

RETURN THE FOLLOWING FORM WITH YOUR DA FORM 3425-R (MEDICAL FITNESS STATEMENT)

STATEMENT OF ACKNOWLEDGEMENT FOR CIVILIAN DENTAL RECORDS

U.S. Army Cadet Command requires that all participants in the ROTC program have the following information on file in the Army ROTC Department. (Please read the excerpt from Cadet Command Pam 145-4 below).

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 PMS is to ensure the Cadet's dental records contain sufficient documentation to aid in forensic identification.

(1) ROTC Cadets must provide name, address, and phone number of his/her dentist and sign a statement acknowledging that his/her civilian dental records contain descriptive profiles, bite wing x-rays, orthodontic profiles or dental x-rays.

(2) Students that are transported using government owned or government contracted transportation must have a dental record for identification purposes.

_____ 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.

OR

_____ 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)

(DATE)