Change 112
Manual of the Medical Department
U. S. Navy
NAVMED P-117

21 February 1996

To: Holders of the Manual of the Medical Department

1. ***This change*** provides the following changes to Sections I through XV, Chapter 6, Dental Corps:

a. Section I adds privileged civilian providers to applicability and updates BUMED organization chart.

b. Section II changes title of Marine Corps dental officer and documents reorganization of commands and healthcare support offices (HSOs).

c. Section X corrects reference in Laws and Directives Pertaining to Contract Services at Dental Facilities.

d. Section XI provides new organization diagrams for major naval dental centers, consolidated dental battalions/naval dental clinics, and other small naval dental clinics.

e. Section XII is completely revised.

f. Section XIII updates article 6-86.

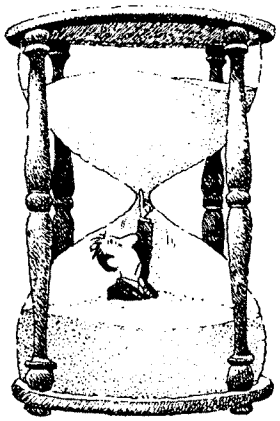
g. Section XIV is completely revised.

h. Section XV provides major revisions to those articles on the SF–603, special entries on the SF–603, abbreviations, standardized markings on the SF–603, and new illustrations on entries and markings on SF–603. Also introduces the new Reserve form, NAVMED 6000/12, and explains its use.

2. ***Action***

a. Remove old pages and insert like-numbered pages.

b. Record this Change 112 in the Record of Page Changes.



HAROLD M. KOENIG
Chief, Bureau of Medicine and Surgery

Time's running out...Stop smoking today.

Dental Corps

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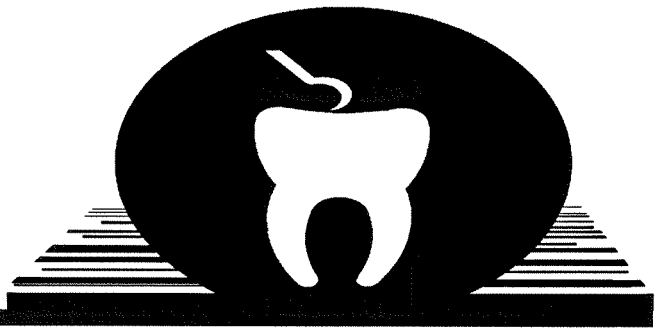
Chapter 6 Contents



Note: Section VII not in use at this time.

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Section I
Introduction

6-1 Establishing Legislation

(1)The Navy Dental Corps was established by provisions of an act of 22 August 1912 (now codified by act approved 10 August 1956, 10 U.S.C. 6027). This act authorized the appointment of not more than 30 assigned dental surgeons to serve professionally the personnel of the naval service and to perform such other duties as may be prescribed by competent authority.

6-2 Mission

(1) The primary mission of the Navy Dental Corps is to provide such care for active duty Navy and Marine Corps personnel as will prevent or remedy diseases, disabilities, and injuries of the teeth, jaws, and related structures, which may directly or indirectly interfere with the performance of military duties.

6-2A Applicability of Chapter 6

(1) Directives cited in chapter 6 pertaining to the practice of dentistry, apply to all dentists, military or civilian, who provide dental examinations or treatment to DON personnel.

(2) Directives for "dental technicians" contained in chapter 6 pertaining to the practice of dentistry, also apply to civilian auxiliary personnel working in DON DTFs.

(3) Directives of a military nature contained in chapter 6 apply to dental corps officers, medical service corps officers, and nurse corps officers attached to dental commands, and enlisted dental technicians.

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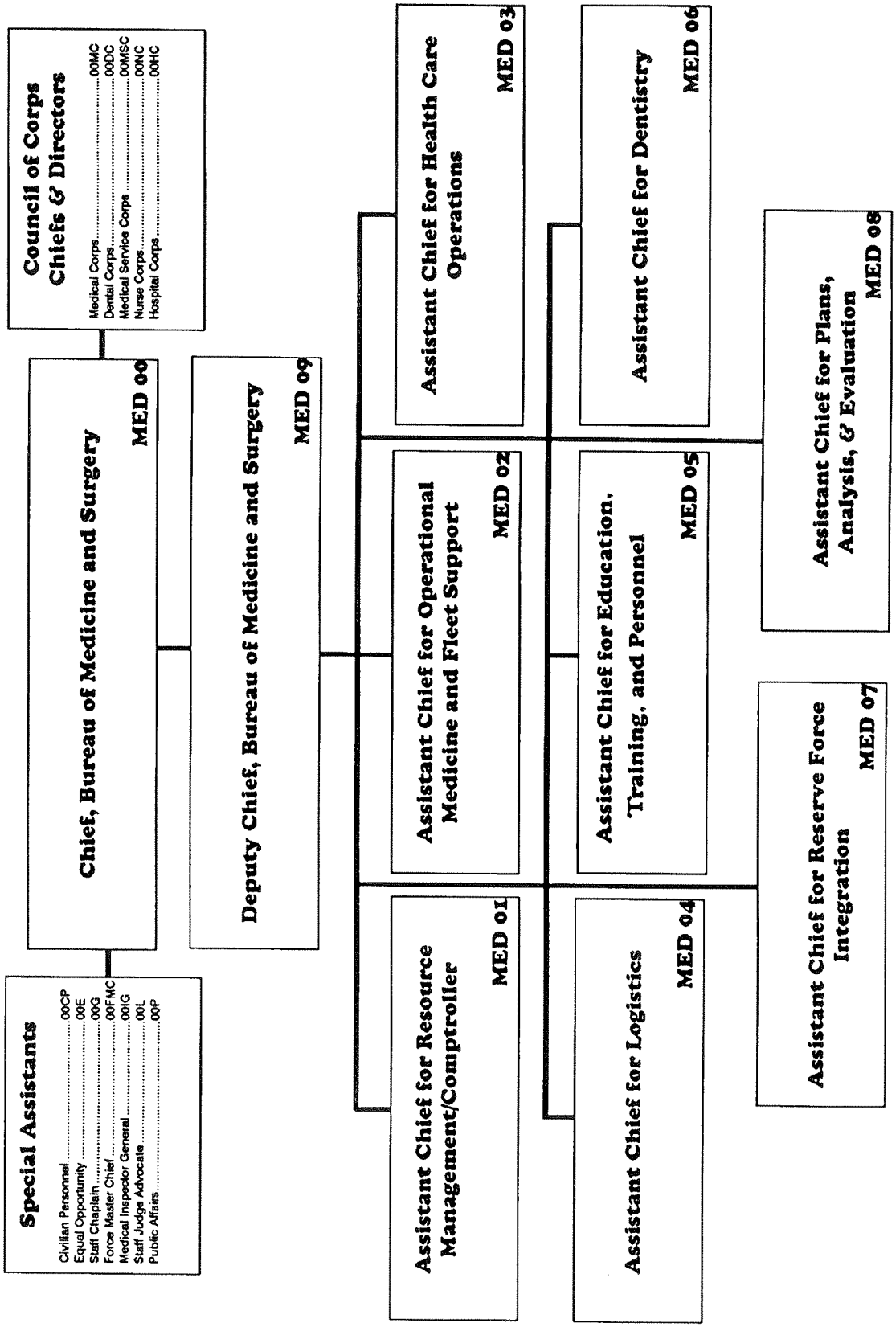

Council of Corps Chiefs & Directors
Medical Corps.....00MC
Dental Corps.....00DC
Medical Service Corps.....00MSC
Nurse Corps.....00NC
Hospital Corps.....00HC
Special Assistants
Civilian Personnel.....00CP
Equal Opportunity.....00E
Staff Chaplain.....00G
Force Master Chief.....00FMC
Medical Inspector General.....00IG
Staff Judge Advocate.....00L
Public Affairs.....00P
Chief, Bureau of Medicine and Surgery
MED 00
Deputy Chief, Bureau of Medicine and Surgery
MED 09
Assistant Chief for Resource Management/Comptroller
MED 01
Assistant Chief for Operational Medicine and Fleet Support
MED 02
Assistant Chief for Health Care Operations
MED 03
Assistant Chief for Logistics
MED 04
Assistant Chief for Education, Training, and Personnel
MED 05
Assistant Chief for Dentistry
MED 06
Assistant Chief for Reserve Force Integration
MED 07
Assistant Chief for Plans, Analysis, & Evaluation
MED 08

Section II
Organization

6-3 Chief of the Navy Dental Corps

(1) The Chief, Navy Dental Corps is responsible for all matters pertaining to the Navy dental corps officer community, including accession, promotion, and training, and formulation of policy oversight of the DON Dental Healthcare System.

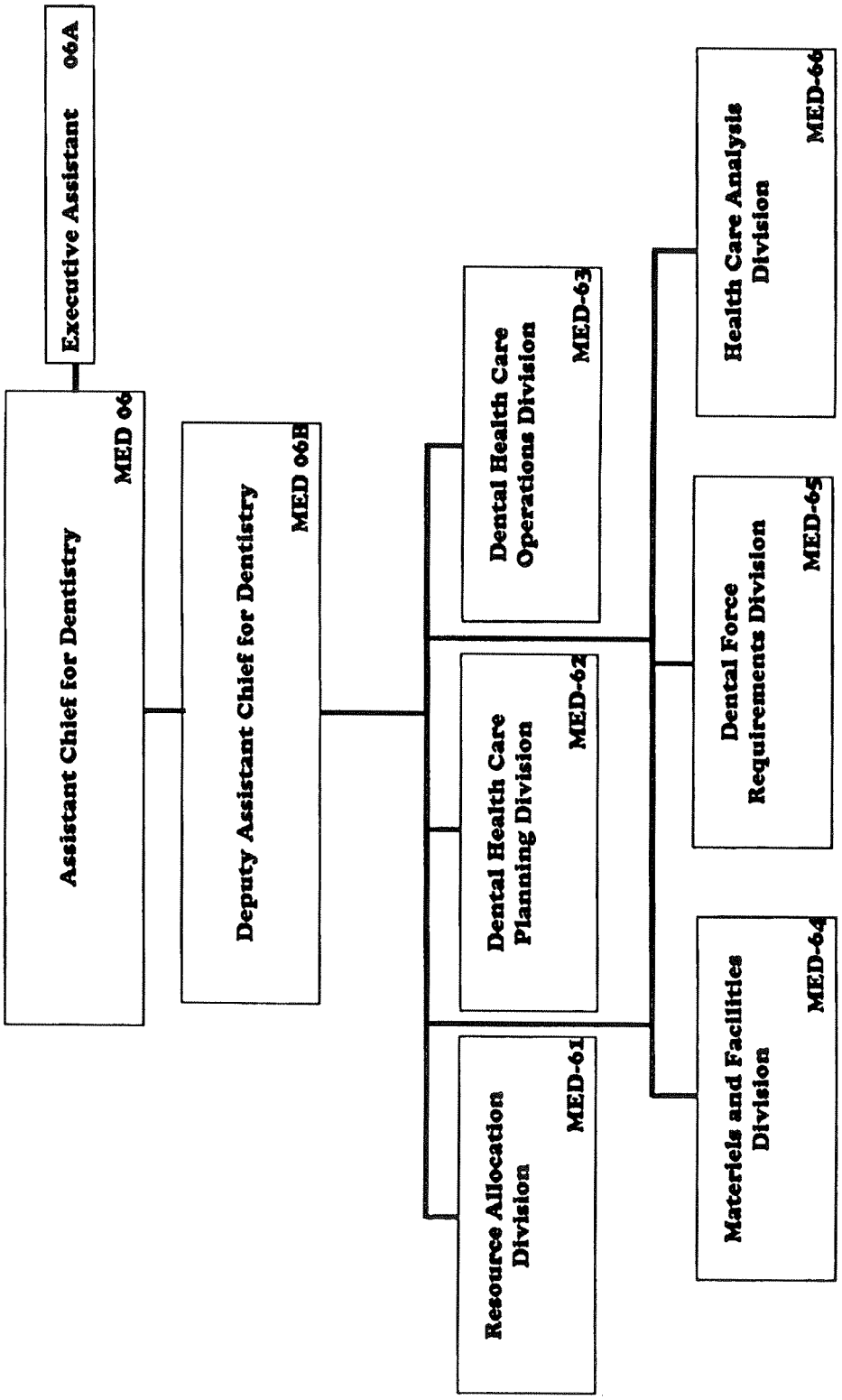
(2) The Chief, Navy Dental Corps also serves as the Assistant Chief for Dentistry, Bureau of Medicine and Surgery and Chief of the Dental Division (MED-06).

6-4 Assistant Chief for Dentistry

(1) The Assistant Chief for Dentistry (MED-06) serves as the professional dental technical authority and issues directives to implement policy at all DON DTFs.

(2) The Assistant Chief for Dentistry oversees the provision of dental healthcare treatment facilities under the technical guidance and support of the Chief, Bureau of Medicine and Surgery.

(3) The mission and functions of BUMED-06 are contained in BUMEDINST 5430.6 series.


Executive Assistant 06A
Assistant Chief for Dentistry
MED 06
Deputy Assistant Chief for Dentistry
MED 06B
Dental Health Care Operations Division
MED-63
Dental Health Care Planning Division
MED-62
Resource Allocation Division
MED-61
Health Care Analysis Division
MED-66
Dental Force Requirements Division
MED-65
Materiels and Facilities Division
MED-64

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6-5 Marine Corps–Director, Dental Programs

(1) The Director, Dental Programs (DDP) also has the title "The Dental Officer, U.S. Marine Corps" and is the staff dental officer to the Commandant of the Marine Corps. Assigned to the Health Services Directorate, the DDP (Code HS-2) reports to the Director, Health Services. The DDP, with the concurrence of the Commandant of the Marine Corps, is assigned ADDU as the Headquarters Marine Corps Dental Liaison (N093D1). In this capacity, N093D1 advises the Assistant for Dental Matters (N093D) on Marine Corps dental matters.

(2) See articles 6-82 through 6-85K, for the organization, mission, and functions of the Director, Dental Programs, and of dental personnel assigned to units of the Fleet Marine Force.

6-6 Fleet Dental Officers

(1) The staff dental officers for the Commander in Chief, U. S. Atlantic Fleet, and the Commander in Chief, U. S. Pacific Fleet, are designated as the fleet dental officers.

(2) See articles 6-37 through 6-42, for the organization, mission, and functions of the fleet dental officers, and of dental personnel assigned to fleet units.

6-7 Functional Alignment of Dental Facilities

(1) Dental treatment facilities have a military chain of command, and a primary and technical support chain.

(2) See chapter 1 for further explanation of the above definitions.

6-8 Dental Division of the Bureau of Medicine & Surgery

(1) ***Establishment***. The Secretary of the Navy, in June 1946, established the Dental Division within the Bureau of Medicine and Surgery, per the act approved 28 December 1945 (10 U.S.C. 5138).

(2) ***Responsibility.*** All matters relating to dentistry are required by law to be referred to the Dental Division and that division is responsible for the study, planning, and direction of matters coming within its cognizance. Specifically, the Dental Division is required to:

(a) Establish professional standards and policies for dental practice.

(b) Conduct inspections and visits for maintenance of such standards.

(c) Initiate and recommend action pertaining to complements, appointments, advancement, and training of personnel.

(d) Serve as the advisory agency for BUMED on all matters relating directly to dentistry.

(3) The organization of the Dental Division of BUMED is shown on the chart on page 6-6.

6-9 Healthcare Support Offices (HLTHCARE SUPPOs)

(1) HLTHCARE SUPPOs support the Chief, Bureau of Medicine and Surgery in the delivery of medical and dental care in the Navy by providing primary and technical support to MTFs and DTFs in their assigned area.

(2) Dental officers are assigned to HLTHCARE SUPPOs to provide specific assistance and support services in professional and technical matters. They provide technical assistance in dental healthcare matters to responsible line commanders and echelon 2 commanders, as requested.

(3) The location and areas of responsibility are as follows:

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HLTHCARE SUPPO Norfolk
- Naval DentalCenter (NDC) Newport
- NDC Great Lakes
- NDC Norfolk
- NDC Camp Lejeune
- NDC Roosevelt Roads
- NNDC Bethesda
- NDC Europe

HLTHCARE SUPPO Jacksonville
- NDC Jacksonville
- NDC Pensacola
- NDC Parris Island

HLTHCARE SUPPO San Diego
- NDC San Diego
- NDC Camp Pendleton
- NDC Bremerton
- NDC San Francisco
- NDC Pearl Harbor
- NDC Okinawa
- NDC Yokosuka
- NDC Guam

6-10 Office of Medical/ Dental Affairs

(1) The Naval Office of Medical/Dental Affairs (MEDDEN AFFAIRS) in Great Lakes acts as a centralized office to manage nonnaval medical and dental treatment services.

(2) Each Office of Dental Affairs (ODA) is responsible for:

(a) The nonnaval dental care program, including the review, approval, and disapproval of dental treatment plans and adjudication of dental care claims.

(b) Other dental administrative matters as assigned by BUMED and described in NAVMEDCOMINST 6010.3 series.

(3) BUMEDINST 6320.72 series describes the ODAs and their geographical areas of responsibility.

There are no articles 6-11 through 6-13.

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Section III
Dental Corps Officers

6-14 Grades and Strength

(1) The Navy Dental Corps consists of officers in the grades of lieutenant; lieutenant commander; commander; captain; rear admiral (lower half); and rear admiral.

(2) The Secretary of the Navy prescribes the authorized strength and grade levels of the active duty dental corps officers based upon the overall needs of the Navy and Marine Corps.

6-15 Appointments

(1) ***Appointments.*** Appointments in the dental corps of the U.S. Navy and the Naval Reserve are made as vacancies occur or as otherwise determined by the Chief of Naval Personnel.

(2) ***Qualifications for Appointments***

(a) ***Regular Navy***

(1) Male or female.

(2) Citizenship. United States citizen.

(3) Age. As determined by the Secretary of the Navy depending upon grade for which eligible.

(4) The grade in which appointed will be determined by the applicant's level of advanced education and training, professional experience, previous military service as a dental officer, or other commissioned service.

(5) The applicant must be a graduate of a dental school approved by the American Dental Association and currently licensed to practice dentistry in a state or territory of the United States, the District of Columbia, or Commonwealth of Puerto Rico. Recent graduates of dental schools (within 6 months) may be appointed before licensing; however, they must obtain a current, valid license within 1 year from the date of graduation from dental school.

(6) The applicant must be physically qualified per standards established by the Director, Naval Medicine, and must meet certain mental, moral, and professional qualifications as determined by a board of officers, the Dental Corps Professional Review Board (DCPRB), appointed by the Chief, Navy Dental Corps.

(7) Additional qualifications may be issued by the Chief of Naval Personnel.

(b) ***Naval Reserve (Active/Inactive).*** The qualifications for appointment are the same as above, except that the applicant must be a U.S. citizen or alien who has been lawfully admitted to the U.S. for permanent residence and holds a current Alien Registration Receipt Card (1-151).

(3) ***Application for Appointment***

(a) ***Regular Navy***. Submit applications to the Chief of Naval Personnel following appropriate articles in MILPERSMAN.

(b) ***Naval Reserve***. Submit applications to the Commander, Navy Recruiting Command via the nearest Navy recruiting district office.

(4) ***Consideration of Candidate for Appointment***

(a) ***Regular Navy***. Professional qualifications will be considered by a duly constituted board of dental officers appointed by the DCNO (MPT).

(b) ***Naval Reserve (Active/Inactive)***. Professional qualifications of a candidate for appointment in the Naval Reserve will be reviewed by the DCPRB.

6-16 Promotions

(1) Officers of the dental corps become eligible for promotion when they accumulate the required promotion and entry grade credits, or complete the prescribed period of active duty in the next lower grade as specified in Public Law 96-513 of 12 December 1980, Defense Officer Personnel Management Act (DOPMA), as issued to the military services by DoD Directive 1320.7 series.

6-17 Retirement

(1) The several types of retirement for officers of the Regular Navy and certain officers of the Naval Reserve are explained in MILPERSMAN 3860100 and current directives.

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Section IV
Duties of the Dental Corps Officer

6-21 Duty Assignments

(1) Dental officers are assigned to duty in naval activities in the continental United States (CONUS), to duty afloat in the large combatant and auxiliary ships of the fleet, to overseas duty, to duty with mobile construction battalions, and to duty with the Marine Corps. The normal rotation pattern is an initial tour of duty in CONUS, (excludes Hawaii or Alaska), and then an operational tour at sea, with the Fleet Marine Force, or overseas (OCONUS) (includes Hawaii and Alaska), followed by another tour of duty in CONUS. Subsequent tours of duty will be in consonance with the overall needs of the naval service.

(2) A tour of duty is influenced by several factors. These include, but are not limited to, the ratio of sea and overseas billets to those ashore within CONUS; the number of officers on active duty for limited periods; requirements for officers with special qualifications; billets of an unusually arduous nature or in isolated areas; training requirements; and the desires of the individual officer. The length of tour will follow BUPERS policy.

6-22 Commanding Officer; Dental Officer; Director, Branch Dental Clinic

(1) The Secretary of the Navy defines regulations for dental services provided in all DON DTFs both ashore and afloat. Such services will be accomplished by the assigned dental officer, who is responsible to the commanding officer of the ship, station, naval dental or medical commands, or Marine Corps unit, for all professional, technical, and administrative matters concerning dental services (sec. 4 of act of 28 Dec 1945, now codified by an act approved 10 Aug 1956 (10 U.S.C. 6029)).

(2) The commanding officer of a naval dental facility will be an officer of the dental corps permanently attached for duty and so assigned. This officer will be responsible for the general duties prescribed in Navy Regulations for a commanding officer as well as duties prescribed for the commanding officer of a naval dental center, in NAVMEDCOMINST 5450.1 series. The duties and responsibilities of dental officers assigned as commanding officers of Marine Corps dental units are discussed in articles 6-82 through 6-85K.

(3) The head of the dental department or branch dental clinic will be a dental corps officer permanently attached for duty and so assigned. This officer will be designated the dental officer; the director, branch dental clinic; or head, dental department. The dental officer, director, branch dental clinic, or head, dental department is responsible for the general duties prescribed in Navy Regulations for the head of a department as well as the duties prescribed for a head of a dental department or branch dental clinic, in NAVMEDCOMINST 5450.1 series.

(4) The dental officer; director, branch dental clinic; or head, dental department must conduct an organized program of preventive dentistry and dental health education for all personnel. The commanding officers at naval dental centers will designate a dental officer as the preventive dentistry officer, who will implement the preventive dentistry program.

(5) The dental officer of a ship or station; the director, branch dental clinic; or head, dental department, will advise the commanding officer of the number and grades or ratings of dental personnel needed for efficient operation of the dental department/branch dental clinic whenever the requirements are altered appreciably because of personnel, physical facilities, or workload changes.

6-23 Assistant Dental Officer

(1) Assistant dental officers will conform to the policies established by higher authority with regard to the professional treatment and care of patients. They will perform such other duties as may be assigned them by the commanding officer; the dental officer; director, branch dental clinic; head, dental department; or other competent authority.

6-24 Principal Duty of All Dental Officers

(1) The principal duty of all dental corps officers is to treat and prevent diseases, disabilities, and injuries of the jaws, teeth, and related structures, subject to the privileging and credentialing process. Although it is essential for dental activities to be administered properly, it is desirable that all dental officers keep the time required for administration and supervision, as well as to accomplish collateral duties, to an absolute minimum to maximize their professional accomplishments.

6-25 Proficiency in Various Fields of Dentistry

(1) All dental officers will have opportunities to become proficient in the various fields of dentistry which are practiced in the naval service. Dental officers are encouraged to participate in continuing education programs to increase their knowledge in the various disciplines of dentistry. These programs may include attendance at inservice training sessions, study club meetings, continuing education courses, and meetings of local, national, and international dental societies. The dental officer or director, branch dental clinic, should, insofar as may be practical, afford assistant dental officers the opportunity to acquire experience in the various dental fields. This may be accomplished in two ways:

(a) Permit all dental officers to conduct a general practice and perform all types of dental operations and treatments.

(b) Rotate dental officers for limited periods in the various fields of dentistry.

(2) When appropriate, qualified dental officers should act as consultants and advisors to dental officers with less experience.

(3) Officer participation in correspondence courses and formal dental training programs is discussed in articles 6-122 through 6-129.

6-26 Duties Upon Reporting to Ship, Station, Dental Center, or Naval Hospital (Regulatory)

(1) As soon as possible after reporting, the dental officer of a ship or station; the director, branch dental clinic; or head, dental department, must examine the dental operating spaces, the equipment therein, and other accommodations provided for the dental department. The dental officer must make a detailed written report to the commanding officer if any defects or deficiencies are discovered which interfere with the efficient operation of the dental facility.

(2) BUMED desires full knowledge of the functioning of the Navy dental corps ashore and afloat to be prepared to anticipate and meet needs for personnel and materiel and be informed of the adequacy of dental treatment facilities as related to the need or demand for dental treatment. Navy Dental Corps officers are, therefore, encouraged to submit to BUMED, via the chain of command, well considered suggestions for the improvement of the Navy Dental Corps.

