



DEPARTMENT OF THE ARMY
 ARMY ROTC DETACHMENT
 UNIVERSITY OF NORTH GEORGIA
 82 COLLEGE CIRCLE
 DAHLONEGA, GA 30597

REPLY TO
 ATTENTION OF:
 ATCC-AAG-ANG

Date: _____

MEMORANDUM FOR THE COMMANDER, ROTC DETACHMENT
 UNIVERSITY OF NORTH GEORGIA

SUBJECT: Statement of Acknowledgement for Civilian Dental Records

Excerpt from CC Pam 145-4:
 2-55. Dental Exam Requirements

b. Dental films for casualty identification purposes are required for all participants in the ROTC program who must use government-owned or government contracted transportation. The FMS is to ensure that all dental exam participants possess appropriate records for identification purposes. ROTC cadets must provide name, address, and phone number of insurer, dentist, and scan dental records, orthodontic profiles or dental x-rays.

Participants using government-owned or government contracted transportation must have a dental record for identification purposes. In such circumstances these students must provide the name

dental records contain descriptive profiles, bite wing x-rays, orthodontic profiles or dental x-rays.

c. In addition to the above, DNA is obtained as part of the commissioning physical at IDAC.

I have verified with my dentist that my dental records do contain descriptive profiles, bite wing x-rays, orthodontic profiles or dental x-rays for identification purposes.

OK

I have verified with my dentist that my dental records do not contain descriptive profiles, bite wing x-rays, orthodontic profiles or dental x-rays for identification purposes and have scheduled an appointment.

*My appointment is scheduled for (Date) _____ (Time) _____

Dentist Name: _____ Phone: _____

Address: _____

(CADET PRINT NAME)

(CADET SIGNATURE)

If you need this document in another format please e-mail cadetrecruiting@ung.edu or call 706-867-2918.

(DATE)