack all th	at an	nh.):				
Upper Teeth	п (Спеск ин т	иі ир	<i>ριγ)</i> .				
No missing teeth	All rig	ht pos	sterior missing	Other, desc	cribe:		
All posterior teeth missing bilaterally			erior missing				
All anterior teeth missing bilaterally			erior missing				
All upper teeth missing	All lef	t ante	rior missing				
Lower Teeth							
No missing teeth			sterior missing	Other, desc	cribe:		
All posterior teeth missing bilaterally All anterior teeth missing bilaterally			erior missing erior missing				
All lower teeth missing			rior missing				
5. LIST MISSING TEETH BY NUMBER:							
PART D - MOUTH LIPS	TONGUE AND	DISE	IGURING SCAI	S TO THE MOUTH O	R LIPS (ANATOMICAL LOSS OR INJURY)		
1. DOES THE VETERAN HAVE ANY DISFIGUI					it Lii o (Allo trollino) i L		
YES NO (If "Yes," ALSO comp	lete VA Form 2	1-096	60F-1, Scars/Di	sfigurement Disability	Benefits Questionnaire)		
2. DOES THE VETERAN HAVE A MOUTH INJU	JRY THAT RES	ULTS	IN IMPAIRMEN	IT OF MASTICATION?	,		
YES NO (If "Yes," describe):							
3. DOES THE VETERAN HAVE PARTIAL OR C	COMPLETE LOS	SS OF	THE TONGUE	?			
YES NO (If "Yes," indicate sev	erity)						
Loss of less than 1/2 of tongue Loss of 1/2 or more of tongue							
4. DOES THE VETERAN HAVE A SPEECH IMI YES NO (If "Yes," indicate sev.		JSED	BY PARTIAL O	R COMPLETE LOSS (OF THE TONGUE, OR BY ANY OTHER TONGUE CONDITION?		
Marked speech impairment (If checi	• /						
	ŕ				-		
Inability to communicate by speech (If checked, describe):							
PART E - OSTEOMYELITIS/OSTEORADIONECROSIS/BISPHOSPHONATE-RELATED OSTEONECROSIS OF THE JAW							
l					ELITIS OR OSTEORADIONECROSIS OF THE MANDIBLE?		
YES NO (If "Yes," ALSO complete VA Form 21-0960M-11, Osteomyelitis Disability Benefits Questionnaire)							
2. DOES THE VETERAN NOW HAVE OR HAS HE OR SHE EVER BEEN DIAGNOSED WITH BISPHOSPHONATE-RELATED OSTEONECROSIS OF THE JAW?							
YES NO (If "Yes," describe):							
	DADT E THIMODE AND NEODI ARMS						
PART F - TUMORS AND NEOPLASMS 1. DOES THE VETEDAN HAVE A BENIGN OF MALIGNANT NEODLASM OF METASTASES DELATED TO ANY OF THE DIAGNOSES CHECKED IN SECTION I							
1. DOES THE VETERAN HAVE A BENIGN OR MALIGNANT NEOPLASM OR METASTASES RELATED TO ANY OF THE DIAGNOSES CHECKED IN SECTION I, DIAGNOSIS?							
YES NO (If "Yes," complete the following section)							
2. IS THE NEOPLASM?							
BENIGN MALIGNANT							

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SECTION IV - DENTAL AND ORAL CONDITIONS (Continued)							
PART F - TUMORS AND NEOPLASMS (Continued)							
Date of completion of treatment or a							
4. DOES THE VETERAN CURRENTLY HAVE ANY RESIDUAL CONDITIONS OR COMPLICATIONS DUE TO THE NEOPLASM (including metastases) OR ITS TREATMENT, OTHER THAN THOSE ALREADY DOCUMENTED IN THE REPORT ABOVE? YES NO (If "Yes," list residual conditions and complications (brief summary)):							
5. IF THERE ARE ADDITIONAL BENIGN OR MALIGNANT NEOPLASMS OR METASTASES RELATED TO ANY OF THE DIAGNOSES IN SECTION I, DIAGNOSIS, DESCRIBE USING THE ABOVE FORMAT:							
PART G - OTHER PERTI	NENT PHYSICAL FINDI	NGS, SCARS	S, COMPLICATIONS,	CONDITIONS, SIGNS AND/OR SYMPTOMS			
1. DOES THE VETERAN HAVE ANY SCARS (surgical or otherwise) RELATED TO ANY CONDITIONS OR TO THE TREATMENT OF ANY CONDITIONS LISTED IN THE DIAGNOSIS SECTION? YES							
SECTION V - DIAGNOSTIC TESTING							
NOTE - If diagnostic test results are in the medical record and reflect the veteran's current oral or dental condition, repeat testing is not required.							
5A. HAVE IMAGING STUDIES OR PROCEDUR YES NO (If "Yes," check all that apply): Panographic/intraoral imaging to de mandible or maxilla Other:		Date:		esults:			
5B. ARE THERE ANY OTHER SIGNIFICANT D	IAGNOSTIC TEST FIND						
YES NO (If "Yes," provide type							

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<u>'</u>	SEC	CTION VI -	FUNC	TIONAL IMPACT			
6. DOES THE VETERAN'S ORAL OR DENTAL COND	OITION IMPAC	T HIS OR HE	ER ABI	ILITY TO WORK?			
YES NO (If "Yes," describe impact of	each of the ve	eteran's oral	l or der	ntal condition(s), pro	oviding one or more example:	s):	
		SECTIO	N VII	- REMARKS			
7. REMARKS (If any)		020110		REMARKO			
(3)							
SECTION VIII - PHYSICIAN'S CERTIFICATION AND SIGNATURE							
CERTIFICATION - To the best of my knowledge, the information contained herein is accurate, complete and current.							
·					ate, complete and current		
8A. PHYSICIAN'S SIGNATURE		8B. PHYSIC	JIAN 5	PRINTED NAME		8C. DATE SIGNED	
8D. PHYSICIAN'S PHONE/FAX NUMBERS	8E. NATIONA	AL PROVIDE	ER IDE	NTIFIER (NPI) NUMI	BER 8F. PHYSICIAN'S ADDI	RESS	
NOTE - VA may request additional medical information, including additional examinations, if necessary to complete VA's review of the veteran's application.							
IMPORTANT - Physician please fax the completed form to:							
(VA Regional Office FAX No.)							
NOTE - A list of VA Regional Office FAX Numbers can be found at www.benefits.va.gov/disabilityexams or obtained by calling 1-800-827-1000.							

PRIVACY ACT NOTICE: VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58/VA21/22/28, Compensation, Pension, Education and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. Your obligation to respond is voluntary. VA uses your SSN to identify your claim file. Providing your SSN will help ensure that your records are properly associated with your claim file. Giving us your SSN account information is voluntary. Refusal to provide your SSN by itself will not result in the denial of benefits. VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by a Federal Statute of law in effect prior to January 1, 1975, and still in effect. The requested information is considered relevant and necessary to determine maximum benefits under the law. The responses you submit are considered confidential (38 U.S.C. 5701). Information submitted is subject to verification through computer matching programs with other agencies.

RESPONDENT BURDEN: We need this information to determine entitlement to benefits (38 U.S.C. 501). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 15 minutes to review the instructions, find the information, and complete the form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.reginfo.gov/public/do/PRAMain. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

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