6-27 Duties in Care of Combat and Contingency Casualty Situations (Regulatory)

(1) Dental officers must be qualified to perform advanced life support resuscitative procedures during surge phases of combat or contingency situations so they may treat or assist in the treatment of casualties.

(2) Dental officers must maintain registration in basic life support and receive other appropriate resuscitative training per BUMEDINST 1500.15 series. All dental corps officers detaching to operational billets must complete advanced trauma life support (ATLS) training preferably within 6 months of detachment, but no later than the earliest feasible training opportunity after notification of assignment. Oral and maxillofacial surgeons must additionally complete advanced cardiac life support (ACLS) training under the same conditions. Dental corps officers assigned to contingency augmentation billets (mobile medical augmentation readiness teams (MMARTS), or mass casualty response teams) must complete ACLS or ATLS training, preferably before assign-

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ment. These requirements are void if the detaching officer holds a current ACLS or ATLS certificate that expires after the new projected rotation date. This policy excludes officers going to solely administrative billets. Those dental officers who have received ATLS or the Department of Defense Combat Casualty Care Course (C-4) more than 5 years previously, must receive updated training at the Navy Dental Corps Casualty Treatment Training Course.

6-28 Organization Manuals and Directives (Regulatory)

(1) Each naval dental center command, branch dental clinic, and dental department of a ship, station, or naval hospital must publish an organization manual and such other directives as are necessary for the organization and operation of the activity or department. Reference should be made to the Directives Issuance System, SECNAVINST 5215.1 series, and to BUMED and NAVMEDCOM instructions in the 5430 and 5450 series, as applicable.

6-29 Dental Journal (Regulatory)

(1) The commanding officer of a dental activity and the dental officer of a ship or station must maintain a journal in which will be entered a complete, concise, chronological record of events of importance, or which may be of historical value, concerning the dental facility.

(2) Any important occurrence coming under the cognizance of the dental officer such as damage, destruction, or loss of dental department property, or breaches of discipline by dental department personnel, must be reported to the officer of the deck or other proper official for entry in the log, report book, or journal of the ship or station.

6-30 Official Correspondence (Regulatory)

(1) All official correspondence on dental department matters must be signed or cleared by the dental officer and forwarded via the chain of command.

(2) Dental reports must be prepared and forwarded by the dental officer of a ship or station, following sections XV and XXI of this chapter, chapter 23, and current directives.

6-31 Narcotics, Alcohol, and Drugs (Regulatory)

(1) The dental officer of a ship or station will not permit narcotics, controlled drugs, or dangerous drugs to be placed in the possession of any person, except in small quantities for use in treatment of patients (see chap. 21).

6-32 Knowledge of Official Directives (Regulatory)

(1) Instructions in this manual are but a portion of the general instructions with which dental corps officers must be familiar. They must also study various other official publications such as BUMED and NAVMEDCOM instructions and notices; Navy Regulations; Manual for Courts-Martial, United States, 1984; the JAG Manual; MILPERSMAN; and other current orders and instructions. (See articles 6-145 through 6-147.)

6-32A Dental Quality Assurance/Risk Management Program

(1) Dental officers must ensure compliance with BUMEDINST 6010.13 series to identify and resolve issues to assure quality dental care. Dental care provided in naval hospitals is also subject to the standards of the Joint Commission for the Accreditation of Healthcare Organizations (JCAHO).

(2) Dental officers must ensure the excellence of Navy dental health care by following the Standards of Oral Healthcare in BUMEDINST 6320.82 series.

(3) Dental officers must be credentialed and privileged per BUMEDINST 6320.66 series.

6-32B Safety and Occupational Health Program/ Infection Control

(1) Dental commanding officers, branch directors, and OICs must ensure that hazards are eliminated or reduced as far as practicable in the dental workplace.

(a) An activity Safety and Occupational Health Program must be established per OPNAVINST 5100.23 series.

(b) A Mercury Control Program must be established per BUMEDINST 6260.30 series.

(2) Dental health care providers must be immunized against viral hepatitis per NAVMEDCOMINST 6230 series.

(3) Dental commanding officers, branch directors, and OICs must ensure strict compliance with BUMEDINST 6600.10 series, and maintain an infection control program to prevent transmission of infectious diseases in the dental workplace.

6-33 Publication of Professional Articles (Regulatory)

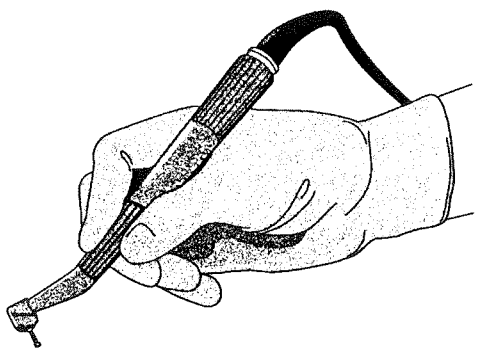
(1) Dental Corps officers are encouraged to contribute to the professional literature. They must be guided by Navy Regulations, Navy Public Affairs Regulations, and NAVMEDCOMINST 5721.1 series relating to preparation and publication requirements.

6-34 Participation in Civilian Professional Activities (Regulatory)

(1) Dental corps officers must make every effort to establish and maintain the highest standards of ethical and professional practice, to keep themselves informed in all fields of dentistry, and to improve their professional abilities. When practical, they should attend professional meetings of dental societies, seminars, clinics, lectures, study courses, and other similar means of acquiring additional knowledge.

(2) Dental officers must inform their commanding officers or BUMED, as appropriate, via the chain of command, of special incidents of interest, such as: certification by a specialty board; completion of a course of instruction or training not previously reported to BUMED; membership in an honor society; honorary or life membership in a professional society; appointment as editor, associate editor, or contributor on the staff of a professional publication; and similar types of accomplishment, honor, or appointment.

(3) Dental officers desiring teaching affiliations in civilian institutions must comply with the following guidelines:



(a) Approval must be requested via the chain of command and granted by the commanding officer.

(b) Time spent teaching in civilian institutions should be no more than one-half day every other week.

(c) Such affiliations must result in no cost to the Navy or remuneration to the individual.

6-35 Off-Duty Employment (Regulatory)

(1) Dental corps officers must comply with MANMED article 1-22 regarding off-duty remunerative professional employment.

There is no article 6-36.

Section V
Dental Corps Officers Afloat

6-37 Fleet Dental Officer (Regulatory)

(1) ***Responsibilities.*** The fleet dental officer is responsible for the overview and oversight of all matters pertaining to the dental healthcare of the fleet. The responsibility,authority, and accountability apply to both peace and wartime, natural disasters, and exercises and contingency evolutions involving fleet dental assets. The fleet dental officer will, by means of visits and review of dental service reports and reports of inspections, keep informed of all matters pertaining to dental personnel, dental materiel, and dental readiness of the fleet. The fleet dental officer will, in addition, maintain a close liaison with the Fleet Marine Force (FMF) force dental officer to assure rapid assimilation and coordination of assets in both exercises and real evolutions when FMF assets revert to the fleet commander's operational control. In addition to these broad responsibilities and accountability of overview and oversight, the fleet dental officer will:

(a) Monitor standards of dental health care.

(b) Advise the fleet commander on all professional, administrative, personnel, supply, and technical matters relating to the dental health of the fleet.

(c) Coordinate dental services administered in subordinate units of the fleet and confer with force dental officers as necessary to ensure maximum coordination.

(d) Prepare directives as necessary for the administration and accomplishment of dental programs and policies of the fleet.

(e) Coordinate dental treatment between the dental treatment facilities of support activities ashore with those of the fleet.

(f) Advise the fleet commander regarding the requirements for assignment of dental personnel within the fleet.

(g) Assist the fleet commander in preparing the dental aspects of operational and logistic plans.

(h) Provide overall management of the dental quality assurance program for all dental officers within fleet claimancy.

(i) Disseminate all timely information to dental officers of the fleet and conduct fleet dental meetings for discussion of appropriate subjects.

(j) Coordinate the identification and procurement of overall resource requirements in assigned areas.

(k) Monitor and enforce the Navy standard dental classification system.

(l) Oversee the area coordination functions assigned to the various force dental officers.

(m) Coordinate the development and execution of the Logistic Support Mobilization Plans for all dental facilities within the fleet claimancy.

(n) Plan, coordinate, and conduct joint meetings, workshops, and training sessions to communicate problems and solutions common to dental areas of coordination.

(o) Maintain liaison under the guidance of the fleet commander with higher authority, i.e., Assistant Chief for Dentistry (MED-06) on matters which impact on fleet dental care, and operational and contingency readiness.

(p) Monitor and provide oversight for the dental infection control program within fleet claimancy.

(q) Coordinate and advise on new construction or alteration of dental facilities throughout the fleet and supporting shore based facilities.

(r) Provide input for the Program Objectives Memorandum (POM) submissions of the fleet commanders.

(s) Assist fleet commander in monitoring responsible line commander (RLC) supporting health care delivery.

(t) When required, assist fleet commander as advocate for MTF/DTF resources including submission of dental items as component commander issues or as part of input to unified commander for inclusion in the integrated priority list to SECDEF.

(2) ***Inspections***

(a) The fleet dental officer will, when directed by the fleet commander, make inspections of dental facilities of ships of the fleet and make limited inspections of dental facilities of fleet shore based activities as required.

(b) The fleet dental officer may, subject to the approval of the fleet commander, visit dental facilities of fleet shore based activities to give or obtain technical information or assistance.

(3) ***Scope of Inspection***

(a) When the fleet dental officer is directed to inspect the dental organization of a ship or shore based activity, this officer will comment on the efficiency of the dental organization and the dental service.

(b) When the fleet dental officer visits a fleet unit or activity, this officer will do so on an advisory and constructive basis with a view toward possible improvement of the dental service.

(4) ***Outline of Inspection.*** When making an inspection, the fleet dental officer will be guided by article 6-195, as applicable.

(5) ***Written Reports.*** Following each inspection, the fleet dental officer will make a written report to the fleet commander, via the commanding officer of the ship or activity concerned, and the administrative chain of command, or to the appropriate administrative commander, if the inspection was conducted as part of an annual inspection.

6-38 Force Dental Officer (Regulatory)

(1) ***Responsibilities***. The force dental officer is the advisor to the force commander on all dental matters. In addition, the force dental officer will keep the force commander informed on all matters affecting the delivery of dental care and will ensure that all policies of the fleet dental officer are executed. The force dental officer will:

(a) Assist the force commander in preparing the dental aspects of operational and logistics plans.

(b) Monitor operational dental readiness of all personnel attached to force units.

(c) Coordinate dental services administered by supporting units and facilities, and confer with fleet liaison officers as necessary to ensure maximum dental service to the force.

(d) Maintain, review, and verify individual credentials files for all dental officers reporting to force units.

(e) Conduct administrative inspections and quality assurance reviews of force units on a routine basis and when directed by higher authority.

(f) Promote professional interest, training and education programs, and improvement of dental services in the force by the dissemination of pertinent information to dental personnel and nondental health care providers assigned to units without dental departments.

6-39 Dental Officer on a Ship (Regulatory)

(1) The head of the dental department of a ship is designated the dental officer and will be the senior dental corps officer attached for duty. In the absence of the dental officer, the duties will be performed by the next senior dental officer attached for duty and on board. The responsibilities and duties of a head of a department are prescribed in Navy Regulations and by the commanding officer.

(2) The primary responsibility of the dental officer is to maintain the dental health of the personnel of the ship. The dental officer and assistants will provide the dental treatment necessary to achieve this objective. Other parts of this responsibility include:

(a) Conducting dental examinations when practicable on personnel who report for duty to determine need for dental treatment and to verify their dental records.

(b) Instructing ship's personnel in preventive dentistry and instituting any measures required to control dental disease.

(c) Treating personnel from other commands who may be dependent upon the dental officer for dental service.

(d) Preparing and submitting required reports on dental treatment.

(e) Responsibility for all dental equipment and materiel, including its acquisition and maintenance per current BUMED and NAVMEDCOM instructions.

(f) Provide updated information concerning their individual credentials file (ICF) to the force dental officer.

6-40 Dental Officer on an Aircraft Carrier (Regulatory)

(1) The provisions of article 6-39 will apply to the dental officer on an aircraft carrier. In addition, the dental officer will be responsible for embarked squadron personnel. The dental officer will take special measures to ensure that dental records of squadron personnel are returned to home base when the squadron detaches from the ship.

6-41 Dental Officer on a Tender or Repair Ship (Regulatory)

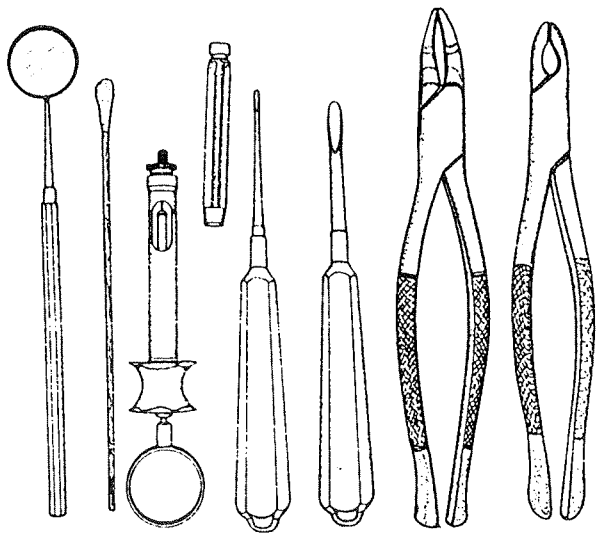
(1) In addition to compliance with article 6-39, the dental officer on a tender or repair ship will make advance arrangements and will allocate time to treat personnel from units without dental departments.

(2) Dental liaison programs will be conducted following applicable force (type command) instructions.

6-42 Dental Officer Embarked with Troops In Transport

(1) See article 6-85F.

There are no articles 6-43 through 6-47



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Section VI
Dental Corps Officers Ashore

6-48 Staff Dental Officer of Advanced Base (Regulatory)

(1) Dental officers serving on the staff of advanced bases must carry out such functions as prescribed by BUMED.

6-49 Commanding Officer of Dental Activity (Regulatory)

(1) The commanding officer of a dental activity is detailed as such by the Navy Department from the officers of the active list of the dental corps.

(2) The commanding officer is charged with the direction of the professional and command functions of the activity. This officer is guided by Navy Regulations and instructions governing commanding officers.

(3) In the absence of the commanding officer of a naval dental center, the executive officer, so detailed by BUPERS, will succeed the commanding officer. In the event of permanent incapacity or death of the commanding officer, the designated successor will serve until a new commanding officer is designated by higher competent authority.

6-50 Officer in Charge of Dental Activity (Regulatory)

(1) The officer in charge of a dental activity is detailed as such by the Navy Department from the officers of the active list of the dental corps.

(2) The officer in charge of a dental activity must be guided, where pertinent, by article 6-49(2).

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6-51 Dental Officer of Shore Station (Regulatory)

(1) The director branch dental clinic, or the head of the dental department of a shore station is designated the dental officer and must be a dental corps officer attached for duty and so assigned. In the absence of the dental officer, the duties must be performed by an assistant dental officer regularly attached to and serving on board for duty, and appointed as acting director by the commanding officer.

(2) In addition to those general duties prescribed in Navy Regulations and by the commanding officer for the branch director or head of a department, the dental officer must:

(a) Be responsible for maintaining the dental health of the personnel attached to the shore station.

(b) Conduct dental examinations on all personnel when they report for duty, if practicable, to determine their requirements for dental treatment and to verify their dental records.

(c) Be responsible for the instruction of station personnel in preventive dentistry and institute any measures required to control dental disease.

(d) Be responsible for the treatment of personnel from other commands who may be dependent upon the branch dental clinic or dental department for dental service.

(e) Supervise the performance of duty of all personnel assigned to the branch dental clinic or dental department.

(f) Conduct a program of inservice training for all personnel on duty in the branch dental clinic or dental department on appropriate subjects for improving their knowledge and increasing their efficiency.

(g) Provide professional advice to commanding officers concerning proper action to be taken to obtain nonnaval dental care under the provisions of BUMEDINST 6320.72 series. (see article 6-10.)

6-52 Head of Dental Department in Hospital (Regulatory)

(1) The senior dental officer attached for duty in a hospital will normally be the head of the dental department and will have the same status in relation to the commanding officer, and to the executive officer, via the director of surgical services, as other heads of departments on the hospital staff.

(2) The primary function of the dental department is to treat patients. All other activities, except essential training, must be minimized.

(3) The head of the dental department must:

(a) Provide dental care for patients and personnel of the staff and for such other personnel listed in article 6-98 as are dependent upon the hospital for dental care.

(b) Provide care for diseased or traumatized conditions of the oral region, mandibular or maxillary fractures, cysts and tumors of dental origin, cysts and tumors involving the teeth and surrounding structures, and closing of maxillary antral openings of dental origin. The head of the dental department and staff must consult with medical officers whenever the interest of patients so requires, particularly when mutual professional fields are involved.

(c) Act in an advisory capacity to the commanding officer in all matters relating to dentistry and the dental department.

(d) Supervise the performance of duty of all personnel assigned to the dental service.

(e) Conduct a program of inservice training for all personnel on duty in the dental department.

(f) Conduct dental general practice and oral surgery residency programs, when authorized, following current BUMED and NAVMEDCOM instructions.

(g) Participate in those staff meetings which are pertinent to the efficiency of the dental department.

6-53 Dental Officer in Research Activity or Facility (Regulatory)

(1) A limited number of dental officers with research ability or training may be assigned to research facilities.

(2) In addition to the policy and general duties prescribed in chapter 20, dental officers assigned to research facilities must:

(a) Conduct scientific investigations related to problems in Navy dentistry or as may be prescribed by the commanding officer or other competent authority.

(b) Act in an advisory capacity to the commanding officer, through the chain of command, on all dental and oral research matters.

There are no articles 6-54 through 6-61

Section VIII
Dental Technicians

6-62 Mission

(1) The dental technician (DT) rating has a twofold mission:

(a) The primary function is to assist Navy dental officers in providing care to active duty Navy and Marine Corps to prevent or remedy diseases, disabilities, and injuries of the teeth, jaws, and related structures, which may directly or indirectly interfere with operational readiness and the performance of military duties.

(b) During combat, mass casualty, or emergency situations at sea or ashore, dental technicians must, when directed, integrate with medical personnel and perform para-medical assignments. This assistance will include, but not be limited to, aid in the care, treatment, and evacuation of mass casualties in combat or disaster. Emergency care or treatment to include artificial respiration, treatment of shock, control of hemorrhage, bandaging and splinting, cleansing and treatment of wounds, maintenance of patent airway, and the preparation of casualties for movement. Dental technicians will be under the direct supervision of the cognizant Navy medical corps officers, if present.

6-63 Establishment of Dental Technician Rating, Occupational Field XIV

(1) The dental technician rating, Occupational Field XIV Healthcare, was first established as a separate occupational group (Group XI Dental) in the enlisted rating structure by the Secretary of the Navy on 12 December 1947, effective 2 April 1948, at which time dental technicians of the Navy were authorized to wear the dental rating badge. In 1977, the enlisted rating structure was revised from groups to occupational fields, with ratings having a common purpose being placed into the same occupational field. Group X (hospital corpsmen) and Group XI (dental technicians) were placed into Occupational Field XIV Healthcare as published in the Manual of Naval Enlisted Manpower and Personnel Classification and Occupational Standards, NAVPERS 18068 series.

(2) The dental technician rating, Occupational Field XIV, is comprised of personnel trained to assist Navy dental officers in providing dental care to Navy and Marine Corps personnel. Additionally, personnel are trained to assist with and

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render emergency medical care during combat or mass casualty evolutions. This group consists of the single general service rating of dental technician. Dental recruit, dental apprentice, and dentalman are general apprenticeships which lead to the dental technician rating.

(3) Occupational Field XIV Dental constitutes the general service dental technician rating group. The dental technicians are as follows:

Rate	Rate Abbreviation	Pay Grade
Dental recruit	DR	E-1
Dental apprentice	DA	E-2
Dentalman	DN	E-3
Dental technician, third class	DT3	E-4
Dental technician, second class	DT2	E-5
Dental technician, first class	DT1	E-6
Chief dental technician	DTC	E-7
Senior chief dental technician	DTCS	E-8
Master chief dental technician	DTCM	E-9

6-64 Entry into Dental Technician Rating, Occupational Field XIV

(1) Candidates for the dental technician rating, Occupational Field XIV, must be qualified following current BUPERS and BUMED directives. Candidates are procured from the following sources:

(a) Applicants for enlistment in a dental rate.

(b) Quotas of recruit trainees at naval training centers.

(c) Volunteer applicants (strikers) from within the naval service.

(2) Completion of Dental Assistant, Basic (Class A School) is a prerequisite for assignment to the dental technician rating, except in time of national emergency. Waivers may be granted for certain Reserves or inductees who have had previous training equivalent to the basic course.

(3) Qualifications for entrance to Dental Assistant, Basic (Class A School) are contained in the Catalog of Navy Training Courses (CANTRAC) NAVEDTRA 10500 and current BUPERS and BUMED directives.

6-65 Training-Dental Technician Rating

(1) Enlisted personnel receive their initial training in dental assisting at the Dental Assistant, Basic (Class A School).

(2) Completion of Class A School is normally a prerequisite for a dental technician to apply for specialized or advanced training in Class C Schools.

(3) Information regarding schools available to enlisted personnel, dental assisting, technology and related fields may be found in articles 6-139 through 6-144A and the CANTRAC, NAVEDTRA 10500.

(4) In addition to the training provided in basic, specialized, and advanced dental technician schools, enlisted dental personnel, up to and including dental technician, first class, should receive organized inservice training and instruction, following current BUMED directives.

(5) Officers and dental technicians attached to dental activities may be used as instructors in the inservice training programs.

6-66 Advancement in Dental Technician Rating, Occupational Field XIV

(1) Enlisted dental personnel must be examined for advancement following current BUPERS directives.

(2) Enlisted dental personnel must be familiar with the Manual of Navy Enlisted Manpower and Personnel Classification and Occupational Standards, NAVPERS 18068 series, and the Bibliography for Advancement Study, NAVEDTRA 10052 series, and satisfy the personnel advancement requirements (PARs), mandatory rate training manuals (RTMs), and time in rate requirements.

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6-67 Assignment and Duties of Enlisted Dental Personnel

(1) ***Assignment***. Enlisted dental personnel are assigned to headquarters activities and to naval dental centers, naval hospitals, dental departments of ships and stations, Fleet Marine Force dental units, and mobile construction battalions as technical assistants to dental officers. They are assigned to such other duties as may be indicated by their special qualifications and by current requirements for dental care.

(2) ***General Duties***. Members of the dental technician rating must be qualified to perform the following duties:

(a) Keep dental appointment and office records.

(b) Prepare dental records, including dental charts, under the direction of dental officers.

(c) Prepare routine and special reports and forms.

(d) Keep records and prepare reports in connection with precious metals management.

(e) Perform oral prophylactic treatments under the supervision of dental officers.

(f) Perform preventive dentistry treatments and instruct patients in oral hygiene.

(g) Render dental first aid.

(h) Expose and process dental X-ray films, as prescribed by order of a dental officer.

(i) Prepare materials and medication used by dental officers.

(j) Sharpen and sterilize instruments.

(k) Provide preventive maintenance of dental equipment.

(l) Maintain cleanliness of dental spaces.

(m) Render emergency medical aid to casualties of war or peacetime disaster, as stated in article 6-62 (1)(b).

(n) Perform such other duties in caring for dental patients and dental facilities as may be directed by those in authority.

(3) ***Dental Recruit (DR).*** A dental recruit, when enlisted will be sent to a naval training center with other recruits for indoctrination and basic training. Upon completion of recruit training and if considered to have satisfactory aptitude, the individual will be assigned to Class A School for Dental Assistant, Basic (Class A School).

(4) ***Dental Apprentice (DA)***. Dental apprentices are personnel in training for advancement to dentalman. They will perform elementary routine duties as dental operating room and clerical assistants. They may be assigned to assist and augment the medical effort during contingency evolutions.

(5) ***Dentalman (DN)***. Dentalmen are personnel in training for advancement to the rating of dental technician third class. In addition to acting as dental operatory assistants, they will perform duties such as equipping dental cabinets, cleaning and maintaining dental equipment, preparing trays for impressions, boxing and pouring impressions, polishing simple prosthetic appliances, and performing routine clerical duties. They may be assigned to and augment the medical effort during contingency evolutions.

(6) ***Dental Technician, Third Class (DT3)***. Dental technicians, third class, will perform various types of dental clinical and clerical duties such as assisting dental officers in the treatment of patients, performing prophylactic treatments under supervision of dental officers, rendering dental first aid, and carrying out dental department administrative assignments. As junior petty officers, they may assist with dental property records and may be placed in charge of dental supply issue rooms. They may be assigned to assist and augment the medical effort during contingency evolutions.

(7) ***Dental Technician, Second Class (DT2)***. Dental technicians, second class, will perform duties commensurate with their rate. They may render dental first aid, perform dental prophylactic treatments under the supervision of dental officers; perform routine clerical, property, and clinical duties; take charge of dental watch sections; act as mate of the day; and supervise and instruct lower rated personnel in their duties. They may be assigned to assist and augment the medical effort during contingency evolutions. They may be assigned duty as instructors in dental technician schools.

(8) ***Dental Technician, First Class (DT1)***. Dental technicians, first class, must perform duties commensurate with their rate. They may be placed in charge of a record office, property section, or dental prosthetic laboratory. They may be assigned duty as instructors in dental technician schools. They may prepare watch, quarter, and station bills; instruct and supervise lower rated personnel; perform clinical duties; render dental first aid and administer dental prophylactic treatments under the supervision of dental officers. They may serve as mate of the day or assistant chief of the day. They may be assigned to assist in the treatment and management of mass casualties, and the training of personnel for contingency roles. When eligible, they may apply for appointment as a commissioned officer in the medical service corps or in any other available Navy program.

(9) ***Chief Dental Technician (DTC)***. Chief dental technicians must perform duties commensurate with their rate. They may be placed in charge of a record office, property section, or a dental prosthetic laboratory. They may be assigned duty as instructors in dental technician schools. They may serve as chief master at arms. They may prepare watch, quarter, and station bills; detail enlisted personnel with a view to their most efficient employment; and instruct lower rated personnel. They may supervise certain technical procedures, render dental first aid, and perform dental prophylactic treatments under the supervision of dental officers. They

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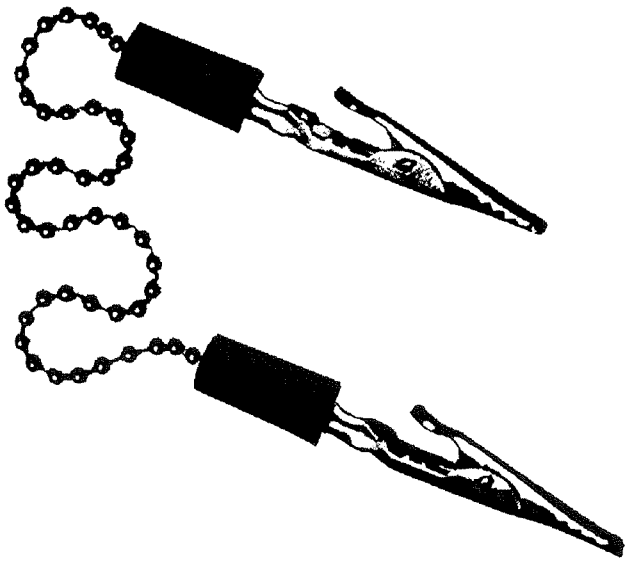
may be assigned to assist in the management and evacuation of mass casualties, and the training of personnel for contingency roles. When eligible, they may apply for appointment as a commissioned officer in the medical service corps or in any other available Navy program.

(10) ***Senior Chief Dental Technician (DTCS)***. Senior chief dental technicians must be assigned duties commensurate with their rate. They may be assigned duties greater in scope and of greater responsibility than those of a chief dental technician. They may be used in the larger dental facilities where their capabilities and experience as administrative and technical assistants are required. They may be assigned to formulate and coordinate contingency and disaster (medical) preparedness plans. When eligible, they may apply for appointment as a commissioned officer in the medical service corps or in any other available Navy program.

(11) ***Master Chief Dental Technician (DTCM)***. Master chief dental technicians must be assigned duties commensurate with their rate. They may be assigned duties greater in scope and of greater responsibility than those of a senior chief dental technician. They may be used in the larger dental facilities where their capabilities and advanced experience as administrative and technical assistants are required to provide a more efficient dental service. They may be assigned to formulate and coordinate contingency and disaster (medical) preparedness plans. When eligible, they may apply for appointment as a commissioned officer in the medical service corps or in any other available Navy program.



Section IX
Medical Service Corps and Nurse Corps Officers in Dental Facilities

6-72 Assignment and Duties of Medical Service Corps Officers in Dental Facilities (Regulatory)

(1) ***Assignment.*** Medical service corps officers are assigned to dental commands and staffs to supervise and provide administrative support so dental officers can devote more time to clinical duties. They normally are assigned as:

(a) Executive assistant and staff officers to the Assistant Chief for Dentistry, Bureau of Medicine of Surgery.

(b) Director for Administration (DFA).

(c) Fiscal and supply officers in dental commands.

(d) Heads of administrative departments in large dental commands.

(e) Company commanders and executive officers of headquarters and service companies of FMF dental battalions.

(f) Administrative officers to dental officers on staffs of major commands.

(2) ***Duties.*** The duties of medical service corps officers require that they keep informed on regulations, policies, and instructions pertaining to the administrative support of dental commands. They will:

(a) Manage administrative functions for dental commands including budgeting, accounting, manpower, personnel, operating and facilities management, property procurement and distribution, Reserve affairs, mobilization requirements, management information support, and preparation of required records, reports, and correspondence.

(b) Assist in dental planning and logistics duties on major staffs.

(c) Assist the Assistant Chief for Dentistry, Bureau of Medicine and Surgery, in the execution of policies established by higher authority.

(d) Act as supervisor of the inservice training program in dental facilities and act as an instructor in administration at dental facilities and dental technician schools.

6-73 Assignment of Nurse Corps Officers in Dental Facilities

(1) Where feasible, a nurse corps officer (or civilian registered nurse) should be assigned to the Naval Dental School and to each dental department of a naval hospital which conducts an oral and maxillofacial surgery residency program.

(2) BUMED considers that such assignments directly benefit the patients through the promotion of high professional standards of oral surgical treatment, and permit maximum professional use.

Section X
Civilian Employees in Dental Facilities

6-74 General Information

(1) Instructions for the employment of civilian personnel are contained in chapter 10.

(2) Care should be taken to assure that the employment of civilians does not interfere with the duties, rotations, and training of naval personnel.

6-74A Contract Services

(1) When the military and naval departments enter into statutorily authorized personal services contracts for the services of retired service members who are specialists in medicine and related fields, the retirees do not thereby become civilian federal employees in established government positions. Hence, they are not covered by the dual compensation restrictions of 5 U.S.C. SS 5531 and 5532 (1982), which apply to a retired service member who holds a civilian "position" in the government.

Laws and Directives Pertaining to Contract Services at Dental Facilities

DOD Regulation 6010.8-R - Civilian Health and Medical Program of the Uniformed Services
DOD Instruction 6010.12 of 22 Oct 87 - Military-Civilian Health Services Partnership Program
DOD Instruction 6025.5 of 6 Jan 95 - Personal Services Contracts (PSCS) for Health Care Providers (HCPS)
SECNAVINST 5370.2 series - Standards of Conduct and Government Ethics
BUMEDINST 4283.1 series - Health Care Contracting

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Section XI
Naval Dental Centers and Branch Dental Clinics

6-75 Definitions and Establishment

(1) A naval dental center is an established shore activity and is the principal organizational entity in the dental health care system. A dental clinic is duly established, appropriately staffed, and equipped to provide comprehensive outpatient dental healthcare for authorized personnel, including a wide range of specialized, consultative, and administrative support for all dental facilities within the geographical area of responsibility. A dental clinic may be authorized to provide advanced education in the arts and sciences of dentistry.

(2) A branch dental clinic is a dental healthcare facility capable of providing comprehensive dental healthcare, but is dependent upon consultative, administrative, and financial support from its parent naval dental center.

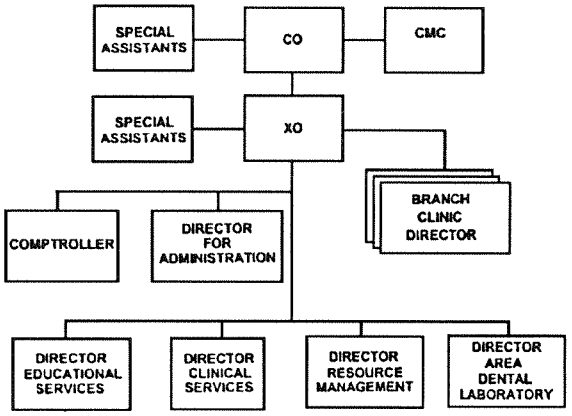
(3) Naval dental centers are established by authority of the Secretary of the Navy per OPNAVINST 5450 series.

(4) Branch dental clinics are assigned to a naval dental center by the Chief of Naval Operations.

(5) Justification. Establishment of a naval dental center is indicated since, through such an organization, dental care can be provided most efficiently to the operating forces and to shore (field) activities of the Department of the Navy for which the dental command is responsible.

(6) Command Relationship. Naval dental centers and the National Naval Dental Center are naval shore activities under the military command of Navy and Marine Corps responsible

MAJOR NAVAL DENTAL CENTER



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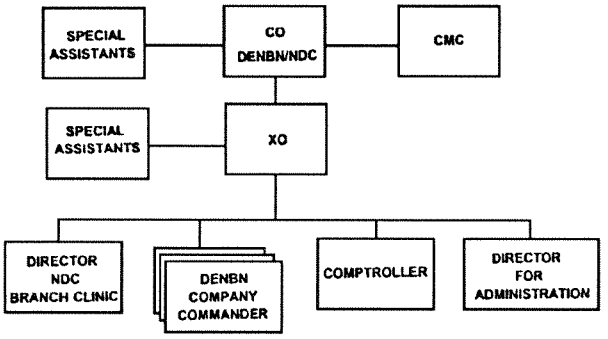
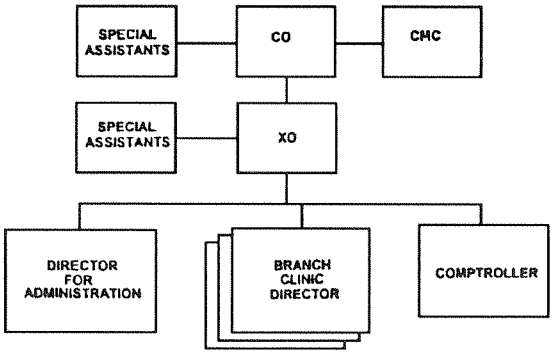
CONSOLIDATED DENTAL BATTALION/NAVAL DENTAL CENTER



OTHER NAVAL DENTAL CENTER



line commanders (i.e., base and station commanders and regional area coordinators), who ultimately serve under the authority of echelon II Navy commanders (i.e., Fleet CINCS, CNET, and COMNDW). BUMED exercises primary and technical support of healthcare treatment facilities. Primary support includes budget formulation and execution, manpower, facilities, and materials. Technical support includes establishing standards, providing guidance and assistance, and assuring total quality leadership management. Primary and technical support will be the proponent for the quality of healthcare provided to the patient, and for the professional's responsible for the patient's well being. Area coordination is assigned by the Chief of Naval Operations in the Standard Navy Distribution List, Part 2, and Catalog of Naval Shore Activities (SNDL CAT), OPNAV P-09B2-105 series. Naval dental centers must receive logistic support from nearby activities since they are not self sustaining commands.

6-76 Mission

(1) ***A naval dental center:***

(a) Provides comprehensive dental services to Navy and Marine Corps units of the operating forces, shore activities, and other authorized personnel in the assigned geographic area as prescribed by title 10, U.S. Code, and other applicable directives.

(b) Operates assigned component dental care facilities.

(c) Ensures that all assigned military personnel are both aware of and properly trained for the performance of their contingency and wartime duties.

(d) Ensures that the clinic and its component facilities are maintained in a proper state of materiel and personnel readiness to fulfill wartime and contingency mission plans.

(e) Provides, as directed, dental care services in support of the Navy and Marine Corps units of the operating forces and shore activities to ensure the highest possible degree of operational readiness of these forces and activities.

(f) Conducts appropriate education programs for assigned military personnel to ensure both military and dental health care standards of conduct and performance are achieved and maintained.

(g) Participates as an integral element of the Navy and Triservice Regional Health Care System.

(h) Cooperates with military and civilian authorities in matters pertaining to public health, local disasters, and other emergencies.

6-77 Organization

(1) A sample organization chart for a naval dental center is shown on page 6-32.

(2) Naval dental center organization charts and manuals must be in the format presented in the BUMEDINST 5430.7 series.

6-78 Commanding Officer (Regulatory)

(1) ***Assignment***. The commanding officer will be the dental corps officer assigned as such by BUPERS.

(2) ***General Duties.*** Serves as the commanding officer and is charged with accomplishing the economic, effective, and efficient performance of functions and operations of the clinic per U.S. Navy Regulations, the Manual of the Medical Department, and other directives issued by competent authority. The commanding officer is responsible for the professional care and services provided to patients in the clinic and for the safety and well-being of the entire command. Subject to the orders of higher authority, the commanding officer is vested with complete military jurisdiction within the clinic and over those branch dental clinics that may come under the commanding officer's purview.

(3) ***Specific Duties***. As specified in BUMEDINST 5430.7 series and U.S. Navy Regulations.

6-79 Executive Officer (Regulatory)

(1) ***Assignment.*** The executive officer will be the dental corps officer assigned as such by BUPERS.

(2) ***General Duties***. Serves as the executive officer and assumes command in the absence of the commanding officer. In the performance of these duties, the executive officer must conform to and effectuate the policies and orders of the commanding officer and must keep the commanding of-

ficer informed of all significant matters pertaining to the command. The executive officer will be primarily responsible, under the commanding officer, for the organization, performance of duty, operational readiness, provision of dental care services, training plan, and good order and discipline of the entire command.

(3) ***Specific Duties.*** As specified in BUMEDINST 5430.7 series, and U.S. Navy Regulations.

6-80 Director, Dental Center Administration (Regulatory)

(1) ***Assignment.*** The Director, Dental Center Administration, will be the medical service corps officer assigned as such by BUPERS.

(2) ***General Duties.*** The director, dental clinic administration is the principal staff advisor to the commanding officer via the executive officer for the coordination and efficient operation of all functions relating to budget planning, supply, equipment, materiel, manpower, civilian personnel matters, enlisted training and the implementation of policy and standards pertaining to management functions. The director, dental clinic administration must confer with the director, fleet and FMF support operations; director, dental services; director, area dental laboratory; and directors of branch dental clinics on matters of mutual concern.

(3) ***Specific Duties.*** As specified in BUMEDINST 5430.7 series.

6-80A Director, Fleet and FMF Support Operations

(1) ***General Duties.*** The Director, Fleet and FMF Support Operations is the principal staff advisor to the commanding officer via the executive officer for the coordination and efficient operation of dental programs in support of the fleet and FMF. All orders issued by the director will be regarded as proceeding from the commanding officer. The director must keep the commanding officer advised concerning established dental programs that provide direct services for units of the operating forces and management of dental recall programs for fleet and shore activities. The director must confer with the director, dental services; director, dental clinic administration; director, area dental laboratory; and directors, branch dental clinics, and commanding officers of FMF dental commands when involved in FMF support on matters of mutual concern.

6-80B Director, Dental Services

(1) ***General Duties.*** The director, dental services is assigned by and responsible to the commanding officer for the coordination and efficient delivery of dental care through the executive officer. As such, the director monitors, reviews, evaluates, and analyzes existing and proposed dental health care programs, and recommends management alternatives to improve services to beneficiaries. The director must confer with the director, dental clinic administration; director, fleet and FMF support operations; director, area dental laboratory; and directors, branch dental clinics on matters of mutual concern.

(2) ***Specific Duties***. As specified in BUMEDINST 5430.7 series.

6-81 Heads of Clinical and Administrative Departments

(1) ***Assignment***. Heads of clinical and administrative departments are assigned as such by the commanding officer and are responsible for the execution of their assigned duties as directed by the commanding officer. The position occupied by the officer in charge of each department will be titled *"head of department."*

(2) ***Responsibilities.*** Heads of clinical and administrative departments are responsible to the director, dental services, or director, dental clinic administration, respectively as directed by the commanding officer.

(3) ***Specific Duties.*** As specified in BUMEDINST 5430.7 series.

6-81A Director, Branch Dental Clinic

(1) ***General Duties***. The director, branch dental clinic is assigned by and responsible to the commanding officer for the coordination of clinical and administrative services, via the executive officer. All orders issued by the director, branch dental clinic will be regarded as proceeding from the commanding officer. The director must confer with the director, dental clinic administration; director, fleet and FMF support operations; director, dental services, and director, area dental laboratory on matters of mutual concern.

(2) ***Specific Duties.*** As specified in BUMEDINST 5430.7 series.

6-81B Director, Area Dental Laboratory

(1) ***Applicability***. This article only applies to naval dental centers in Norfolk, VA, and San Diego, CA.

(2) ***General Duties.*** The director, area dental laboratory, is assigned by and responsible to the commanding officer for the coordination of laboratory and administrative services, via the executive officer. All orders issued by the director will be regarded as proceeding from the commanding officer. The director must confer with the director, dental clinic administration; director, fleet/FMF support operations; director, dental services; and directors, branch dental clinics on matters of mutual concern.

(3) ***Specific Duties.*** As specified in BUMEDINST 5430.7 series.

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Section XII
Dental Service Support, Fleet Marine Force

6-82 Establishment

(1) Force dental companies were established by the Commandant of the Marine Corps (CMC) to provide a flexible, mobile dental service for the Fleet Marine Force (FMF). The initial Table of Organization (T/O) for force dental companies was approved by the Commandant on 17 November 1954.

(2) The Commandant signed a T/O in July 1955, authorizing the Force Dental Company (Ground). Soon thereafter, the 1st, 2nd, 3rd, 4th, and 5th dental companies were formed. The Division of Aviation, Headquarters, U.S. Marine Corps, accepted the dental company concept in June 1956 and in January 1957 the 11th, 12th, and 13th dental companies (Aviation) were formed. To eliminate the situation of two

T/Os with the same mission, a single T/O for a dental company was approved.

(3) A force dental battalion was established by the CMC to provide more effective command and control of dental companies and to increase dental service support for the FMF. The initial T/O for a force dental battalion was approved by the Commandant on 20 August 1979. Implementation of the dental battalion (DENBN) organization was on 1 October 1979.

(4) To reduce infrastructure and enhance patient access to care, the consolidation of the colocated DENBN and naval dental center (NDC) under one commanding officer, one executive officer, and one command master chief was accomplilshed at Okinawa, Camp Pendleton, and Camp Lejeune in July 1994. The T/O and deployability of the DENBN remains unchanged.

6-83 Organization

(1) ***General.*** Dental support to the FMF is provided at the Marine expeditionary force (MEF) level by the DENBN assigned to the force service support group (FSSG) by dental and medical service corps officers. These officers are clinically and administratively assisted by Navy enlisted dental technicians as well as enlisted Marine Corps personnel attached to force dental units.

(2) ***Organization Chart.*** The organization of a DENBN is on page 6-39.

6-84 Mission

(1) The mission of the FMF dental organization is to ensure the combat effectiveness of the FMF by providing a comprehensive program of dental support. During contingency or mass casualty situations, FMF dental personnel augment the medical effort under the direction of the cognizant medical authority.

6-85 Organizational Relationships (Regulatory)

(1) The Marine Corps has dental officers assigned to the following levels of organization. The same dental officer may be, and frequently is, assigned to more than one level:

(a) CMC Headquarters, U.S. Marine Corps (Health Services Directorate).

(b) Fleet Marine Force (Atlantic and Pacific).

(c) Marine Expeditionary Force.

(d) Division.

(e) Wing.

(f) Force Service Support Group.

(g) Dental Battalion.

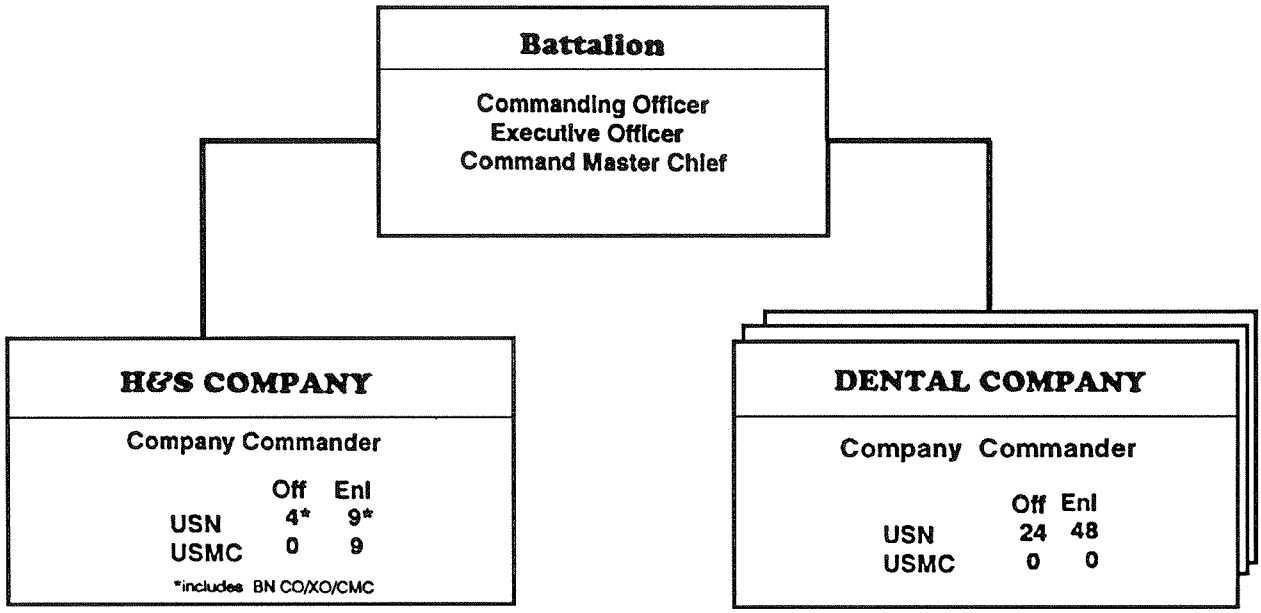
(h) Dental Company.

6-85A Dental Officer on Staff of Health Services, Headquarters U.S. Marine Corps (Regulatory)

(1) ***Director of Dental Programs (DDP).*** The DDP also has the title *"The Dental Officer, U.S. Marine Corps"* and is the staff dental officer to the Commandant of the Marine Corps. Assigned to the Health Services Directorate, the DDP (Code HS-2) reports to the Director, Health Services. The DDP provides assistance and advice to the Director, Health Services on professional and personnel matters relating to dental support throughout the Marine Corps. The DDP is supported by an administrative assistant who is a master chief dental technician.

(2) ***Additional Duty (ADDU).*** The DDP, with the concurrence of the Commandant of the Marine Corps, is assigned ADDU as the Headquarters Marine Corps Dental Liaison (N093D1). In this capacity, N093D1 advises the Assistant Naval Medicine for Dental Matters (N093D) on Marine Corps dental matters.

FMF Dental Battalion



6-85B Dental Officer on Staff of Commanding General, Fleet Marine Force (FMF) (Regulatory)

(1) ***Force Dental Branch/Section***. Commanding generals, FMF, Pacific and FMF, Atlantic have a force dental branch or section as special staff. The force dental branch consists of the force dental officer, the force dental administrative officer, and an enlisted administrative assistant. The force dental branch assists the commanding general in professional, technical, administrative, and personnel matters pertinent to dental support for the FMF.

(2) ***Force Dental Officer.*** The force dental officer is a Navy dental corps officer with the grade of captain. As a member of the special staff, the force dental officer is directly responsible to the commanding general and functions under the staff cognizance of the assistant chief of staff, G-4.

(3) ***Force Dental Administrative Officer.*** The force dental administrative officer is a Navy medical service corps officer with grade of lieutenant commander. The force dental administrative officer performs those administrative duties required for the proper functioning of the force dental branch and is directly responsible to the force dental officer.

6-85C Dental Battalion, Force Service Support Group (FSSG) (Regulatory)

(1) ***Mission.*** To provide a comprehensive program of dental health care for an MEF. During contingency or mass casualty situations, FMF dental personnel augment the medical battalion under the direction of the cognizant medical authority.

(2) ***Concept of Organization***. A DENBN consists of three dental companies (DENCO) which provide clinical support, and a headquarters and service company (H&S Co) which provides administrative and logistic support. The DENBN is designed to attain maximum use of personnel while providing the most effective dental health care to FMF operations. The organization of the DENBN allows for task organized detachments of individual dental companies or composite detachments made up of elements of more than one dental company, including H&S Co elements, to support various Marine Air-Ground Task Forces (MAGTFs). The dental battalion Table of Organization (T/O) is composed of 74 dental officers, 2 medical service corps officers, 153 dental technicians, and 9 enlisted Marines.

(3) ***Command and Control***

(a) ***Command and Staff.*** The DENBN is organic to the FSSG and is under the operational and administrative control (OPCON/ADCON) of the FSSG commanding general. Command and control is exercised by the DENBN commanding officer through dental company commanders and the H&S company commander. During contingencies or deployments, this control may be relinquished to supported commands.

(b) ***Commanding Officer.*** The DENBN will be commanded by a Navy dental corps officer with the grade of captain, as designated by BUPERS with CMC concurrence.

(1) ***Function.*** The commanding officer of the DENBN will function as the FSSG staff dental officer and serve on the commanding general's special staff. The commanding officer of the DENBN will advise and assist the commanding general in all dental professional, technical, administrative, and personnel matters; participate in operational and contingency planning; recommend appropriate dental support; and be responsible for the preparation and review of all operational plans (OPLANS) requiring dental support.

(2) ***Additional Duty (ADDU)***. The commanding officer is ADDU as the MEF staff dental officer and serves on the MEF commanding general's staff to advise and assist the MEF commander on dental matters.

(3) ***Authority.*** The DENBN commanding officer is the regular reporting senior for the DENCO commanders, H&S company commander, and H&S Co enlisted personnel E-6 and above. Per BUPERSINST 1611.17 series, fitness reports on Navy captains must be reviewed and signed by the commanding general or by a senior Navy or Marine Corps officer of higher precedence in the chain of command. The DENBN commanding officer has summary and special courts-martial convening authority per articles 23 and 24, UCMJ, and section 0115 of JAGINST 5800 series (JAGMAN).

(4) ***Detachments***. The commanding officer of the DENBN will designate a dental detachment of 18 dental officers and 27 dental technicians for each medical battalion. All personnel will be specifically identified by name, and the roster will be updated as personnel changes are made. The senior officer of the detachment will be identified, by letter and function as the liaison between the medical and dental battalions.

(5) ***Concepts of Employment***

(a) The DENBN is structured to provide command, control, and administrative support to the dental companies and is designed to attain maximum use of professional dental manpower while providing the most effective and timely dental service support to combat or other FMF operations.

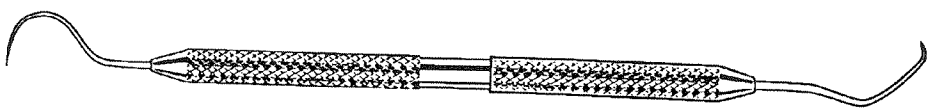
(b) During peacetime, the DENBN will provide comprehensive dental support in garrison and will provide detachments to support exercises and deployments as required. In garrison, dental facilities are responsible for providing comprehensive dental support to all eligible beneficiaries within the geographic area of the facility. Each dental company is designed to provide in garrison dental support to a major subordinate element of an MEF (i.e., one company in support of a division, wing, brigade, or an FSSG).

(c) In time of war, national emergencies, or disasters, elements of the dental battalion will augment the medical battalion and provide task organized detachments as required in support of MAGTFs. Dental detachments when assigned to embarked Marine units, will be responsible for the dental support of the embarked Marine personnel. When the dental detachment does not accompany the embarked Marines ashore, it may be appropriate to assist in providing dental support for the ship's personnel. When attached to a MAGTF and geographically separated from their parent dental battalion they will come under the OPCON/ADCON of the MAGTF supported.

(d) A command engaged in a training exercise will be provided dental support commensurate with the size of the unit, length of deployment, and type of exercise or training. The cognizant staff dental officer is responsible for identifying dental requirements and recommending appropriate dental support to the exercise commander. This information should be included in the dental annex of the operation plan.

(e) Administrative services are a function of the H&S company. Each dental company is capable of administrative functions organic to the company but may request administrative assistance from the H&S company of the battalion.

(f) The organization and equipment are designed to permit a considerable degree of flexibility and mobility.



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6-85D Headquarters & Service (H&S) Company (Regulatory)

(1) ***Mission and Task***. The H&S company (H&S Co) is responsible to the commanding officer, DENBN for coordination of administrative and logistical support for all elements of the DENBN.

(2) ***Concept of Organization***. To plan, coordinate, and supervise command support functions for the battalion. It is structured to facilitate task organization for operations conducted by the battalion in support of MAGTF operations.

(3) ***Command and Control.*** The company commander will be an officer of the Navy medical service corps, with the grade of lieutenant and assigned by competent authority. The company commander is the regular reporting senior for all enlisted E-5 and below assigned to H&S Co. The company commander will perform those command and staff functions necessary for the proper and efficient operation of the H&S Co. The company commander will have OPCON and ADCON of the company and will be accountable for company assets including detachments. The H&S Co commander is a subordinate commander within the DENBN.

6-85E Dental Company (Regulatory)

(1) ***Mission.*** To provide dental support to a major subordinate element of a MEF; i.e., division, wing, brigade, or an FSSG.

(2) ***Concept of Organization.*** The organization of the DENCO allows for it to be task organized into detachments of appropriate sizes to support various MAGTFs. When in garrison, detachments of DENCOs will remain under the administrative control of the parent DENCO with the exception of when the detachment is geographically dislocated from its parent organization. In this situation, the DENCO detachment may be under administrative control of, or receive administrative support from, the FSSG detachment. Dental professional administration such as quality assurance, infection control, dental management control review, etc., and operational control will remain with the parent DENBN. These billets will continue to be carried as part of the parent DENCO T/O with a senior dental officer of the detachment being designated as the OIC by BUPERS with CMC concurrence.

(3) ***Command and Control***

(a) ***Command and Staff***. The DENCO is organic to the FSSG and under the direct OPCON and ADCON of the CO, DENBN. During contingencies or deployments, OPCON and ADCON may be relinquished to supported commands.

(b) ***Company Commander***. The DENCO company commander will be an officer of the Navy dental corps with the grade of captain or commander, as designated by BUPERS with CMC concurrence.

(1) ***Function.*** The company commander of the DENCO will advise and assist the cognizant MEF major subordinate commander (MSC) in all dental professional, technical, administrative, and Navy personnel matters; participate in operational and contingency planning; and recommend appropriate dental support. Recommendations for dental support will be provided to the DENBN commanding officer for coordination and approval.

(2) ***Additional Duty (ADDU).*** The DENCO commander will have ADDU as the cognizant major support element staff dental officer when in garrison.

6-85F Dental Officer Embarked With Personnel in Transport (Regulatory)

(1) The senior dental officer embarked with personnel in a transport ship will:

(a) Report to the dental officer of the ship upon embarkation and request the use of the facilities of the dental department.

(b) Be responsible for the dental health of the embarked personnel while they are aboard the ship.

(c) Advise the Marine commander regarding the availability of dental treatment for embarked personnel.

(d) Establish a duty schedule for embarked dental personnel.

(e) Advise the Marine commander regarding the assignment of dental personnel to duties in the dental department of the ship.

6-85G Assignment and Duties of Enlisted Dental Personnel

(1) See article 6-67.

6-85H Training

(1) Training for personnel assigned to a DENBN will include professional training, field training, and any other training that may be necessary to maintain required credentials and proficiency. All training should be consistent with the accomplishment of the overall mission of the DENBN. All enlisted dental personnel assigned to the FMF are required to attend an appropriate course of instruction at Field Medical Service School (FMSS), Camp Lejeune, NC, or Camp Pendleton, CA. Enlisted dental personnel enroute to an overseas FMF tour must attend FMSS before departing CONUS. Other enlisted dental personnel will attend the first available regularly scheduled class. All dental officers are also required to attend the Combat Casualty Care Course (C-4).

(a) Professional Training. Dental professional training requirements are published in the Manual of the Medical Department, BUMED and NAVMEDCOM directives, and MCO 1500 series. General military training programs are set forth in OPNAVINST 1500 series. Training of enlisted personnel will emphasize cross-training to provide maximum flexibility to ensure that personnel advancement requirements (PARs) are met.

(b) Field Training. DENBNs will conduct field training to ensure readiness for deployment to the field and in support of FMF units under field conditions. Individual training will be conducted to ensure that all personnel are prepared to undertake field duty as individuals and as members of dental detachments performing their primary technical functions. Training requirements should include any special combat or field training which is current or to which the DENBN elements may be committed. To preclude conflicts with DENBN, FSSG, or MEF commitments, company exercises and field training must be coordinated and approved by the DENBN commanding officer or higher authority.

6-85I Dental Supplies and Equipment

(1) Dental field equipment and supplies consist of items needed by the DENBN to carry out its mission of dental support in the field. These materials are supplied in the authorized dental allowance lists (ADALs). The ADALs consist of a dental operatory set (ADAL 662) and a dental clinic set (ADAL 664).

(2) The basic outfit for a dental officer (dental equipment set, operating field) is an assembly of dental equipment and supplies functionally packed in sets, kits, and outfits for convenience in handling.

(3) When the DENBN goes into field operations, it must have certain nontechnical items of equipment to function properly. This equipment is listed in the table of equipment (T/E) and includes such items as tents, desk sets, etc.

6-85J Planning Dental Facilities

(1) See article 6-186(1).

(2) Planning of dental facilities will be coordinated between Headquarters, U.S. Marine Corps (Codes HS-2 and I&L), and the Bureau of Medicine and Surgery (MED-43 and MED-06).

6-85K Inspection of Marine Corps Dental Activities and Facilities

(1) See articles 6-193 through 6-196.

Section XIII
Dental Standards

6-86 Location of Applicable MANMED Articles

(1) Following is a resume of subjects and applicable articles relating to dental standards:

	Articles
Antarctica duty	15-64(2)(K)
Aviation duty	15-65(8)(a)(6)
Conducting the (dental part of medical) exam	15-6(1)
Dental (general medical standards)	15-55
Diving duty	15-66(2(f)
Enlisted applicant for service schools	15-20(2)
LCAC duty	15-71A(5)(c)(6)
Mouth (general medical standards)	15-36
Reserve Navy & Marine Corps components	15-28(8)(e)
Special studies (dental part of medical exam)	15-9(1)(e)
Submarine duty	15-69(2)(j)
Transfer of personnel	15-30

Every dental examiner conducting the dental portion of Standard Form 88 medical examinations must be thoroughly familiar with the dental standards in MANMED Chapter 15.

6-87 Waivers of Dental Defects

(1) There is a difference between a waiver and a conditional waiver. The recommendation for waiver is applicable to a candidate for appointment, enlistment, or reenlistment in any status. However, a conditional waiver is considered only when an individual, already a member of the Naval Reserve or Marine Corps Reserve except Fleet Reserve or Fleet Marine Corps Reserve, has been examined incident to assignment to extended active duty (other than training duty) and does not meet established physical standards.

(2) When, in the opinion of the dental examiner and the commanding officer or the officer in charge of the examining facility, a waiver of any disqualifying defect is warranted, a recommendation to that effect may be submitted on the Standard Form (SF) 88 for consideration, per article 15-74.

(3) Defects which may be waived are those which, although disqualifying following naval physical standards, will not interfere with the examinee's ability to perform the duties in the prospective grade or rate.

(4) The recommendation for waiver must be entered on the reverse side of the SF 88. The defects must be fully described.

(5) When a physical examination is conducted incident to assignment of a Navy or Marine Corps reservist to active duty, exclusive of active duty for training, the commanding officer or officer in charge is authorized, upon the recommendation of the dental examiner, to grant a conditional waiver for any defect which in all probability will not interfere with the member's performance of active duty. The condi-

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tional waiver carries with it the authority to consider the member physically qualified to active duty prior to final review of the records in the Navy Department. When granted, the member must be so advised and the conditional waiver must be reported on the reverse side of the SF 88. The reporting procedure is identical to that applicable to a recommendation for waiver.

Section XIV
Dental Examination and Treatment

6-98 Availability of Dental Treatment

(1) The policies and procedures for providing medical and dental care to eligible persons at Navy Medical Department facilities are in NAVMEDCOMINST 6320.3 series. This instruction:

(a) Enumerates those persons eligible to receive medical and dental care at Navy Medical Department facilities.

(b) Prescribes the extent and conditions under which medical and dental care may be provided such persons.

(2) Naval dental treatment facilities (DTFs) will provide care to all eligible beneficiaries subject to the capabilities of

the professional staff and the availability of space and facilities.

(3) In those instances when care cannot be rendered to all eligible beneficiaries, the priorities in the following chart must prevail. No distinction as to the sponsoring uniformed service will be made when providing care or deciding priorities.

Priority	Category
1A	Members of the uniformed services on active duty (including active duty for training and inactive duty training) and comparable personnel of the NATO nations meeting the conditions prescribed in NAVMEDCOMINST 6320.3 series.
1B	Members of a Reserve Component of the Armed Forces and National Guard personnel under orders as prescribed in NAVMEDCOMINST 6320.3 series.
2	Family members of active duty members of the uniformed services, family members of persons who died while in such a status, and the family members of active duty members of NATO nations meeting the conditions in NAVMEDCOMINST 6320.3 series.
3	Members of the Senior Reserve Officers' Training Corps of the Armed Forces in NAVMEDCOMINST 6320.3 series.
4	Retired members of the uniformed services and their family members and the family members of deceased retired members.*
5	Civilian employees of the Federal Government under the limited circumstances covered by the Federal Employees' Health Service Program.
6	All others.

(4) Nothing in this article will preclude the rendering of emergency dental treatment to any person when such treatment is necessary and demanded by the laws of humanity or the principles of international courtesy.

(5) Receipt of payment is prohibited by any dental officer or dental technician or from anyone for any dental service in a naval dental activity.

*There is no priority of care within this category.

6-99 Dental Examinations

(1) Dental examinations will be performed by dentists of the Federal dental services (Army, Navy, Air Force, Public Health Service, Veterans Affairs). Military Reserve dental officers need not be on active duty to perform a dental examination. If Federal dental services' dentists are not available, the dental examination may be conducted by contracted civilian dentists. All examiners, regardless of clinical specialty, service affiliation, or civilian status must be familiar with Department of the Navy dental standards and examination procedures in MANMED chapter 6, sections XIII through XV; MANMED chapter 15, all sections; and BUMEDINST 6320.82 series.

(2) Dental examinations of persons in the naval service and candidates for enlistment or appointment therein must be conducted by dental officers when such examinations are required by chapter 15, section IV, and as specified below. The examining officer must be guided in the recording of dental examinations, as well as in the use of the Treatment Record (Dental), by instructions in sections XIV and XV of this chapter.

(3) Each dental officer must become familiar with the contents of chapter 15, section IV, and such other portions of this manual which refer to dental examinations of naval personnel and the standards thereof. (See chapter 6, section XIII, and chapter 15, section I.)

(4) When the results of dental examinations are required on Standard Form (SF) 88, follow the instructions in article 16-38. It is imperative to indicate whether or not the examinee meets the dental standards for which the examination is being done. Disqualifying dental defects must be entered in items 74 and 78 of the SF 88.

(a) A dental T-1 or T-2 examination conducted for any purpose will be valid for the purpose of completing any SF 88 until the next required T-1 or T-2 dental examination provided there has been no significant change in the member's dental history, with the exceptions noted in articles 6-99(4)(b) and (c). Those examinations requiring the completion of special forms, such as the Department of Defense Medical Evaluation Review Board form, are excluded from this provision.

(b) If the purpose of completing the SF 88 is separation from service, follow the instructions found in 6-99(13).

(c) When using a current T-2 examination for completing an SF 88, use the following procedures:

(1) Transcribe the contents of the current T-2 examination from the SF 603/603A to block 44 of the SF 88.

(2) In the remarks section of block 44, write "T-2 examination dated (date of T-2) transcribed this date."

(3) In the left-hand section of block 81, print the name of the dentist who performed the T-2 examination.

(4) If 180 days or less have elapsed, the following procedure may be used: In the right-hand section of block 81, either a dentist or a designated dental representative may sign his or her name followed by the words "for (name of dentist who performed the T-2)."

(5) If more that 180 days have elapsed, the T-1 or T-2 dental examination must be upgraded with an interview with a dental officer or other privileged provided to include, at a minimum, a review of the dental record and the interval medical and dental history. The interviewing dentist will then sign the SF-88 in the right hand section of block 81 followed by the words *"for (name of the dentist who performed the T-1 or T-2)."* The reviewing dentist always has the option of performing a new T-2, in which case that dentist will sign the SF-88 for him or herself.

(5) Dental examinations of all active duty naval personnel must be conducted annually and on other appropriate occasions to ascertain the need for dental treatment. The annual examination should normally be a type 2 examination per article 6-100(1).

(6) When indicated, a dental examination should be conducted for each member who reports aboard a ship or station for duty, to ascertain the need for dental treatment and to verify dental records.

(7) Dental examinations of deceased personnel for the purpose of identification must be accomplished accurately and with as little facial disturbance as possible.

(8) The dental examination of each person who reports for, or returns to, extended active duty in the Navy or Marine Corps must be a type 2 examination, per article 6-100(1).

(9) All service members are required to receive a panoramic radiographic evaluation during the initial (inprocessing) type 2 dental examination.

(a) A duplicate panoramic radiograph must be made and submitted for each active duty and Reserve member per SECNAVINST 6600.4 series and current guidelines of the Defense Medical Systems Support Center (DEERS Support Office).

(b) Once the duplicate panoramic radiograph has been submitted, place red tape over the box marked "RET YR TAPE" on the right border of the back of the dental record jacket. When verification has been received that the duplicated radiograph has been accepted by the DEERS Support Office, replace the red tape with green tape. (Refer to SECNAVINST 6600.4 series.)

(c) There are no specific guidelines concerning the frequency with which the panoramic radiograph shoud be retaken. Whenever extensive changes occur in the oral-maxillofacial area; however, a current panoramic radiograph should be taken and a duplicate submitted per 6-99(9)(a).

(10) Identifying data on panoramic radiographs must include the individual's full name (surname first), social security number, and date of exposure. To orient these radiographs, a lead letter "R" or "L" must be taped to the external surface of the X-ray cassette in such a position so as to identify, upon exposure and subsequent development, the image of the right or left side of the patient's dentition. The identifying data must be placed on the radiograph so when viewed the "R" will appear on the viewer's left side, or the "L" will appear on the viewer's right side, i.e., oriented as "looking at" the patient.

(11) Bitewing radiographs should be mounted serially using standard cardboard serial mounts which can be obtained through the Federal Supply System. Full-mouth periapical and bitewing radiographs must be mounted with the convex surface of the identifying "dimple" oriented towards the observer. This orients the radiographs as if the observer is "looking at" the patient. Indicate on the film mount, the patient's right and left sides with an "R" and "L" respectively, and place the date so it is clearly related to the appropriate films.

(12) All intraoral and extraoral radiographs must be permanently retained in the Treatment Record (Dental), NAVMED 6150/10-19.

(13) The dental examination of each person being separated from the Navy or Marine Corps should be a type 2 examination, as described in article 6-100(1), and must be recorded on both the SF 88 and SF 603. The following statement must be entered in box 10 of the SF 603/603A: "A type 2 dental exam was provided within 180 days of separation and all treatment [was/was not] completed prior to separation." (Use appropriate words: "was" or "was not".) Members should be advised they have 90 days to file a claim for benefits with the Department of Veterans Affairs if the dental care was not completed before release from active duty.

(14) The documentation of a patient's health and physical status is essential prior to rendering any dental care. Article 6-121B and BUMEDINST 6600.12 series describe the use of the Dental Health Questionnaire, NAVMED 6600/3. If any allergies or sensitivities are noted, the appropriate box must be checked on the front of the Treatment Record (Dental), NAVMED 6150/10-19.

(15) Per SECNAVINST 5100 series, as part of the evaluation of a patient's health and physical status, dental health care providers must:

(a) Inquire about patient's tobacco use during routine physical and dental examinations, and advise users of the health risks associated with tobacco use, the benefits of stopping, and where to obtain assistance.

(b) Advise all pregnant tobacco users of the health risks to the fetus and where to obtain assistance to stop smoking.

(16) The blood pressure of each patient over 5 years of age must be measured at the initial and subsequent annual examinations and recorded in the "Objective" section of the subjective objective assessment plan (S.O.A.P.) format.

(a) Dental officers and dental technicians should recognize and explain to patients that their measurement of blood pressure does not constitute a diagnosis, and that it is a screening procedure to assist in identifying unsuspected cases of high blood pressure as part of an ongoing national program. Patients should be informed that hypertension may necessitate changes in dental treatment as well as have serious health consequences for them.

(b) A referral policy must be established with the local medical treatment facility for evaluation of patients who exhibit high blood pressure. The need for a referral should be determined by taking the average of three blood pressure measurements made during a single visit. The urgency of referral is determined by blood pressure status, unless a higher priority is dictated by a dental emergency. Current guidelines from "The Report of the Joint Committee on Detection, Evaluation, and Treatment of High Blood Pressure," suggest referral of adult patients when:

(1) The diastolic blood pressure (DBP) is less than 90 mm Hg, and the systolic blood pressure (SBP), in mm Hg, is:

(a) 140 to 199: Routine referral - time not to exceed 2 months.

(b) 200 or greater: Prompt referral - time not to exceed 2 weeks.

(2) The diastolic blood pressure (DBP), in mm Hg, is:

(a) 90 to 104: Routine referral - time not to exceed 2 months.

(b) 105 to 114: Prompt referral - time not to exceed 2 weeks.

(c) 115 or greater: Immediate referral - emergency.

(c) Dental care may be provided to any patient with a diastolic blood pressure below 105 mm Hg. Patients with a diastolic pressure between 105 and 114 mm Hg may receive emergent care but all elective treatment should be delayed until cleared by medical consultation. Patients with a diastolic pressure of 115 mm Hg or above must be sent for immediate medical referral; no dental treatment should be provided, unless dictated by status of emergency (see art. 6-99(16)(b).

(d) Patients found to have consistently high blood pressure must be referred to the appropriate local medical treatment facility for evaluation and treatment. A Consultation Sheet (SF 513) is required for the referral. Referrals and subsequent followup will be documented on the patient's SF 603/603A.

(e) At subsequent visits, the blood pressure will be remeasured and recorded on the SF 603 or 603A when:

(1) A patient has a history of hypertension.

(2) A patient undergoes an invasive surgical procedure (measurements must be made both preoperatively and postoperatively).

(f) Followup with a patient's physician is indicated if a known hypertensive patient exhibits high blood pressure at subsequent recordings, and the patient reports that they have not been recently evaluated or that the pressure is higher than their normal "controlled" level.

(17) Per SECNAVINST 5300.30 series, and current Navy and Marine Corps guidelines, active duty Navy and Marine Corps personnel will be tested for exposure to human immunodeficiency virus (HIV). The result of this testing, which is sensitive information, must be handled in strict confidentiality. (See article 6-110(5).)

(18) When an evaluation of the periodontium is required (T-1 or T-2 examinations), examiners will use the Peridontal Screening Record (PSR).

(a) Use the PSR periodontal probe with a 0.5 mm ball tip and a 3.5 to 5.5 mm color-coded area.

(b) Probe each tooth on the mesiofacial, midfacial, distofacial, and corresponding lingual areas.

(c) Use the following probing scores:

0: Colored area of the probe remains completely visible in the deepest probing depth in the sextant. No calculus or defective margins are detected. Gingival tissues are healthy and no bleeding occurs after gentle probing.

1: Colored area of probe remains completely visible in the deepest probing depth in the sextant. No calculus or defective margins are detected. There is bleeding after gentle probing.

2: Colored area of probe remains completely visible in the deepest probing depth in the sextant. Supra- or subgingival calculus or defective margins are detected.

3: Colored area of probe is only partly visible in the deepest probing depth in the sextant.

4: Colored area of probe completely disappears, indicating a probing depth of greater than 5.5 mm.

(d) The highest score for any tooth or implant in the sextant is recorded on the SF 603/603A in the following figure:

PSR Score

	right		left
max			
man			

50 50

(e) Each tooth is examined until the sextant is completed or a score of 4 is recorded, at which time the examiner moves on to the next sextant.

(f) An "*" should be added to the sextant score whenever other clinical abnormalities such as furcal involvement, tooth mobility greater than physiologic, mucogingival problems, or gingival recession of 3.5 mm or greater are encountered.

(g) Edentulous sextants are marked with an "X".

(h) When examining large numbers of recruits, the examination may be limited to the first and second molars in each posterior sextant and the maxillary right central incisor and the mandibular left central incisor in the anterior sextants. The full PSR examination should be used when time permits.

(i) Score interpretation:

0,1,2: These scores indicate the need for an appointment with a dental hygienist or dental technician. Referral for further periodontal evaluation is not necessary unless the score has been modified with an "*".

3: In one or more sextants indicates the need for a thorough examination by a dentist with emphasis on the involved sextants, to determine the extent of the involvement and treatment needs. A comprehensive periodontal examination may or may not be indicated.

4: In one or more sextants indicates the need for a comprehensive periodontal examination by a dentist and the formulation of an appropriate treatment plan.*

There is no correlation between PSR scores and denal classification. Dental classification is based on radiographic and clinical evaluation and not soley on the PSR. For a complete discussion of this issue, see *Dental Examination Guidelines and Prioritization Criteria for Phased Dentistry*, a document available from BUMED (MED-631).

6-99A Dental Examinations for the Selected Reserve and Voluntary Training Units

(1) Dental health maintenance for Naval and Marine Corps Reserve personnel is the responsibility of the individual member. While there is no Department of the Navy requirement for an annual dental examination, reservists are expected to maintain good dental health at their own expense. The Navy will assess the dental health of Reserve personnel in conjunction with quinquennial physical examinations per art. 15-28.

(2) A type 1 or type 2 dental examination is required in conjunction with the quinquennial physical examination or any other required physical examination, as directed by MANMED chapter 15. The examination should be performed at a Federal dental services' (Army, Navy, Air Force, Public Health Service, Veterans Affairs) facility. If extenuating logistical or fiscal circumstances arise with remote drilling reservists or new Reserve accessions, the dental portion of the physical examination may be performed at an authorized contracted civilian dental office.

(a) Contracting authorities must be assured that contracted civilian dentists are thoroughly familiar with Department of the Navy dental standards and examination procedures as delineated in the appropriate articles in: MANMED chapter 6, sections XIII through XV; MANMED chapter 15, all sections; and BUMEDINST 6320.82 series.

(b) Dentists of the Federal dental services and contracted civilian dentists will become familiar with the proper administration of the NAVMED 6600/12 (MANMED chapter 6, article 6-121E) to properly perform the Naval Reserve T-2 examination. The results of the dental quinquennial physical examination or any other required physical examination must be entered on SF 88 following MANMED article 16-38.

(3) Disqualifying dental defects and diseases must be entered in item 74 and 78 of the SF 88, on the SF 603/603A, and on NAVMED 6600/12 (6-93). NAVMED 6600/12 is used to note deficiencies and identify needed treatment, and is retained in the dental record. Reserve personnel found to be in a dental class 3 condition will have 180 days to correct noted dental deficiencies. If exceptional circumstances warrant, Reserve unit commanding officers may extend the initial 180-day period for an additional 180 days.

(4) The reservist is provided a copy of NAVMED 6600/12 to identify and verify completion of needed treatment by their civilian dentist. The NAVMED 6600/12, signed by the civilian dentist, will document completed treatment, and be placed

in the member's dental record. Failure to comply will result in the member being placed in a not physically qualified (NPQ) status.

6-100 Specifications for Conducting Dental Examinations

(1) The following are the specifications for conducting standard types of dental examinations:

(a) ***Type 1, Comprehensive Examination.*** Comprehensive hard and soft tissue examination, which will include: oral cancer screening examination; mouth-mirror, explorer, and periodontal probe examination; adequate natural or artificial illumination; panographic or full-mouth periapical, and posterior bitewing radiographs; blood pressure recording; and when indicated, percussive, thermal, and electrical tests, transillumination, and study models. Included are those lengthy clinical evaluations required to establish a complex clinical diagnosis and the formulation of a total treatment plan. For example: treatment planning for full-mouth reconstruction; determination of the etiology or differential diagnosis of a patient's chief complaint, such as temporomandibular joint (TMJ) dysfunction and associated oral facial pain; or lengthy history taking relative to determining a diagnosis, or inprocessing examination. (T1 Exam - Dental Information Retrieval System (DIRS) Code: 0140)

(b) ***Type 2, Oral Examination (Annual or Periodic)***. Comprehensive hard and soft tissue examination, which will include: oral cancer screening examination; mouth-mirror, explorer, and periodontal probe examination; adequate natural or artificial illumination; appropriate panographic or intraoral radiographs as indicated by the clinical examination; and blood pressure recording. An appropriate treatment plan will be recorded. This type is the routine examination which is normally done only one time per treatment regimen per patient, unless circumstances warrant another complete examination. (T2 Exam - DIRS Code: 0120)

(c***) Type 3, Other Examination***. Diagnostic procedures as appropriate for: consultations between staff or staff and residents; observation where no formal consult is prepared; certain categories of physical examinations; and emergency oral examination for evaluation of pain, infection, trauma, or defective restorations. (T3 Exam - DIRS Code: 0130)

(d) ***Type 4, Screening Evaluation.*** Mouth-mirror and explorer or tongue depressor evaluation; available illumination. This category includes the initial dental processing of recruits without necessarily being examined by a dentist, or other dental screening procedures. (T4 Exam - DIRS Code: 0133)

(2) If not specified in the Manual of the Medical Department, it will be the professional responsibility of the dental officer to determine the type of examination which is appropriate for each patient. However, type 3 and type 4 examinations are not adequate to definitively evaluate the oral health status of patients.

(3) The dental officer must prescribe on the SF 603/603A the number and type of dental radiographs to be exposed during examination and treatment following the instructions in article 6-100A(1). The dental officer must ensure that all current radiation safety standards are met to provide maximum shielding of individuals from radiation sources. Protective lead aprons, with thyroid protective collars where feasible, must be used routinely for patients to reduce the amount of radiation received.

(4) Posterior bitewing radiographs must be permanently retained and mounted serially. (See article 6-99(11).)

(5) The "S.O.A.P." system must be used in box 10 of the SF 603/603A, to document the examination of all dental patients per article 6-100A.

6-100A Preparation of Dental Treatment Plans

(1) The S.O.A.P. format uses a problem oriented record as a tool in management of patient care. The acronym is derived from the first letter of the four record statements as follows:

"S" *Subjective Data.* This data includes the reason for the visit to the dental clinic, and if appropriate, a statement of the problem (chief complaint) and the qualitative and quantitative description of the symptoms appropriate to the problem.

"O" ***Objective Data.*** A record of the type of examination and the diagnostic aids, including the ordering of radiographs, and the actual clinical findings, x-ray results, or laboratory findings appropriate to the problem. This is to include all the provider's findings such as carious teeth, inflammation, periodontal status, blood pressure measurement, etc.

"A" ***Assessment.*** This portion is the assessment of the subjective data, objective data, and the problem statement which leads the provider to a diagnosis, i.e., "needs" (existing conditions or pathoses).

"P" ***Plan***. This is the plan of treatment to correct or alleviate the stated problems or needs, irrespective of the treatment capability of the dental treatment facility. In addition to the specific dental treatment such as extractions, operative dentistry, root canal therapy, periodontal therapy, etc., it should include consultation with other services, prescriptions, and preoperative and postoperative instructions. Departures from the original well thought-out plan should obviously be made when indicated by circumstances that could not be foreseen; however, any departure should be explained as to the reason or if it is an interim treatment procedure until a definitive procedure can be accomplished.

(2) The S.O.A.P. format was initially developed for medical use and rigid interpretation may create needless redundancy for most routine dental cases. For example, the objective observation of caries is also the assessment, i.e., diagnosis. The critical element of quality assurance is that the findings, diagnosis, and treatment plan are documented in a logical and complete manner. Duplication of information is neither required nor desired.

(3) To assist personnel who are taking radiographs or conducting record reviews, the Objective Data ("O") section must contain the following information:

(a) Type of examination;

(b) Radiographs prescribed;

(c) Blood pressure recording;

(d) Oral cancer screening examination and findings;

(e) PSR scores;

(f) Dental Health Questionnaire review; and

(g) Other diagnostic aids, and findings as appropriate.

(4) Enter a periodontal diagnosis for each patient in the Assessment ("A") section of the S.O.A.P. treatment plan. If the patient's periodontium is totally free of pathosis, enter "healthy periodontium" in the "A" section.

(5) A comprehensive dental treatment plan must be completed at the time of examination for all patients who require treatment. It is to be recorded in the "Plan" section of the S.O.A.P. in box 10 of the SF 603/603A.

(a) In the initial treatment plan for complex cases, indication of the need for specialty consults will be sufficient.

(b) The appropriate provider will subsequently prepare a S.O.A.P. treatment plan concerning specialty care, and record it in box 10 of the SF 603/603A.

(6) The treatment plan will be comprehensive and at a minimum, contain the following:

(a) The sequence of any consultations and provision of dental health care required to fulfill the needs of the patient, irrespective of the treatment capability of the dental treatment facility.

(b) The type of treatment required. Use only end point procedures. Do not include adjunctive services or intermediary procedures unless they are themselves an end point in therapy.

(c) The clinical expertise suggested for the dental health care provider, i.e., dental hygienist or auxiliary, general dentist, or specialist.

(7) Completion of treatment plan:

(a) All active duty patients who are dental class 1 or 2 must have a current treatment plan, i.e., established within the previous 12 months, on the SF 603/603A. When a member's treatment plan is completed and the patient is designated to be dental class 1, the following entry will be made on the SF 603/603A: "(date) Treatment plan dated _____ completed this date."

(b) The dentist completing the treatment plan will then perform a T-2 dental examination. The next periodic recall T-2 examination will be 12 months from that date vice 12 months from the previous T-2 examination.

(8) For space available beneficiaries, documentation must be made when the patient is advised that the proposed treatment plan cannot be completed at the dental treatment facility.

(9) The patient must be informed of the diagnosis, proposed therapy, material risks, expected benefits, any reasonable alternative therapy, and the prognosis with and without the proposed treatment. This counseling of the patient must be documented on the SF 603/603A immediately following the "Plan" entry. (See article 6-102(1).)

(10) Examples of SF 603/603A entries using the S.O.A.P. format are shown in article 6-116. The following comments are pertinent:

(a) All entries on the SF 603/603A must be typed or legibly written in black ink, except the graphic entries in box 9 of section II, "CHRONOLOGICAL RECORD OF DENTAL CARE," which will be made in pencil. This box will be used as a scratch pad to indicate uncompleted treatment needs (see article 6-108). The "REMARKS" blocks in boxes 8 and 9 of section II must be left blank.

(b) Each letter of the S.O.A.P. format must begin a new line on the SF 603/603A.

(11) The S.O.A.P. entry is only required to document examinations and treatment planning. It is not required to document delivery of treatment which was previously treatment planned.

6-101 Dental Classification of Individuals

(1) Dental classifications are used to designate the oral health status and the urgency or priority of treatment needs.

(2) An objective dental health assessment of each patient based on an individual risk assessment of the potential for rapid deterioration is essential to provide the most accurate dental classification possible.

(3) In this manual, a "dental emergency" is defined as a condition which causes pain, uncontrolled hemorrhage, acute infection, loss of masticatory function, or significantly impacts a patient's performance of duties.

(4) Use the following guidelines and criteria for the dental classification:

(a) ***Class 1***. Patients not requiring dental treatment or reevaluation within 12 months.

(1) No dental caries or defective restorations.

(2) Arrested caries for which treatment is not indicated.

(3) Healthy periodontium, no bleeding on probing: oral prophylaxis not indicated.

(4) Replacement of missing teeth not indicated.

(5) Unerupted, partially erupted, or malposed teeth that are without historical, clinical, or radiographic signs or symptoms of pathosis, and are not recommended for prophylactic removal.

(6) Absence of temporomandibular disorders; stable occlusion.

(b) ***Class 2***. Patients who have oral conditions that if not treated or followed up, have the potential but are not expected to result in dental emergencies within 12 months.

(1) Treatment or followup indication for dental caries with minimal extension into dentin or minor defective restorations easily maintained by the patient where the condition does not cause definitive symptoms. Minimal extension is defined as radiologic evidence of caries up to 1/3 the distance from the dentinoenamel junction to a point closest to the dental pulp.

(2) Interim restorations or prostheses that can be maintained by the patient for a 12-month period. This includes teeth that have been restored with permanent restorative materials but for which protective coverage is indicated.

(3) Edentulous areas requiring prostheses but not on an immediate basis.

(4) Periodontal diseases or periodontium exhibiting:

(a) Requirement for oral prophylaxis.

(b) Requirement for maintenance therapy; this includes stable or nonprogressive mucogingival conditions requiring periodic evaluation. Also include previously treated currently stable periodontitis, or mucogingival conditions such as gingival clefts and aberrant frena.

(c) Nonspecific gingivitis. Inflammation of the gingiva characterized clinically by changes in color, gingival form, position, surface appearance, bleeding upon brushing or flossing, or the presence of bleeding after periodontal probing is included.

(d) Early or mild adult periodontitis. Progression of gingival inflammation into the deeper periodontal structures, slight loss of connective attachment, and slight loss of alveolar bone.

(5) Unerupted, partially erupted, or malposed teeth that are without historical, clinical or radiographic signs or symptoms of pathosis but are recommended for prophylactic removal.

(6) Active orthodontic treatment.

(7) Temporomandibular disorder patients in maintenance therapy.

(8) Absence of soft or hard tissue infection or dysplasia requiring treatment.

(c) ***Class 3.*** Patients who have oral conditions that if not treated are expected to result in dental emergencies within 12 months. Patients should be placed in class 3 when there are questions in determining classification between class 2 and class 3.

(1) Dental caries, tooth fractures, or defective restorations where the condition extends beyond the dentinoenamel junction and causes definitive symptoms; dental caries with moderate or advanced extension into dentin; and defective restorations not maintained by the patient.

(2) Interim restorations or prostheses that cannot be maintained for a 12-month period. This includes teeth that have been restored with permanent restorative materials but for which protective coverage is indicated.

(3) Periodontal diseases or periodontium exhibiting:

(a) Acute gingivitis or pericoronitis.

(b) Active moderate to advanced periodontitis. Significant progression of periodontitis with clinical or radiographic evidence of moderate to advanced loss of connective tissue attachment or alveolar bone, possibly accompanied by increased tooth mobility, or furcation involvement in multirooted teeth (adult periodontitis). Also included are conditions such as: (1) rapidly progressive periodontitis, (2) refractory periodontitis (periodontitis resistent to normal therapy), (3) juvenile and prepubertal periodontitis, either localized or generalized, (4) acute necrotizing ulcerative gingivitis, (5) necrotizing ulcerative periodontitis.

(c) Periodontal abscess.

(d) Progressive mucogingival conditions. Pathologic changes in the position and relationship of the gingiva and gingival margin to the alveolar mucosa.

(e) Periodontal manifestations of systemic diseases or hormonal disturbances.

(4) Edentulous areas or teeth requiring immediate prosthodontic treatment for adequate mastication, communication, or acceptable esthetics.

(5) Unerupted, partially erupted, or malposed teeth with historical, clinical, or radiographic signs or symptoms of pathosis that are recommended for removal.

(6) Chronic oral infections or other pathologic lesions including:

(a) Pulpal or periapical pathology requiring treatment.

(b) Lesions requiring biopsy or awaiting biopsy report.

(7) Emergency situations requiring therapy to relieve pain, treat trauma, treat acute oral infections, or provide timely followup care (e.g., drain or suture removal) until resolved.

(8) Temporomandibular disorders requiring active treatment.

(d) ***Class 4.*** Patients who require a dental examination. This includes patients who require annual or other required dental examinations and patients whose dental classifications are unknown.

(5) When recording an individual's dental classification in a record, form, or correspondence, the standard type of dental examination, per article 6-100, must also be recorded in order that the value of the classification, as related to the comprehensiveness of the dental examination, will be apparent.

(6) Upon the completion of each patient sitting, the dental classification must be recorded by the provider in the column which has been redesignated "CLASS" in box 10 of the SF 603/603A. (Note: Only priviledged dentists may change the dental classification.)

(7) To recognize the four dental classifications, attach a strip of appropriately colored cellophane tape to the Military Health (Dental) Treatment Record, NAVMED 6150/10-19, diagonally across the upper right-hand corner of the back leaf. Do not cover the terminal digits with the colored cellophane tape. Use colored tape to designate dental classifications in the following manner:

Dental Class	*Colored Tape*
1	white
2	green
3	yellow
4	red
Priority	blue (see (c) below)

(a) Place clear cellophane tape on the dental record carrier jacket before affixing various colored tapes. This will help the future placement and removal of colored tapes without tearing or damaging the carrier jacket.

(b) Identify dental class 4 patients by placing a piece of red cellophane tape over the top half of the existing dental classification tape. In this manner, the patient's previous classification is preserved.

(c) To readily identify patients who require high priority dental care, flag selected class 2 and 3 dental patients' records by placing a strip of blue cellophane tape over one half of the green class 2 tape or yellow class 3 tape. The following categories are examples of those patients who should receive high priority care:

(1) Patients with extensive and severe caries or periodontal disease or other pathosis requiring immediate attention, as determined by the local commanding officer or officer in charge of a dental facility or department.

(2) Personnel ordered to duty at isolated or underserved areas where dental care is not readily available, such as to an embassy, to Antarctica, or to recruiting duty.

(3) Personnel ordered to training billets preliminary to submarine or nuclear power school.

(4) Candidates for aviation and diving programs.

(5) Personnel assigned as members of a rapid deployment force, such as a deployable medical department platform or an air contingency element (ACE).

(6) Any personnel ordered to duty assignments where dental pathosis might interfere with their mission.

(d) Assignment to dental classification 1 or 2, should be based on a type 1 or 2 examination, or the completion of a treatment plan which was based on a type 1 or type 2 examination.

(e) Dental officers must review and change as needed, the color coded dental classification after each appointment.

(f)The procedures described in this paragraph are optional on a command basis. If a command opts to use the dental classification tape, all dental records maintained by the command must have the correct tape. If a command chooses not to use the tape, the dental classification tape should be removed as the record is reviewed or when the patient checks out of the command.

(8) A patient who is dental class 3 will remain dental class 3 even though 12 months or more have elapsed since the last T-2 examination. When treating a dental class 3 patient who has not had a T-2 examination in 12 months or more, the dental care provider:

(a) Must ensure that the dental health questionnaire is current.

(b) Need not measure blood pressure, unless clinically indicated.

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6-102 Dental Treatment

(l) Consent must be obtained from each patient prior to initiating any dental treatment.

(a) Dental health care providers must follow NAVMEDCOMINST 6320.3 series and article 6-100A(9) to document patient consent for dental treatment.

(b) For risk management purposes, documentation that the patient understands their responsibilities and what dental care the Navy facility can and cannot provide is just as important as the documentation of informed consent for the care actually received.

(c) A patient cannot be forced to receive treatment. Active duty personnel who do not give consent for essential treatment should be managed as described by articles 6-l05(2) and 6-ll2(l).

(2) Dental treatment must be rendered only by dental officers, with the following exceptions:

(a) Oral prophylaxes and preventive dentistry applications of cariostatic agents and pit and fissure sealants may be administered by military dental technicians and civilian dental hygienists under the supervision of a dental officer. (See article 6-106B.)

(b) Dental technicians may be assigned to such other duties as may be indicated by their special qualifications and current requirements for dental care.

(c) When a dental officer is not available, emergency dental treatment may be administered by military dental technicians or by personnel of the Medical Department. Dental officers standing watches are considered to be available.

(3) Orthodontic treatment may be provided at those naval dental treatment facilities having an established orthodontic capability approved by the Bureau of Medicine and Surgery. Detailed guidelines concerning orthodontic care are found in BUMEDINST 6670.2 series.

(4) Treatment of dental diseases, disabilities, and injuries of Navy and Marine Corps personnel should be completed whenever possible. When it is not possible to complete all treatment, priority should be given, as reflected in article 6-101, to treating those conditions which are most likely to interfere with the performance of duties.

(5) Priority for dental treatment within each classification in article 6-101 and for preventive dentistry treatment in article 6-102A should be given to fleet units and those personnel deployed or assigned to areas where dental support is other than optimal.

(6) The dental officer must notify the medical officer when diseases or other conditions requiring medical care or consultation are observed.

(7) Whenever, in the opinion of the dental officer, it is necessary to place dental patients on the binnacle list or sicklist, the medical officer must be notified in order that the entries in the Health Record may be made following chapter 16, section IX.

(8) The care of a patient admitted to the sicklist because of dental, oral, or related disabilities must be the responsibility of the dental officer treating the patient and other appropriate members of the Medical Department as dictated by current directives.

(9) Dental care providers must take positive steps to query patients as to their status in the Personnel Reliability Program (PRP). Personnel, such as those associated with the Nuclear Weapons Personnel Reliability Programs, are identified in OPNAVINST 5510.162 series. Querying should take place when completing health history forms, at time of treatment, or whenever deemed appropriate. NAVPERS 5510/1, Record Identifier for Personnel Reliability Program, must be filed in each dental record of PRP personnel as specified in article 6-117(1), when the medical and dental health records are maintained separately. Whenever health care treatment forms related to dental care are temporarily separated from the dental treatment record to procure consultations or to provide treatment, a NAVPERS 5510/1 must accompany the forms. If patients in the PRP are provided medications associated with dental treatment that could affect performance of duties, their immediate command must be notified by telephone or the most rapid means of communication available. Backup notification using the SF 600 or DD 689, as appropriate, must be expeditiously processed and forwarded to the custodian of the patient's medical records.

(10) ***Grounding Notices***

(a) Dental officers are authorized to issue Grounding Notice (Aero-Medical) NAVMED 6410/1 in any instance where dental evaluation or treatment has been performed on an aviation rated service member when such procedure could be considered detrimental to the performance of aviation duty, or when any untreated dental condition is considered of such severity as to preclude safe aviation performance. To assist dental personnel in handling these notices and to expedite subsequent clearance procedures, dental patients will be divided into two general categories according to the nature of the dental procedures performed. The grounding notices will be completed differently for each group:

(1) ***Group A***. Personnel undergoing simple procedures using local infiltration or block anesthesia, e.g., periodontal scaling, restorations, etc. The attending dental officer will issue an automatically-expiring-grounding notice for a period of 24 hours from the time the procedure was completed. Personnel may be cleared for aviation duty sooner than 24 hours on the approval of the flight surgeon.

(2) ***Group B***. For personnel undergoing any of the following procedures, the attending dental officer will issue a nonexpiring 72-hour grounding notice. The patient should be instructed to return to the aviation medicine department no more than 72 hours from the day of issue of the grounding notice. Fitness for flight duty will be determined by the flight surgeon, who may consult with the dental officer as necessary.

(a) Extractions.

(b) Incision and drainage.

(c) All oral surgical procedures including periodontal surgery involving suturing and dressing placement.

(d) Administration of intravenous or inhalation sedative or analgesic/anesthetic agents.

(e) Endodontic therapy resulting from acute pain, abscess, or other cause if the patient is symptomatic or the canal is open.

(f) Prescription of any medication, except prophylactic antibiotics used for preexisting condition.

(b) General procedures for completing the NAVMED 6410/1, Grounding Notice:

(1) The personal data portion should be completed by following the instructions in the individual blanks. If preferred, the airman's personal data may be completed by imprinting in the upper left portion of the form with the plastic medical card. The originator and the addressees should be plainly marked.

(2) Section C., Block "Other", should contain a short description of the procedure performed and the reason for grounding, e.g., "local anesthetic," "extraction using anesthetic gas," "narcotic medications prescribed," etc.

(3) Estimated duration of grounding will be "24 hours" or "72 hours" as applicable.

(4) On line "3" include one of the following statements as applicable from the preceding guidelines:

(a) "Expires automatically. Clearance Notice not required."

(b) "Nonexpiring. Clearance required from flight surgeon prior to resuming flight duties."

(5) The notice should carry the signature of the attending dental officer.

(6) Complete three copies and distribute as follows:

1-To patient for delivery to patient's command.

1-By guard mail to patient's command.

1-To aviation medicine at end of each working day.

(c) No portion of this agreement should preclude direct communication between the dental officer and the flight surgeon if any question, whatsoever, should arise concerning proper management of a dental patient.

(11) The dental officer must ensure compliance with NAVMEDCOMINST 6630.2 series, and ensure that a reimbursement fee is collected prior to delivery of a dental prosthetic appliance to a family member.

6-102A Preventive Dentistry Programs

(1) **Establishment**. All dental activities must have a preventive dentistry program following SECNAVINST 6600.3 series.

(2) **Preventive Dentistry Officer**. A dental officer must be appointed as the preventive dentistry officer at each dental command, dental clinic, dental department, or dental company to which more than one dental officer is assigned. Where only one dental officer is assigned, that officer will serve as the preventive dentistry officer. The preventive dentistry officer will be responsible for the formulation, supervision, and execution of all aspects of the preventive dentistry programs. It is recommended that the appointed officer attend the Preventive Dentistry short course offered at Bethesda or San Diego.

(3) **Consultation and Evaluation**. Dental officers with advanced training in public health dentistry, wherever assigned, should be available for consultation regarding establishment of preventive dentistry programs and for evaluation of existing programs.

6-102B Operational Readiness Dental Standards

(1) Establishment. All dental activities must have a program to meet or exceed the operational readiness dental standards set by SECNAVINST 6600.3 series. The program will, as a minimum, consist of:

(a) Treatment programs which will ensure attainment of the dental readiness standards for all units which they support.

(b) Establishment of direct liaison with all supported units to ensure accomplishment of this program in a timely fashion.

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(2) Minimum dental standards for unit readiness are established at 80 percent of unit personnel in dental classifications 1 and 2.

(3) A totally objective dental health assessment of each patient is essential to provide the most accurate dental classification possible. The importance and validity of this classification cannot be over-emphasized. While the dental classification is necessary to designate dental health readiness for deploying personnel, it is also of paramount importance in determining overall dental treatment needs for all active duty and Reserve personnel, irrespective of patient availability or the capability of the clinic staff.

6-103 Use of Oral Histopathology Laboratory

(1) All extracted teeth with suspected pathosis, and all soft or osseous tissue which is surgically excised should be submitted for pathologic examination. An entry documenting the submission must be made in box 10 of the SF 603/603A.

(2) All dental officers must ensure completion of SF 515, Tissue Examination, and adequate preparation of the surgical specimen.

(3) Dental officers attached to naval hospitals are required under guidelines of the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), to submit specimens to the hospital's pathology laboratory. Hospital dental officers should follow the remaining administrative guidelines of this article.

(4) All other Navy Dental Corps officers should submit oral tissue specimens to the appropriate regional oral histopathology laboratory using the following procedures and guidelines:

(a) Dental treatment facilities ashore and afloat should request biopsy kits from the oral histopathology laboratory that processes specimens for their geographic or operational area as listed below:

(1) ***Processing laboratory***
Oral Pathology Department
National Naval Dental Center
8901 Wisconsin Avenue
Bethesda, MD 20889-5602
DSN: 295-0523/0404
Comm: (301) 295-0523/0404

Clinic location
European
Northeast
Southeast
Atlantic Fleet
Fleet Marine Force, Atlantic
Naval Mobile Construction
Battalions Atlantic
Other DTFs in Atlantic Theater

(2) ***Processing laboratory***
Oral Histopathology Section
Building 1-3
Naval Hospital
San Diego, CA 92134-5000
DSN: 522-9328/9324
Comm: (619) 532-9328/9324

Clinic location
Northwest
Pacific Region
Southwest
Pacific Fleet
Fleet Marine Force, Pacific
Naval Mobile Construction
Battalions Pacific
Other DTFs in Pacific Theater

(b) Each biopsy kit consists of one plastic specimen bottle partially filled with 10 percent neutral buffered formalin, Tissue Examination (SF 515), preaddressed mailing label, and a mailing box.

(c) As illustrated in art. 6-42D, dental officers should carefully adhere to the following directions when submitting specimens:

(1) Ensure the proper identification of each specimen by placing the patient's name and Social Security number on the specimen bottle label.

(2) Enter all pertinent data on the SF 515.

(a) The dental officer's official return address is entered in the first block of the SF 515 which is designated as "SPECIMEN SUBMITTED BY."

(b) The dental officer's printed name, title, telephone number, and signature are entered in the block designated as "SIGNATURE AND TITLE."

(c) Patient information is entered at the bottom of the SF 515 and must include the patient's name, family member prefix code, social security number, and for active duty personnel, the patient's branch of service and status. Information on the patient's age, sex, race, grade, and duty station is also useful.

(3) Place the surgical specimen immediately into the specimen bottle; firmly tighten and seal the lid with tape.

Place the specimen bottle and completed SF 515 into the mailing box and seal the package.

(4) Place the preaddressed laboratory mailing label over the permanently attached dental treatment facility label and secure the label on all sides with cellophane tape. This allows the receiving laboratory to rapidly recycle the biopsy kit back to the treatment facility by simply refilling the kit and removing the outer laboratory address label thus exposing the permanently attached treatment facility label.

(d) Radiographs should accompany the specimen whenever the lesion involves bone. The laboratory will not retain any original radiographs and all submitted radiographs will be returned to the contributor for replacement in the patient's Treatment Record (Dental).

(e) Diagnosis of a malignancy is reported to the contributing dental officer by the most expeditious means which is almost always by telephone. Such a diagnosis is sensitive information which requires security until the patient is advised in the proper manner by the attending dental officer or a medical officer. Telephone reports are also rendered in the case of benign lesions that are potentially serious or aggressive in nature. Naval message is used to report malignant or serious diagnoses to dental officers in units afloat or without telephone service. The written report will follow via U.S. Mail.

(f) If requested by the contributing dental officer, a microslide will be sent together with the written report.

(g) When special studies are indicated, the dental officer should contact the oral pathologist for special instructions.

(5) The completed SF 515, Tissue Examination, when received from the pathologist, must be permanently maintained in the Treatment Record (Dental) as described in article 6-117(1). The diagnosis and other pertinent comments such as, patient notification and follow-up procedures, must be entered in box 10 of the SF 603/603A.

6-104 Inscription on Dentures for Identification

(1) Each dental prosthetic facility should, when possible, incorporate into the denture base or other suitable part of each complete or partial denture, the following data pertaining to the patient.

(a) Social security number (SSN), followed by a dash and capital: "N" for Navy, "M" for Marine Corps, "A" for Army, or "AF" for Air Force, whichever applies.

(b) When space considerations do not permit the application of the complete SSN, the last four digits may be used.

(c) No other information will be inscribed.

(2) A stainless steel insert (.001 inch thick), onion skin, or other suitable materials may be used. The inscription should be typed on the insert material and inserted in the denture base so the inscription is legible.

6-105 Nonnaval Dental Treatment and Refusal of Dental Treatment

(1) Dental treatment may also be obtained from Army, Air Force, other Federal facilities, and from civilian sources following BUMEDINST 6320.72 series.

(2) Members of the naval service who do not consent to recommended dental treatment which is considered necessary to keep them fit to perform their duties should be processed following article 18-22. Such disposition should not be made, however, until after a conscientious effort has been made by the dental officer to inform the member of the value of the proposed treatment in preserving or achieving dental health as part of their total health and military readiness. An appropriate entry regarding the refusal of treatment must be made in the SF 603/603A per article 6-110.

6-106 Suitability for Overseas Assignment

(1) The procedures for the medical and dental evaluation of Navy and Marine Corps members and their accompanying family members, who are undergoing suitability processing for overseas assignment, are provided in NAVMEDCOMINST 1300.1 series.

(2) Based upon the findings of an examination, a dental officer must recommend approval or disapproval of a member and family members for overseas assignment. The ultimate responsibility rests with a member's commanding officer to approve or disapprove the member or family members for overseas assignment.

(3) The importance of overseas screening requirements cannot be overemphasized. Requirements must be applied consistently by medical and dental personnel conducting screenings enabling each member's commanding officer and Bureau of Naval Personnel or Headquarters, U.S. Marine Corps, to make appropriate recommendations and decisions. With sound medical and dental advice, a member's commanding officer will be able to ascertain the suitability of the member and family members for overseas transfer.

6-106A Outpatient Anesthesia Services for Dental Patients

(1) Guidelines for the administration of outpatient intravenous or inhalation sedation to dental patients at free-standing dental treatment facilities are provided in BUMEDINST 6710.67 and 6710.68 series.

(2) All anesthesia services within a hospital, including those for outpatient dental care, are governed by the standards of the Joint Commission on Accreditation of Healthcare Organizations (JCAHO).

6-106B Use of Pit and Fissure Sealants

(1) The establishment of Pit and Fissure Sealant Programs for children at all Department of the Navy dental treatment facilities (DTFs) is directed by SECNAVINST 6600.3 series. However, these programs must not interfere with dental services for active duty members or emergency care.

(2) Based upon the policy in SECNAVINST 6600.3 series and the guidelines listed in article 6-106C(3) below, the use and maintenance of pit and fissure sealants are appropriate at Department of the Navy DTFs. Pit and fissure sealants should be used as an adjunctive part of a comprehensive preventive dentistry program to include the use of systemic and topical fluorides, oral hygiene instruction, diet counseling, and public education programs. (There is no scientific basis that would contraindicate sealing sticky pits and fissures of permanent teeth which exhibit no radiographic evidence of occlusal or interproximal decay.)

(3) Guidelines for the Use of Pit and Fissure Sealants:

(a) Criteria for Pit and Fissure Sealant Selection (Children).

(1) Children with newly erupted teeth with uncoalesced pits and fissures.

(a) Priority #1: Permanent first molars for children ages 6 through 8 and permanent second molars for children ages 11 through 13.

(b) Priority #2: Premolars in high-risk children and primary molars.

(2) Children whose lifestyle, developmental or behavioral patterns, or lack of fluoride exposure put them at high risk for dental caries.

(3) Children with teeth that have pits and fissures that are anatomically susceptible to caries.

(b) Criteria for Pit and Fissure Sealant Selection (Adults):

(1) Adults who exhibit a history of pit and fissure caries (i.e., occlusal, and other pit and fissure restorations) in some teeth may be considered for sealant protection in the remaining uninvolved teeth. Of primary importance, are pits and fissures of second permanent molars. (Isolation is especially critical, as this site of highest risk is also the site of poorest sealant retention.)

(2) Adults who demonstrate active occlusal caries in some teeth should have the remaining noncarious pit and fissure surfaces sealed in similar teeth; i.e., molar and molar, premolar and premolar, etc.

(c) Guidance Provided to Parents of Children:

(1) Parents should be counseled regarding the need to have periodic followup and routine maintenance of sealants. Due to the space available nature of Navy dentistry for family members, this followup may or may not be available from a Navy DTF. If not available, the parents will have to assume this responsibility. However, if at all possible, parents should be afforded at least one 6-month recall visit and the opportunity to return for replacement of lost sealants. On the other hand, the sealant program should not rest on the feasibility of a 6-month recall program.

(2) Parents should be counseled regarding the possible loss of sealants when applied to occlusal surfaces of their child's teeth. While loss of sealant does not appear to accelerate decay, a tooth with a failed sealant will decay as if it had never been sealed.

(3) Parents should be shown the sealants in the child's mouth so they may understand their appearance and help to detect their loss.

(d) Guidance for Adults Who Access with Sealants in Place:

(1) No special monitoring of these patients is necessary other than proper charting of sealants and monitoring the status of sealants at yearly recall or other routine examinations.

(2) If sealants are lost in this population, reapplication may be necessary.

(3) When a complete charting of presenting condition is performed, existing sealants should be recorded in the remarks block of section I, box 4, of the SF 603. For all patients, treatment planned sealants should be recorded in section II, box 9, and in the Plan section of the "S.O.A.P". notes in box 10 of the SF 603/603A. Sealants provided by the Navy should be indicated as if a resin restoration in section II, box 8, and described in the treatment narrative in box 10 of the SF 603/603A.

(4) Health Care Providers Authorized to Place Sealants:

(a) Dentists.

(b) At the discretion of the commanding officer, nondentist providers (dental hygienists and military dental technicians) may be allowed to place sealants at the direction of a dentist, provided they can be certified via a structured training program.

(1) The suggested training program must include at least 2 hours of didactic training (lectures, seminars, and reading assignments), 2 hours of laboratory exercises, and 17 hours of clinical application of sealants under direct supervision of a dentist. Direct supervision is defined as the event when the dentist authorizes the sealant immediately prior to placement and when the dentist personally examines the placement of the sealant immediately after placement.

(2) Nondentist providers should receive a certificate of qualification, in writing, after successful completion of training.

(3) Nondentist providers should be limited to the placement of nonfilled sealants to lessen the possibility of occlusal problems.

(4) The standards of care for pit and fissure sealants, BUMEDINST 6320.82 series, should be used in the training and supervision of nondentist providers applying sealants.

(5) Subsequent to certification, all nondentist providers must continue to place sealants under the direct supervision of a dentist.

(6) The time of nondentist providers should not be used to place sealants at the expense of dental prophylaxis treatment for active duty personnel.

6-106C Guidelines for the Management of Patients with Odontogenic Infections

(1) All dental patients undergoing surgical/invasive procedures must receive verbal and written instructions for followup treatment, including where to return when they experience a problem.

(2) Outpatients undergoing complicated oral surgical/invasive procedures or having a compromised health status (e.g., diabetics, steroid family member, or immuno-suppressed patients) must receive an appointment postoperatively so they may be evaluated for infection or other complications.

(3) Patients presenting with infection must have the condition, appropriate treatment, and annotation of the provision of followup instructions documented in their medical or dental record.

(4) All outpatients under treatment or unresolved odontogenic infections satisfying all of the following criteria require consultation with an oral surgeon or with a medical officer when an oral surgeon is not available:

(a) Extension beyond the alveolar process or vestibular space;

(b) Evidence of fever, lymphadenopathy, or other systemic involvement; and

(c) Showing no evidence of improvement within 24-48 hours following the initiation of treatment for the infection.

(5) Upon admission to a hospital dental service, patients with postextraction or postoperative odontogenic infections must have a formal consultation with appropriate medical specialists documented in the patient's chart. A team approach with formal consultation must be used since oral infections of a severity to require hospitalization may progress rapidly to ascending or descending fascial spaces and result in a life-threatening emergency.

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Section XV
The Dental Record and Other Standard Forms

6-107 Purpose of Standard Form 603, Health Record-Dental

(1) Standard Form (SF) 603 is an important medico-legal document and provides:

(a) An aid to diagnosis, treatment planning, and practice management.

(b) A valuable means of identification.

(c) A record of the initial examination of a member which shows missing teeth, existing restorations, diseases, and other abnormalities.

(d) A record of diseases and other abnormalities which occur after the initial examination.

(e) A chronological record of dental treatment received during the individual's period of military service.

(f) A basis for dental statistical information.

(g) A means for facilitating the appraisal of physical fitness and the dental health profile.

(h) A source of important information for the ongoing monitoring and evaluation of dental health care.

6-108 Preparation, Distribution, and Disposition of Standard Form 603

(1) ***Preparation***. An original must be prepared:

(a) For each individual who reports for, or returns to, extended active duty.

(b) To replace a lost SF 603.

(c) At the initial examination of an individual in retired military status. Boxes 1 through 4 of section I need not be completed.

(d) At the initial examination of a family member, boxes 1 through 4 of section I need not be completed. The Patient Identification Box at the bottom of the front-side of the SF 603 must reflect the name, status, and social security number of the family member's sponsor.

(2) ***Distribution***

(a) The original prepared at recruit training centers for recruits must be placed in the Treatment Record (Dental), NAVMED 6150/10-19, after the original examination. Entries for dental treatment accomplished for a recruit during the recruit training period must be made on the original. The original is to remain in the NAVMED 6150/10-19.

(b) For persons, other than recruits, who report for or return to extended active duty, the original is to remain in the NAVMED 6150/10-19.

(c) An original SF 603 must be prepared when dental records are lost or destroyed, and must be placed in the NAVMED 6150/10-19. This SF 603 must be prominently marked "REPLACEMENT."

(d) A NAVMED 6150/10-19 must be prepared and maintained for every patient examined by a naval dental treatment facility except participants in a group preventive dentistry program. On the SF 603, the patient's name must be entered in the name block and the sponsor's SSN must be entered in the service number block. Where pedodontic care is authorized, a commercially available pedodontic dental chart may be attached to the family member's SF 603. For uniformity, the pedodontic chart should use a numerical-letter system for tooth identification, which consists of 1 through 32 for permanent teeth and A through T for primary teeth (see articles 6-113(1) and 6-113(2)).

(e) The terminal digit, color-coded dental record filing system was designed for ease of record handling. All records of a particular color are to be filed together, thus reducing the number of places an individual would have to look to file or retrieve a record. However, commands may find it more expedient, and are therefore authorized, to separate records by unit, school class, family member status, etc.

(3) ***Disposition***

(a) The SF 603 must accompany Navy and Marine Corps personnel from activity to activity during their entire period of military service. The dental officer must ensure the Treatment Record (Dental), NAVMED 6150/10-19, with the SF 603, radiographs, and other pertinent records are forwarded to either the local personnel support activity or detachment, or placed in the custody of the service or family member upon transfer.

(b) When personnel are transferred, the medical officer or medical department representative must verify that the current Health Record-Dental, SF 603, enclosed in a Treatment Record (Dental), is included before the Health Record is transferred (see article 16-20).

(c) The SF 603 of a family member must not be included in the sponsor's record at the time of transfer or change of duty stations.

(d) Transfer of family member dental records must follow the guidelines issued in MANMED chapter 16. Actual release of custody of records should be documented with form NAVMED 6150/8, Outpatient Record Release Request and Transfer Receipt.

6-114 General Characteristics of Markings on Dental Records and Forms

(1) Chart markings have been standardized so the original dental condition, treatment needed, and treatments completed may be readily identified. This facilitates efficient continuity of treatments and may establish identification in certain circumstances.

(2) Dental recordings must be made in black ink on all charts of the SF 603/603A, except that entries on the chart in box 9 must be made in pencil.

6-115 Standardized Markings on the SF 603/603A

(1) Markings must be made on examination chart, section I, box 4, MISSING TEETH, EXISTING RESTORATIONS, and PROSTHETIC APPLIANCES as follows:

(a) ***Missing Teeth.*** Draw a large "X" on the root or roots of teeth not visible in the mouth.

(b) ***Edentulous Mouth.*** Inscribe crossing lines, one extending from the maxillary right third molar to the mandibular left third molar and the other from the maxillary left third molar to the mandibular right third molar.

(c) ***Edentulous Arch***. Make crossing lines each running from the uppermost aspect of one third molar to the lowermost aspect of the third molar on the opposite side.

(d) ***Amalgam Restorations***. In the diagram of the tooth, draw an outline of the restoration showing size, location, and shape and block in solidly.

(e) ***Nonmetallic Permanent Restorations*** (Includes Filled and Unfilled Resins) and pit and fissure sealants. In the diagram of the tooth, draw an outline of the restorations showing size, location, and shape.

(f) ***Gold Restorations***. Outline and inscribe horizontal lines within the outline. If made of an alloy other than gold, the same applies, except indicate in the REMARKS section that the crown is made of a metal other than gold. Indicate where possible, the type of alloy used.

(g) ***Combination Restorations***. Outline, showing overall size, location, and shape; partition at junction of materials used and indicate each as in (d) and (e) above.

(h) ***Porcelain Facings and Pontics.*** Outline each aspect. Indicate in the REMARKS section that the facing or pontic is made of porcelain.

(i) ***Acrylic Resin Facings and Pontics.*** Outline and indicate acrylic in the REMARKS section.

(j) ***Porcelain Post Crowns.*** Outline each aspect of the crown; outline approximate size and position of the post or posts. Indicate porcelain material in REMARKS section.

(k) ***Acrylic Resin Post Crowns.*** Outline each aspect of the crown; outline approximate size and position of the post or posts. Indicate acrylic material in REMARKS section.

(l) ***Porcelain Jacket Crowns***. Outline each aspect. Indicate porcelain material in REMARKS section.

(m) ***Acrylic Resin Jacket Crowns***. Outline each aspect. Indicate acrylic material in REMARKS section.

(n) ***Fixed Partial Dentures (Bridges).*** Outline each aspect showing overall size, shape, location, and teeth involved. Partitioning should be designated at the junction of materials. Gold must be shown by the inscription of diagonal lines instead of horizontal lines for both abutments and pontics. If constructed of a metal other than gold, the same applies except an indication should be made in the REMARKS section that the fixed partial denture is made of an alloy other than gold. Facing materials should be indicated in the REMARKS section.

(o) ***Removable Appliances.*** Place a line over numbers of replaced teeth and describe briefly in REMARKS.

(p) ***Root Canal Fillings.*** Outline each canal filled on the diagram of the root or roots of the tooth involved and block it in solidly.

(q) ***Apicoectomy.*** Draw a small triangle on the root of the tooth involved, apex away from the crown, the base line to show the approximate level of root amputation.

(r) ***Temporary Restorations.*** In the diagram of the tooth, draw an outline of the restoration showing size, location, and shape. If possible, describe the material in REMARKS.

(s) ***Partially Erupted Tooth.*** In the diagram of the tooth, draw an arcing line through the long axis.

(2) Markings on examination chart, section I, box 5, DISEASES and ABNORMALITIES, must be made as follows:

(a) ***Caries.*** In the diagram of the tooth affected, draw an outline of the carious portion, showing size, location, and shape, and block in solidly.

(b) ***Defective Restoration.*** Outline and block in solidly the restoration involved.

(c) ***Impacted Teeth***. Outline all aspects of each impacted tooth with a single oval. The long axis of the tooth should be indicated by an arrow pointing in the direction of the crown.

(e) Unclaimed family member dental records and radiographs must be disposed of following the disposal instructions in part III, chapter 6 of SECNAVINST 5212.5 series.

(4) ***Entries.*** Details regarding entries on the SF 603 are as follows:

(a) **SECTION I, PRESENTING DENTAL STATUS**

Box 1, PURPOSE OF EXAMINATION. An "X" must be placed in the appropriate space. In the space OTHER (specify), indicate "Naval Academy," "Reenlistment," "Fleet Reserve," etc.

Box 2, TYPE OF EXAMINATION. The type of examination as listed in article 6-100 must be indicated by an "X" in the appropriate space.

Box 3, DENTAL CLASSIFICATION. The dental classification as listed in article 6-101 must be indicated by an "X" in the appropriate space.

Box 4, MISSING TEETH, EXISTING RESTORATIONS, AND PROSTHETIC APPLICANES. The dental chart must be completed per article 6-115. Entries must not be altered after the initial examination except that at recruit training centers, corrections and additions may be made through the period of recruit training. If the individual is appointed or enlisted with dental defects which have been waived, the defects should be described fully under REMARKS. The notation of existing fixed passive orthodontic appliances is also made under REMARKS. Use the "place of examination," "date," and "signature" blocks only if the information is different than that in box 5.

Box 5, DISEASES AND ABNORMALITIES. The dental chart must be completed per article 6-115.

Box 6, INDICATE X-RAYS USED IN THIS EXAMINATION. Check appropriate boxes.

Box 7, EXAMINING DENTIST AND FACILITY. Complete boxes as indicated. Signature must be accompanied with name stamp that includes grade.

(b) **PATIENT IDENTIFICATION.** Complete all boxes as indicated.

(c) **SECTION II, CHRONOLOGICAL RECORD OF DENTAL CARE.** (Note: Section II also applies for SF 603A.) Pages must be numbered sequentially, in chronological order, at the top of each page after the word "PAGE".

Box 8, RESTORATIONS AND TREATMENT (Completed during service). Markings in ink appropriate to the dental treatment received must be placed on the dental chart following article 6-115.

Box 9, SUBSEQUENT DISEASES AND ABNORMALITIES. The chart must be used to record dental defects and diseases found during subsequent examinations. Entries reflecting conditions noted in the "A" of the "S.O.A.P." treatment plan (see article 6-100A) must be made in pencil and erased when treatment is accomplished or when the condition no longer exists. No entries should be written in the "Remarks" box. All written comments should be made in a dated and signed entry in box 10.

Box 10, SERVICES PROVIDED. Entries must be made in each of three columns: DATE; SYMPTOMS, DIAGNOSIS, TREATMENT, PROVIDER, TREATMENT FACILITY; and CLASS as indicated in articles 6-100, 6-100A, 6-101, and 6-116. At the end of each treatment entry, the SYMPTOMS, DIAGNOSIS, TREATMENT, PROVIDER, TREATMENT FACILITY column must contain the signature, name stamp with grade, and written or stamped treatment facility. The CLASS column must conform with article 6-101 and be currently maintained as the treatment progresses.

(d) **PATIENT'S LAST NAME-FIRST NAME-MIDDLE INITIAL.** The space provided at the bottom of the page on the reverse of the SF 603/603A is for the patient's name as a convenience for filing. The name and social security number must be filled in as indicated.

(e) When an enlisted person is advanced to commissioned or warrant grade, reenlists, or extends an enlistment; or upon promotion of an officer or commissioning of a midshipman; the SF 603/603A must be brought up to date by entering any unrecorded dental treatments on the chart in box 8 and any dental defects or diseases on the chart in box 9.

(f) When the spaces in box 10 of section II of the SF 603 have been filled by the recording of dental examinations, operations and treatments, the SF 603A, Health Record-Dental Continuation, must be used for additional entries.

6-109 Custody of Standard Form 603

(1) Custody of the SF 603 must be the same as that described for the Treatment Record (Dental) Jacket in article 6-117.

(2) Custody of the SF 603 prepared for space available beneficiaries, i.e., retirees and family members, must be maintained by the treating dental facility per article 6-108(3)(d).

(3) For details regarding the Treatment Record Jacket, NAVMED 6150/10-19, and the Health Record, see chapter 16.

6-110 Special Entries on Standard Form 603

(1) When dental treatment is refused by the patient, appropriate entries must be made in box 10 of the SF 603/603A and signed by the patient and the dental officer. Active duty patients must be managed as described in article 6-105.

(2) In situations involving dental injuries or disease incurred due to the person's own misconduct, or not in line of duty, a notation to that effect must be made on the SF 603 and signed by the dental officer. The commanding officer and the person concerned must be informed in writing whenever such an entry is made in the person's dental record (see NAVREGS 1123.2).

(3) Suitable entries must be made in the SF 603 whenever a member of the Navy or Marine Corps returns from a medical center, hospital, or station, other than the permanent duty station, where dental treatment has been received but not recorded. Likewise, entries must be made when it is learned that treatment has been received from civilian sources.

(4) If it is determined that an individual is hypersensitive to a local anesthetic or any other substance, or has valvular or congenital heart disease, a statement to that effect must be entered in red pencil or ink across the top of the SF 603 and with an "X" in the appropriate box on the outside of the NAVMED 6150/10-19. Hypersensitivity to a drug or chemical must also be recorded on the SF 601 and SF 600 which are retained in the Military Health (Medical) Treatment Record. Examples: HYPERSENSITIVE TO PROCAINE; MITRAL STENOSIS; and ALLERGIC TO PENICILLIN.

(5) If a military dental patient is HIV positive, the dental command will be notified by the patient's commanding officer. The notification should include a sticker, provided by the HIV testing laboratory, which includes all the pertinent data and can be placed directly into the dental record. The sticker should be placed in box 10 of the SF 603/603A along with the date of entry and the signature and name stamp of the person making the entry. Only positive HIV entries are to be made. NAVMED 6000/2 is not required. If a NAVMED 6000/2 is already in the record, it does not have to be removed.

(6) The dental officer must inform the person concerned whenever an entry is made in that person's dental record which may adversely affect, in other than a temporary degree, that person's efficiency in the performance of duty (see NAVREGS 1123.1).

(7) Duplication of a patient's panoramic radiograph must be documented on the SF 603 as illustrated in article 6-116.

6-111 Recording Dental Examinations

(1) The charted record of the initial and subsequent dental examinations must be in exact conformity with articles 6-113 through 6-115 and unquestionably accurate. The Department of Veterans Affairs depends upon the SF 603 for accurate data when adjudicating the claim of a veteran for a service-connected dental disability. The SF 603 is extremely valuable for forensic examination when other means of identification fail.

(2) Any peculiarities or deviations from normal are particularly valuable for identification purposes and should be recorded under REMARKS. Such abnormalities as erosion, abrasion, mottled enamel, hypoplasia, rotation, irregularity of alignment and malocclusion of teeth, denticles, Hutchinson's teeth, fractures of teeth, abnormal interdental spaces, mucosal pigmentation, leukoplakia, diastema, hypertrophied frenum labium, torus palatinus and torus mandibularis, embedded foreign bodies, and descriptions of unusual restorations or appliances are, when noted, especially useful in this connection. Malocclusion should be simply and clearly described. Dentures and other removable dental appliances should also be described by entries in the SF 603.

(3) When all teeth present are free of caries and restorations, special effort must be made to discover and record any abnormalities, however slight. If no caries, restorations, or abnormalities are found, an entry to that effect must be made under REMARKS in box 5 of section I.

(4) The medico-legal documentation of a patient evaluation, using the S.O.A.P. system as described in article 6-100A, is an essential element of a complete dental record.

(5) The narrative portion of the dental examination must be documented in the "S.O.A.P." format and recorded in the SYMPTOMS, DIAGNOSIS, TREATMENT, PROVIDER, TREATMENT FACILITY column in box 10 of SF 603/603A following articles 6-100, 6-100A, 6-108, and 6-116.

6-112 Recording Dental Operations and Treatments

(1) All dental operations and treatments must be charted on the dental chart in box 8, section II of the SF 603/603A following the instructions in article 6-115 and illustrated in article 6-116.

(2) A narrative description covering the operations and treatments must be entered in box 10, section II of the SF 603/603A, in the SYMPTOMS, DIAGNOSIS, TREATMENT, PROVIDER, TREATMENT FACILITY column. Each entry must be complete, accurate, and legible, following articles 6-113 through 6-116.

(3) To assist evaluation of the clinical success and biological acceptance of medications and dental materials, it is desirable to document the brand name, if known, for products used during dental treatment. This is especially true for metallic and resin restorative materials. By necessity, generic terms are used in the illustrations in article 6-116.

(4) The entries must follow article 6-111(5) and must contain only abbreviations cited in article 6-113.

6-113 Designations and Abbreviations for Use on Standard Form 603

(1) For purposes of brevity and exactness, the following numerical designation of permanent teeth must be used in the SF 603:

Tooth	*Designation*
Right maxillary third molar	1
Right maxillary second molar	2
Right maxillary first molar	3
Right maxillary second bicuspid	4
Right maxillary first bicuspid	5
Right maxillary cuspid	6
Right maxillary lateral incisor	7
Right maxillary central incisor	8
Left maxillary central incisor	9
Left maxillary lateral incisor	10
Left maxillary cuspid	11
Left maxillary first bicuspid	12
Left maxillary second bicuspid	13
Left maxillary first molar	14
Left maxillary second molar	15
Left maxillary third molar	16
Left mandibular third molar	17
Left mandibular second molar	18
Left mandibular first molar	19
Left mandibular second bicuspid	20
Left mandibular first bicuspid	21
Left mandibular cuspid	22
Left mandibular lateral incisor	23
Left mandibular central incisor	24
Right mandibular central incisor	25
Right mandibular lateral incisor	26
Right mandibular cuspid	27
Right mandibular first bicuspid	28
Right mandibular second bicuspid	29
Right mandibular first molar	30
Right mandibular second molar	31
Right mandibular third molar	32

(2) The following alphabetic designation of deciduous (primary) teeth must be used in the SF 603: (If both permanent and deciduous teeth are present, place the appropriate letter in the location of the deciduous tooth and enter the appropriate tooth number in the location of the permanent tooth.)

Tooth	*Designation*
Right Maxillary Primary Second Molar	A
Right Maxillary Primary First Molar	B
Right Maxillary Primary Cuspid	C
Right Maxillary Primary Lateral Incisor	D
Right Maxillary Primary Central Incisor	E
Left Maxillary Primary Central Incisor	F
Left Maxillary Primary Lateral Incisor	G
Left Maxillary Primary Cuspid	H
Left Maxillary Primary First Molar	I
Left Maxillary Primary Second Molar	J
Left Mandibular Primary Second Molar	K
Left Mandibular Primary First Molar	L
Left Mandibular Primary Cuspid	M
Left Mandibular Primary Lateral Incisor	N
Left Mandibular Primary Central Incisor	O

Right Mandibular Primary Central Incisor	P
Right Mandibular Primary Lateral Incisor	Q
Right Mandibular Primary Cuspid	R
Right Mandibular Primary First Molar	S
Right Mandibular Primary Second Molar	T

(3) The following designation of tooth surfaces must be used to record pathologic conditions and subsequent restoration of teeth:

Surface	***Designation***
Facial (labial and buccal)	F
Lingual	L
Occlusal	O
Mesial	M
Distal	D
Incisal	I

(4) Combinations of the designations must be used to identify and locate caries, and to record treatment plans, operations, or restorations in the teeth involved; for example, 8-MID would refer to the mesial, incisal, and distal aspects of a right maxillary central incisor; 22-DF, the distal and facial aspects of a left mandibular cuspid; 30-MODF, the mesial, occlusal, distal, and facial aspects of a right mandibular first molar.

(5) The use of standard abbreviations and acronyms is not mandatory but it is desirable for expediency. In addition to the following authorized abbreviations, the specialty abbreviations listed in article 6-101(10)(b) and well known medical and scientific signs and symbols such as: Rx, WNL, BP, and H2O2 may be used in recording dental treatment.

Acute Necrotizing Ulcerative Gingivitis	ANUG
Assessment	A
All Caries Not Removed	ACNR
All Caries Removed	ACR
Amalgam	Am.
Anesthetic (thesia)	Anes.
Bite Wing Radiographs	BWX
Camphorated paramonochlorophenol	CMCP
Chief Complaint	CC
Complete Denture	CD
Copal Varnish	Cop.
Crown	Cr.
Curettage	Cur.
Drain	Drn.
Electric Pulp Test	EPT
Endodontics	Endo
Equilibrate (ation)	Equil.
Eugenol	Eug
Examination	Exam.
Extraction (ed)	Ext.
Fixed Partial Denture (bridge)	FPD
Fluoride	Fl.
Fracture	Fx.
Gutta Percha	GP
Health Questionnaire Reviewed	HQR
History	Hx
Mandibular	Man.
Maxillary	Max.
No Significant Findings	NSF
Objective	O
Operative	Oper
Oral Cancer Screening Examination	OCSE
Oral Diagnosis	OD
Oral Health Counseling	OHC
Oral Surgery	OS
Panoramic Radiograph	Pano.
Patient	Pt.
Patient Informed of Examination Findings and Treatment Plan	PTINF
Periapical	PA
Pericoronitis	PCOR
Periodontal Screening and Recording	PSR
Periodontics	Perio
Plan	P
Plaque Control Instructions	PCI
Porcelain	Porc.
Post Operative Treatment	POT
Preparation	Prep.
Preventive Dentistry	PD
Prophylaxis	Pro.
Prosthodontics	Pros
Removable Partial Denture	RPD
Restoration(s)	Rest.
Return to Clinic	RTC
Root Canal Filling	RCF
Rubber Dam	RD
Root Canal Therapy	RCT
Subjective	S
Scaled (ing)	Scl.
Surgical (ery)	Surg.
Suture (s) (d)	Su.
Temporary	Temp.
Topical	Top.
Treatment (ed)	Tx.
Zinc Oxide and Eugenol	ZOE

(d) ***Abscess.*** Outline approximate size, form, and location.

(e) ***Cyst.*** Outline the approximate form and size in relative position on the dental chart.

(f) ***Periodontitis.*** A clinical assessment of each individual's periodontal health status must be accomplished to facilitate assignment of a dental classification. Criteria for periodontal classification are found in article 6-101(7). The initial periodontal diagnosis must be recorded in ink on the front of SF 603, section 1, box 5, beneath the ABNORMALITIES OF OCCLUSION-REMARKS line. A notation of "Healthy Periodontium" is necessary in the absence of periodontal pathosis.

(g) ***Tooth Extraction Needed.*** Draw two parallel vertical lines through all aspects of each tooth involved.

(h) ***Fractured Tooth Root.*** Indicate fracture with a zigzag line on outline of tooth root.

(i) ***Drifted Teeth.*** Draw an arrow at the designating number of the tooth that has moved, with the point of the arrow indicating the direction of movement. Under ABNORMALITIES OF OCCLUSION-REMARKS in box 5, note the occlusal relationship of the drifted tooth.

(3) Markings in box 8, RESTORATIONS AND TREATMENTS, must be made as described in article 6-115(1) with the following additions:

(a) ***Carious Teeth Restored.*** In the diagram of the tooth involved, draw an outline of the restoration showing size, location, and shape and indicate material used as specified in article 6-115(1); that is, amalgam restorations would be outlined and blocked in, resin restorations and pit and fissure sealants would be outlined only, etc. When a temporary restoration is placed, either ACR or ACNR should also be recorded in the narrative in box 10, SERVICES PROVIDED.

(b) ***Extractions.*** Draw a large "X" on the root or roots of each tooth extracted.

(c) ***Fixed Partial Dentures and Crowns***. Outline and fill in as specified in article 6-115(1). If made of non- precious alloy or a portion of the unit is constructed of acrylic or porcelain, it should be so indicated in the narrative in box 10, SERVICES PROVIDED.

(d) ***Removable Appliances***. Place a line over numbers of replaced teeth and give a brief description in the narrative in box 10, SERVICES PROVIDED. When a prosthodontic appliance has been fabricated (in part or entirely) by another activity, the name of the laboratory must be recorded immediately after the record of insertion. Examples:

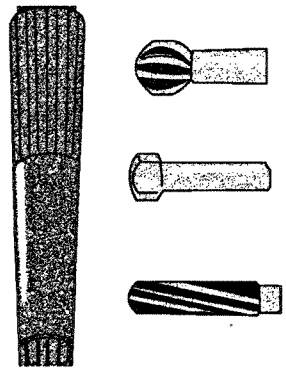
(1) 2, 4, 5, 7, 12, & 14-Max. RPD. Ticonium framework fabricated by Naval Dental Center, Norfolk, VA.

(2) Max. & Man. CD. Case fabricated by U.S.A. Area Prosthetic Laboratory, Alameda, CA.

(4) If box 5, DISEASES AND ABNORMALITIES, is completed, markings in box 9, SUBSEQUENT DISEASES AND ABNORMALITIES, must also be completed. The markings are identical except that the markings in box 9 are made in pencil vice black ink.

(5) No entries are to be made in the REMARKS sections of boxes 8 and 9. Any remarks must be recorded, dated, and signed in box 10, SERVICES PROVIDED.

(6) Dental treatment provided after the original examination but not recorded on any SF 603/603A must be recorded. The provider discovering the omission will make entries in box 10, just as if that provider had performed the treatment. Appropriate entries must be made indicating the nature of the treatment and adding civilian or other provider as appropriate. The date entered must be the date of discovery. Operations known to have been performed by naval dental officers whose identity is not recorded must be noted similarly except that the provider identification must be naval *dental officer*. The date entered must be the date the operation is discovered. Teeth which are shown as missing in the chart MISSING TEETH, EXISTING RESTORATIONS, AND PROSTHETIC APPLIANCES and which have erupted subsequently must be accounted for by an entry in the following manner: *1, 32, eruption noted*, with date and signature of dental officer making the notation. Other conditions of comparable importance should be recorded in a similar manner.



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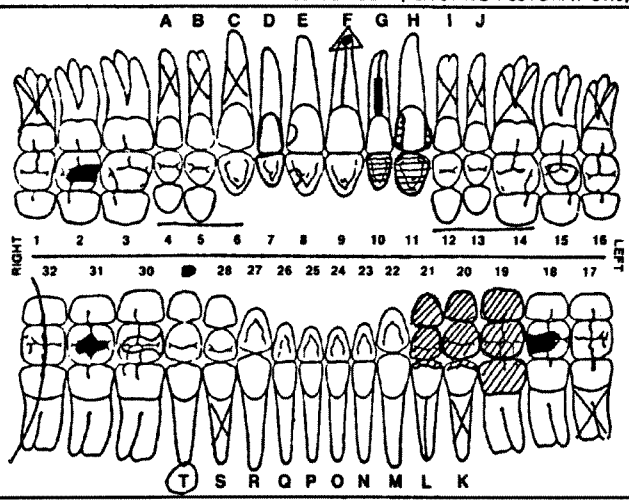
GENERAL SERVICES ADMINISTRATION
INTERAGENCY COMMITTEE ON MEDICAL RECORDS
FIRMR (41 CFR) 201-45.505

HEALTH RECORD | **DENTAL**

SECTION I. PRESENTING DENTAL STATUS — PAGE: 1

1. PURPOSE OF EXAMINATION			2. TYPE OF EXAM.	3. DENTAL CLASSIFICATION
X INITIAL	SEPARATION	OTHER (Specify)	X 1 2 3 4	1 2 X 3 4

4. MISSING TEETH, EXISTING RESTORATIONS, AND PROSTHETIC APPLIANCES



REMARKS

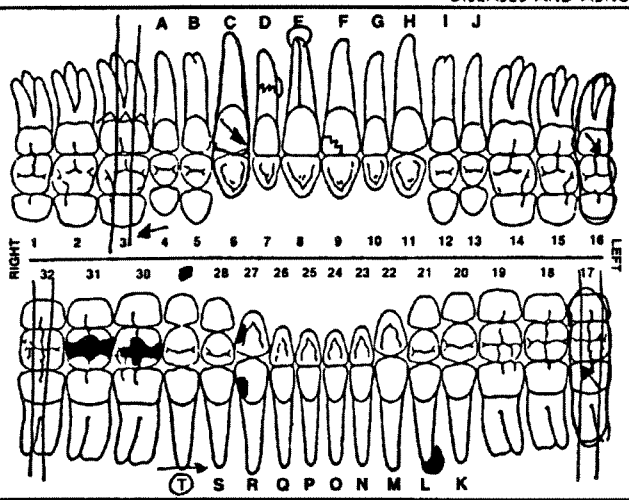
Chrome alloy max. RPD with acrylic resin teeth replacing 4,5,6,12, 13 & 14
Porc. CR - 7
PFM CR - 10
3/4 Gold CR - 11
Gold FPD - 19 to 21
Full Gold CR - 19
Acrylic resin facing, pontic - 20
3/4 Gold CR - 21
Occl sealant - 15

USE ONLY IF DIFFERENT FROM BOX 7 BELOW

PLACE OF EXAMINATION | DATE

SIGNATURE OF DENTIST COMPLETING THIS SECTION

5. DISEASES AND ABNORMALITIES



REMARKS

Occlusion: Angle's Class II
2 mm diastemia between 8, 9
#15 Buccoversion
8 mm Overjet
23,24,25,26 supererupted and impingement on palate.

7 EXAMINING DENTIST AND FACILITY

PLACE OF EXAMINATION: NDC Great Lakes | DATE: 5 Dec 94

SIGNATURE OF DENTIST: W.B. Smith
WILLIAM B. SMITH, LT DC, USNR

6. INDICATE X-RAYS USED IN THIS EXAMINATION

X PANORAMIC RADIOGRAPHS	FULL MOUTH PERIAPICAL	X POSTERIOR BITE-WINGS	X OTHER: PA's 7 8 9 21 22	NONE TAKEN

PATIENT'S IDENTIFICATION (Use this Space for Mechanical Imprint)

PATIENT'S NAME (Last, First, Middle Initial): DOE, John A. | SEX: M

DATE OF BIRTH	RELATIONSHIP TO SPONSOR	COMPONENT/STATUS	DEPART/SERVICE
15 Jan 75	(These blocks	USN/AD	DoD
SPONSOR'S NAME	filled in only if patient is a family member)		RANK/GRADE: SR
SSN OR IDENTIFICATION NO.: 111-22-3333		ORGANIZATION: CO 125	

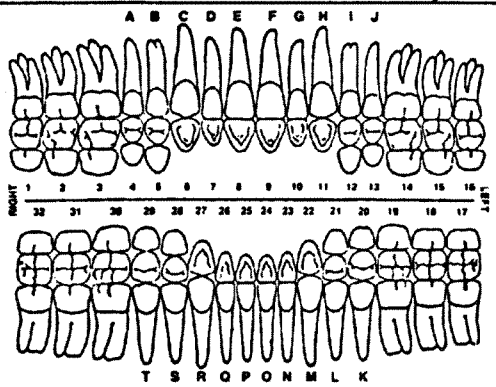
EXCEPTION TO SF 603
APPROVED BY GSA/IRMS 1-91

DENTAL
Standard Form 603
(Rev. 10-75)

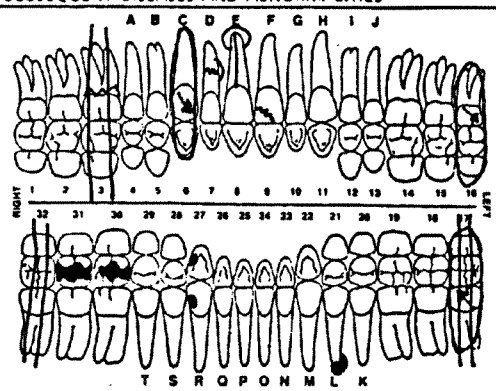
S/N 0105-LF-011-9300

SECTION II. CHRONOLOGICAL RECORD OF DENTAL CARE PAGE: 2

8. RESTORATIONS AND TREATMENTS *(Completed during service)*



9 SUBSEQUENT DISEASES AND ABNORMALITIES



REMARKS

REMARKS

10. SERVICES PROVIDED

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, PROVIDER, TREATMENT FACILITY *(Sign each entry)*	CLASS
05 Dec 94	S: Inprocessing exam. Chief complaint: "Upper front tooth has been hurting on and off for 3 weeks".	
	O: T-1 exam. BP 120/72. HQ dated 02 Dec 94 reviewed, NSF	
	Radiographs ordered: Pano, BWs, PA #s: 6,7,8,9,21	
	X-ray Findings: Caries - see boxes 5 and 9. #7 apparent RT FX with mesial radiolucency , #8 PA radiolucency , #21 PA radiopacity	
	#6 slightly enlarged eruption space, #9 normal.	
	PSR: 2 1 2 TMD: Normal OCSE: NSF	
	2 4 2 Findings	
	Clinical exam: Hard tissue: See boxes 5 and 9. Soft Tissue: Pigmented lesion on facial of attached gingiva, 2x3 mm. 3rd molar findings: #16 normal unerupted, #17 oral communication, #32 purulence	
	A: CC: Irreversiable pulpitis #8. Hard tissue: caries #27,30,31 - 9 FX, #3 not restorable, #7 root fx with pulpal necrosis, #16 normal unerupted, #17 PCOR potential #21 sclerosing osteitis, no TRT needed, #6 normal, #32 PCOR Soft tissue: Periodontis present pigmented lesion is amalgam tattoo, no TX needed.	
	P: 1 Endo: RCT #8, eval #7	
	2 Perio: Eval #23 through 26	
	3 Oral hygiene: Scale/prophy by RDH, sealant #2	
	4 P.D.: Floss, FL toothpase, PCI	
	5 Oper: Treat caries per boxes 5 and 9. Restore #9	
	6 O.S.: Ext #3, #17, #32. Eval #6, #16	
	7 Pros: Eval remake RPD/ to include #3	
	PTINF and has been counseled on tobacco cessation.	
	W. B. Smith WILLIAM B. SMITH	
	LT, DC, USNR	
	NED Great Lakes	3
05 Dec 94	Pano duplicated and forwarded	
	X. Ray DN X. RAY	
	NDC Great Lakes	3

PATIENT'S NAME: DOE, John A. SSN: 111-22-3333

SF 603 (SIDE 2)

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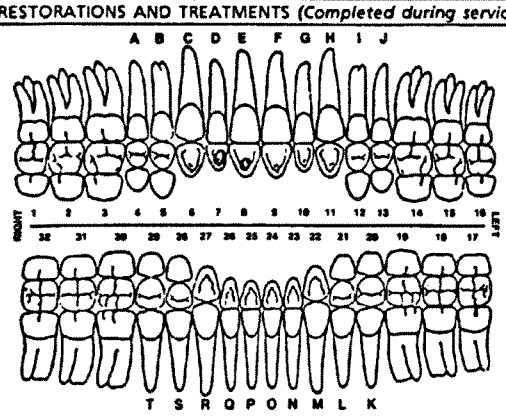
HEALTH RECORD | **DENTAL – Continuation**

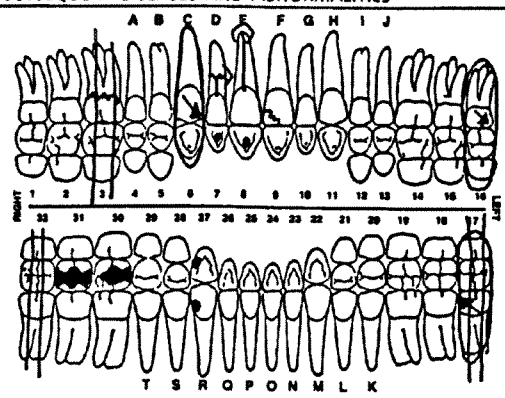
SECTION II. CHRONOLOGICAL RECORD OF DENTAL CARE PAGE: 3

8. RESTORATIONS AND TREATMENTS *(Completed during service)*



REMARKS

9. SUBSEQUENT DISEASES AND ABNORMALITIES



REMARKS

10. SERVICES PROVIDED

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, PROVIDER, TREATMENT FACILITY *(Sign each entry)*	CLASS
05 Dec 94	S: Endo consult, Pt referred for TRT #8, eval #7	
	O: T-2 exam, HQ dated 02 Dec 94 reviewed - no change: T: 98.6	
	PA's #7,8 EPT and thermal tests, test cavity #7	
	Findings: #7 Porc CRN, no EPT, thermal no response, non tender	
	to percussion and palpation +2 mobility, no probing depth, HX	
	of trauma. Test cavity no response, PA shows RT FX apical 1/3	
	with MES radiolucency #8: EPT, thermal - no response. Tender	
	to percussion and palpation, no mobility, no probing depth, 3mm	
	apical radiolucency. Some swelling in vestibule. #7 & #8 LING	
	surf impacting F of 23-26	
	A: #7 RT FX with pulpal necrosis. #8 pulpal necrosis with Phoenix	
	Abscess.	
	P: 1 #8 RCT (General Dentist)	
	2 #7 Surg RCT with Apical root frag. ext and retrofill (Endodontist)	
	3 Refer to Oper for Rest #8, #9 (Placed IRM Temp L #7 today)	
	PTINF R Canal CAPT R. CANAL	
	NDC Great Lakes	3
05 Dec 94	T-3: HQR dated 02 Dec 94, no change, Local anes (2% Lidocaine	
	1:100,000 EPI, 1.8 ml) RD #8 RCT, canal debridement and shaping	
	completed, no pungent exudate, necrotic pulp, irrigate with 5.25%	
	NaOCl, dry with paper pts, sterile pellet, Cavit temp.	
	2 PAs, Reappoint 2 weeks	
	PTINF T. File T. FILE, LT, DC, USN	
	NDC Great Lakes	

PATIENT'S IDENTIFICATION *(Use this Space for Mechanical Imprint)*

PATIENT'S NAME (Last, First, Middle Initial)			SEX
DOE, John A.			M
DATE OF BIRTH	RELATIONSHIP TO SPONSOR	COMPONENT/STATUS	DEPART/SERVICE
15 Jan 75	N/A	USN/AD	DoD
SPONSOR'S NAME			RANK/GRADE
N/A			SR
SSN OR IDENTIFICATION NO.		ORGANIZATION	
111-22-3333		CO,125	

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APPROVED BY GSA/IRMS 1-91

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GSA/ICMR
FIRMR (41 CFR) 201-45 505

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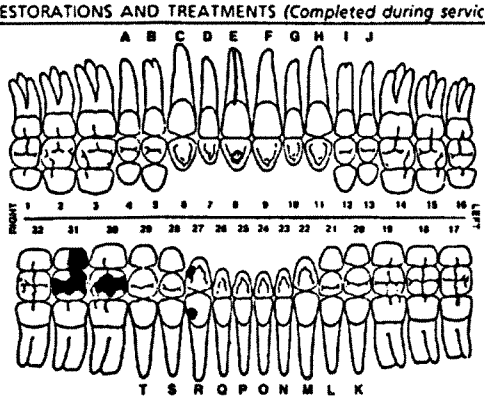
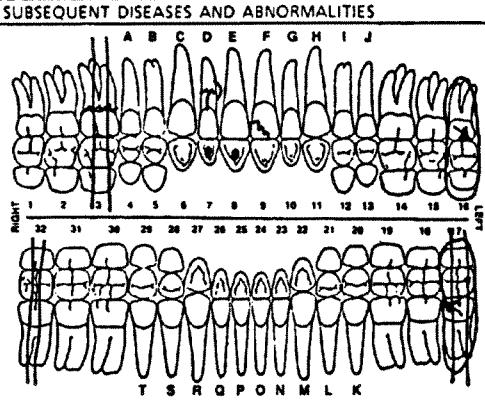
SECTION II. CHRONOLOGICAL RECORD OF DENTAL CARE PAGE: 4

8. RESTORATIONS AND TREATMENTS *(Completed during service)*



9 SUBSEQUENT DISEASES AND ABNORMALITIES



REMARKS

REMARKS

10. SERVICES PROVIDED

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, PROVIDER, TREATMENT FACILITY *(Sign each entry)*	CLASS
19 Dec 94	T-3 exam, HQR dtd 02 Dec 94, no change, local anes (2% Lidocaine, 1:100,000 EPI, 1.8 ml) RD, All preps irrigated with 5% SnF_2	
	#27 DFL, $Ca(OH)_2$ Liner, Cop Amal	
	#30 MO, Deep, ACR, $Ca(OH)_2$ Liner, Glass Ionomer Base, Amal	
	#31 MODL, ML Cusp undermined, pot hole retention, $Ca(OH)_2$ Liner, Glass Ionomer Base, Cop, Amal	
	PTINF J. Dill LCDR T. DRILL	
	NDC Great Lakes	3
19 Dec 94	T-3 exam, HQR dtd 02 Dec 94, no change, PT asymptomatic, local anes (2% Lidocaine, 1:100,000 EPI, 1.8 ml) RD, #8 RCT, canal dry, RCF with GP by Lateral Condensation with ZoE Root Canal Sealer, IRM Temp, 1 PA	
	PTINF T. File T. FILE, LT, DC, USN	
	NDC Great Lakes	3
19 Dec 94	S: OS Consult, PT referred for eval #6, 16	
	O: T-2 exam, review Pano, PA's #6, 16 HQR dtd 02 Dec 94 no changes, OCSE, NSF	
	#22 Eruption space 3mm, #16 Normal	
	A: #6 WNL but must be observed annually for changes	
	#16 No TX needed at this time, expect normal eruption.	
	P: Observe 6, 16 at next annual exam	
	PTINF J. Adams CDR JOSEPTH ADAMS	
	NDC Great Lakes	3
19 Dec 94	S: Perio Consult, PT referred for eval	
	O: T-2 exam, PA's #23, 24, 25, 26 Complete Periodontal exam (See Perio Chart NAVMED 6600/2) HQR dtd 02 Dec 94 no change OCSE, NSF	
	Plaque control good except Mand Ant area	
	A: Gingivitis and moderate Periodontitis localized 23 to 26	
	Hypererruption Root proximity and gingival recession complicate plaque control. 23-26 are impinging OP Palate L to 7,8,9,10.	
	Other periodontal tissues exhibit mild gingivitis.	
	(cont page 5)	

PATIENT'S NAME: DOE, John A. SSN: 111-22-3333

SF 603A (SIDE 2)

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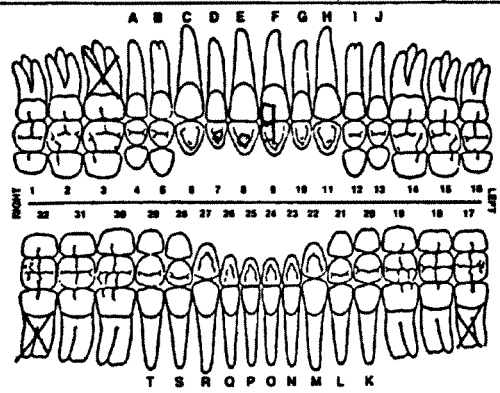
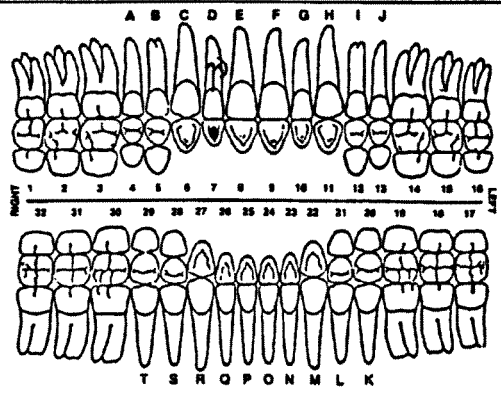
HEALTH RECORD	DENTAL – Continuation

SECTION II. CHRONOLOGICAL RECORD OF DENTAL CARE PAGE: 5

8. RESTORATIONS AND TREATMENTS *(Completed during service)*



9. SUBSEQUENT DISEASES AND ABNORMALITIES



REMARKS

REMARKS

10. SERVICES PROVIDED

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, PROVIDER, TREATMENT FACILITY *(Sign each entry)*	CLASS
19 Dec 94 (continued)	P: 1 Enameloplasty on incisal edges 23,24,25,26 2 Pros/Perio consults at first permanent duty station to develop TRT. Plan for 23,24,25,26	
	PTINF Paul Jones PAUL JONES, DDS CDR, DC, USN NDC Great Lakes	3
19 Dec 94	T-3 exam, HQR dtd 02 Dec 94, no change, Gross scale x 6 sextants, PCI, reappoint for Fine scale, Pro.	
	PTINF R. Goode R. GOODE, RDH NDC Great Lakes	3
19 Dec 94	T-3 exam, HQR dtd 02 Dec 94, no change, local anes (2% Lidocaine 1:100,000 EPI, x 3.6 ml) RD #8: MIFL) Dycal, Acid Etch, Dentin Primer, Bonding Agent, #9: L) Resin (Prisma APH, Shade "V") Glaze #7: L IRM	
	PTINF L. Drill LCDR I. DRILL NDC Great Lakes	3
19 Dec 94	T-3 exam, BP 140/80, PR 78, R 12, HQR dtd 02 Dec 94 no change local anes (2% Lidocaine 1:100,000 EPI 7.2 ml) #3, #17, #32 Routine surgical extraction without complication #17, #32 Interrupted Silk Sut x 2, Post Op instructions No duty for 24 hours, RX Acetaminophin (300 mg) with Codeine (30 mg) x 10 tabs, 1 or 2 tabs Q4H PRN pain PT to RTC at 0600 on 20 Dec 94.	
	PTINF J. Adams CDR JOSEPH ADAMS, NDC Great Lakes	3

PATIENT'S IDENTIFICATION *(Use this Space for Mechanical Imprint)*

PATIENT'S NAME (Last, First, Middle Initial)			SEX
DOE, John A.			M
DATE OF BIRTH	RELATIONSHIP TO SPONSOR	COMPONENT/STATUS	DEPART/SERVICE
15 Jan 75	N/A	USN/AD	DoD
SPONSOR'S NAME			RANK/GRADE
N/A			SR
SSN OR IDENTIFICATION NO.		ORGANIZATION	
111-22-3333		CO, 125	

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APPROVED BY GSA/IRMS 1-91

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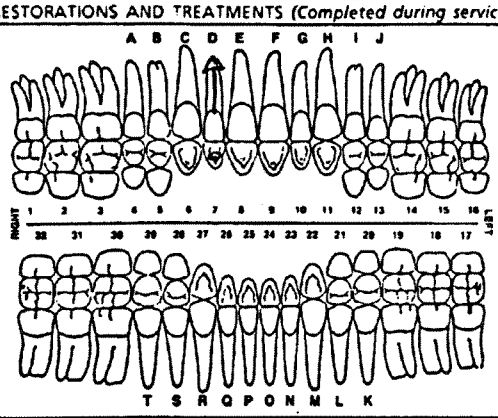
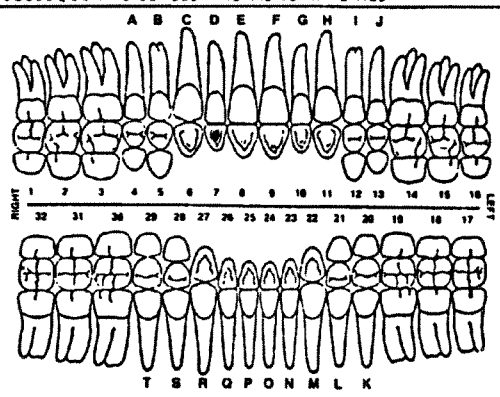
FIRMR (41 CFR) 201-45 505

SECTION II. CHRONOLOGICAL RECORD OF DENTAL CARE PAGE: 6

8. RESTORATIONS AND TREATMENTS *(Completed during service)*



9 SUBSEQUENT DISEASES AND ABNORMALITIES



REMARKS

REMARKS

10. SERVICES PROVIDED

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, PROVIDER, TREATMENT FACILITY *(Sign each entry)*	CLASS
20 Dec 94	POT: HQR dated 02 Dec 94 - no change	
	Normal post op progress, mild edema R Man, slight	
	Trismus, unused Acetaminophen with Codeine tabs x 4 turned in	
	by PT and destroyed by DT2 Wilson. RX Ibuprofin (400 mg) x 12	
	tabs 1 Q4-6H PRN pain , Light duty x 24 hrs. PT to RTC at	
	0600 on 24 Dec 94	
	PTINF J Adams CDR JOSEPH ADAMS	
	NDC Great Lakes	3
24 Dec 94	POT: HQR dated 02 Dec 94 - no changes	
	Normal post op progress. Sutures removed no further	
	POT necessary	
	PTINF J. Adams CDR JOSEPH ADAMS	
	NDC Great Lakes	3
15 Jan 95	T-3 exam, HQR dtd 02 Dec 94, no changes. Fine scale x 6 sextants,	
	Pro, Top 1.23% APF, PCI	
	PTINF R. Goode R. GOODE, RDH	
	NDC Great Lakes	3
16 Jan 95	PT FAILED 0900 Endo Appt R. Canal CAPT R. CANAL	
	NDC Great Lakes	3
17 Jan 95	T-3 exam, HQR dtd 02 Dec 94, no change. BP 130/75, T: 98.8	
	PR 76 Local anes, infraorbital block, and nasopalatine block	
	(2% Lidocaine 1:50,000 EPI x 5.4 ml) RD #7 Surgical RCT, canal	
	debrided and shaped, RCF with GP by Lateral Condensation with	
	ZoE Root Canal Sealer, Cavit temp. Full thickness mucogingeval	
	flap, reflected, removed apical root segment, apicoectomy, retrofill	
	with: Cop, Am (high copper spherical) bone wax, copious	
	irrigation with sterile saline, biopsy of soft tissue and root	
	fragment, flap repositioned and sutured with 4-0 Silk (interrupted	
	SII x 3) 3 PA's, written post op instructions given to PT, Post Op	
	BP 110/70, PR 70	
	RX: Ibuprofin (800 mg) x 8 tabs, 1 Q6H PRN Pain. PT to RTC	
	18 Jan 95 for POT - No duty x 24 hrs.	
	PTINF R. Canal CAPT R. CANAL, NDC Great Lakes	3

PATIENT'S NAME: DOE, John A. SSN: 111-22-3333

SF 603A (SIDE 2) *U.S. Government Printing Office: 1992 — 311-830/50187

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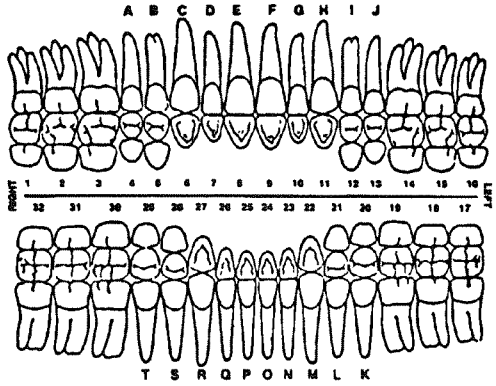
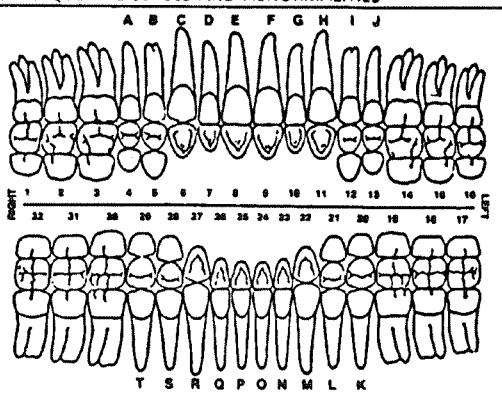
HEALTH RECORD | **DENTAL – Continuation**

SECTION II. CHRONOLOGICAL RECORD OF DENTAL CARE PAGE: 7

8. RESTORATIONS AND TREATMENTS *(Completed during service)*



9. SUBSEQUENT DISEASES AND ABNORMALITIES



REMARKS

REMARKS

10. SERVICES PROVIDED

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, PROVIDER, TREATMENT FACILITY *(Sign each entry)*	CLASS
18 Jan 95	#7 POT PT presents with mild edema, ecchymosis- otherwise asymptomatic. Surgical site healing well. PT to RTC 24 Jan 95 for POT. PTINF R. Canal CAPT R. CANAL NDC Great Lakes	3
24 Jan 95	#7 POT: HQR dated 02 Dec 94, no changes, PT asymptomatic, no swelling noted, surg site healing well, removed 3 silk sutures, RCF completed on 7,8 to be evaluated in 6 mos. for healing, then yearly. Refer to Oper for L rest #7 - PTINF R. Canal CAPT R. CANAL NDC Great Lakes	3
24 Jan 95	T-3 exam, HQR dtd 02 Dec 94, no changes. RD #7 L Acid Etch Bond, Resin (Prisma, APH Shade "V") Glaze #23,24,25,26 Enameloplasty: Incisal edges reduced to eliminate palatal impingement. The situation will recur but is unlikely to cause problems in less than 12 mos. PTINF I. Drill LCDR I. DRILL NDC Great Lakes	3
15 Mar 95	S: "Swelling on lower lip" O: T-2 exam., BP 120/70, PR 78, R 14, T 98.6, HQR dtd 2 Dec 94 OCSE normal findings 8 mm smooth, fluctuant bluish swelling on the vestibular mucosa on the left side of lower lip. History of recurring "several" times since injury to lip during training exercise 3 weeks ago. A: Findings suggest mucocele. Con't on page 8	

PATIENT'S IDENTIFICATION *(Use this Space for Mechanical Imprint)*

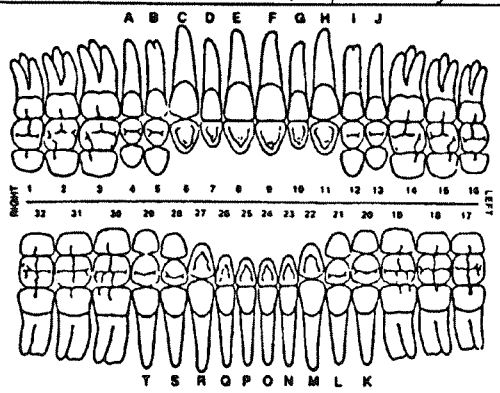
PATIENT'S NAME *(Last, First, Middle Initial)*			SEX
DOE, John A.			M
DATE OF BIRTH	RELATIONSHIP TO SPONSOR	COMPONENT/STATUS	DEPART/SERVICE
15 Jan 75	N/A	USN/AD	DoD
SPONSOR'S NAME			RANK/GRADE
N/A			SR
SSN OR IDENTIFICATION NO		ORGANIZATION	
111-22-3333		CO. 125	

EXCEPTION TO SF 603A
APPROVED BY GSA/IRMS 1-91

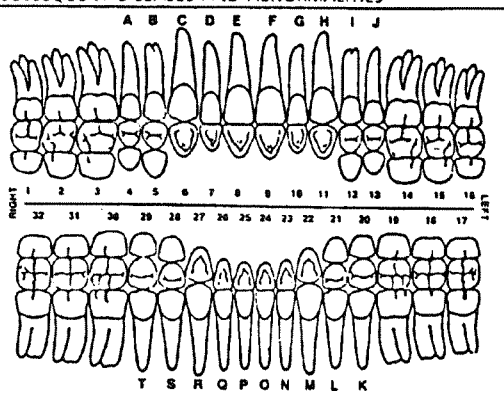
Standard Form 603A (10-75)
GSA/ICMR
FIRMR (41 CFR) 201-45 505

SECTION II. CHRONOLOGICAL RECORD OF DENTAL CARE PAGE: 8

8. RESTORATIONS AND TREATMENTS *(Completed during service)*



9 SUBSEQUENT DISEASES AND ABNORMALITIES



REMARKS

REMARKS

10 SERVICES PROVIDED

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, PROVIDER, TREATMENT FACILITY *(Sign each entry)*	CLASS
15 Mar 95	P: O.S. consult	3
Continued	PTINF L. Smith LT L. SMITH, NDC, Norfolk	
16 Mar 95	S - O.S. consult - "swelling on lower lip"	
	O - T2 exam, BP 130/70, PR 88, R 14, T 98.6, HQR dtd 2 Dec 94 no changes, OCSE normal findings	
	A - Concur with LT Smith's assessement	
	P - Excisional biopsy	
	PTINF	
	Local anes. (2% Lidocaine 1:100,000 epinephrine, 1.8 ml, surgical excision of lesion and 2 mm border a normal adjacent tissue, deep gut Su. x 1, interrupted silk Su. x 3 postop BP 120/70, postop inst, limited duty x 24 hours, Rx: aprin (325mg) x 12 tabs, 2 tabs q4-6h ptn pain, SF 515 completed and sent c specimen to Oral Pathology Lab at NAVDENCL Bethesda, Pt. to RTC 21 Mar 95	3
	S.R. Surgeon CDR I. R. SURGEON NDC, Norfolk	
21 Mar 95	POT - HQR dtd 2 Dec 94 no changes, surgical site is healing WNL Su. x 3 removed, histologic diagnosis not yet available	
	S. R. Surgeon CDR I. R. SURGEON NDC, Norfolk	3
23 Mar 95	Completed SF 515 filed in dental record. Histologic diagnosis is mucocele Pt notified no followup is required.	
	Current treatment plan:	
	1 PROS/PERIO consults at next duty station - develop treatment plan for #23,24,25, &26	
	2 #7, 8,17, &29 - yearly followup with PA radiographs	
	L. Smith LT L SMITH, NDC, Norfolk	2
5 May 95	S - O.D. consult - Followup on "problem with lower front teeth"	
	O - T2 exam., review PAs #22,23,24,25,26, & 27, HQR dtd 2 Dec 94 no changes, OCSE no abnormal findings (cont pg 9)	

PATIENT'S NAME: DOE, John A SSN: 111-22-3333

SF 603A (SIDE 2)

*U.S. Government Printing Office: 1992 — 311-830/50187

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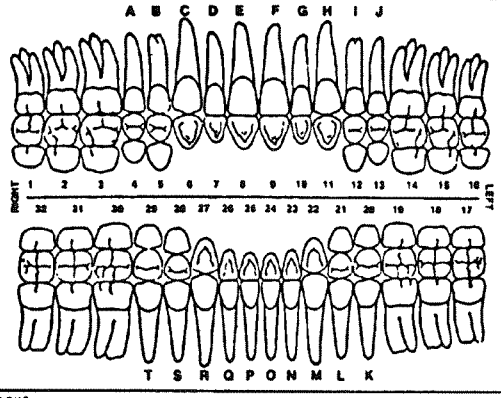
Standard Form 603-A

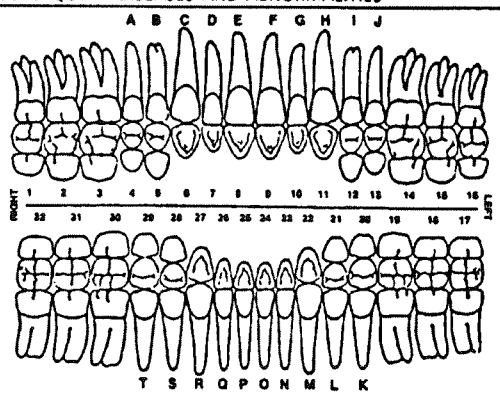
HEALTH RECORD	DENTAL – Continuation

SECTION II. CHRONOLOGICAL RECORD OF DENTAL CARE PAGE: 9

8. RESTORATIONS AND TREATMENTS *(Completed during service)*



9. SUBSEQUENT DISEASES AND ABNORMALITIES



REMARKS

REMARKS

10. SERVICES PROVIDED

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, PROVIDER, TREATMENT FACILITY *(Sign each entry)*	CLASS
5 May 95	BP 110/70, PR 76, R 12, review periodontal charting	
Continued	A - #23,24,25,&26 - hypererruption and moderate periodontitis, poor prognosis due to crowding and root proximity	
	P - 1 PERIO consult - #23, 24, 25, & 16	
	2 PROS consult - 23, 24, 25, & 26	
	PTINF *D. Diagnosis*	
	CAPT. O. DIAGNOSIS, BDC, WNY,DC	2
11 May 95	S - PERIO consult	
	O - T2 exam, review PAs #23, 24, 25, 26, & 27 and periodontal charting, BP 126/76, PR 78, R 12, HQR dtd 2 Dec 94 no changes, OCSE normal findings	
	A - Concur with CAPT Diagnosis, other periodontal tissues are healthy	
	P - Suggest Ext. #23,24,25 & 26 if prosthesis fabrication is available. Member assigned to Color Guard and esthetics is essential	
	PTINF *J. Wilson*	
	CDR J. WILSON	
	BDC, WNY, DC	2
11 May 95	S- PROS consult	
	O - T2 exam, review PAs Mand. anterior, BP 120/74, PR 74, R 12, HQR dtd 2 Dec 94 no changes, OCS normal findings, evaluate occlusion	
	A - Concur with CDR Wilson, occlusion favorable for a FPD	
	P - 1.Study casts, construct immediate interim Mand. RPD (Comprehensive dentist)	
	(cont pg 10)	

PATIENT'S IDENTIFICATION *(Use this Space for Mechanical Imprint)*

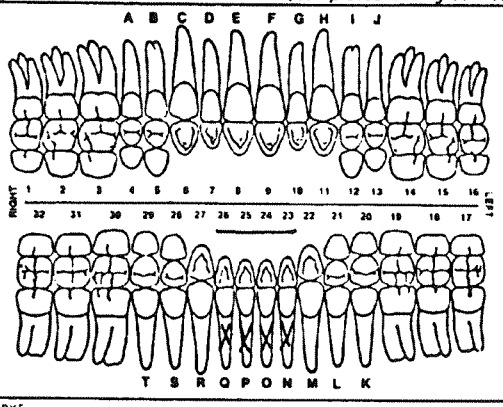
PATIENT'S NAME (Last, First, Middle Initial)			SEX
DOE, John A.			M
DATE OF BIRTH	RELATIONSHIP TO SPONSOR	COMPONENT STATUS	DEPART/SERVICE
15 Jan 75	N/A	USN/AD	DoD
SPONSOR'S NAME			RANK/GRADE
N/A			SR
SSN OR IDENTIFICATION NO		ORGANIZATION	
111-22-3333		Washington Navy Yard	

EXCEPTION TO SF 603A
APPROVED BY GSA/IRMS 1-91

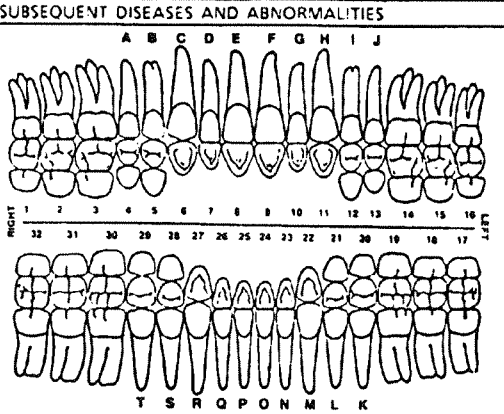
Standard Form 603A (10-75)
GSA/ICMR
FIRMR (41 CFR) 201-45 505

SECTION II. CHRONOLOGICAL RECORD OF DENTAL CARE PAGE: 10

8. RESTORATIONS AND TREATMENTS *(Completed during service)*



9 SUBSEQUENT DISEASES AND ABNORMALITIES



REMARKS

REMARKS

10. SERVICES PROVIDED

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, PROVIDER, TREATMENT FACILITY *(Sign each entry)*	CLASS
11 May 95 continued	2. Ext. #23,24,25, & 26, deliver interim Mand. RPD (comprehensive dentist)	
	3. Construct #23,24,25 &26 FPD (no sooner than 2 months after ext.) (comprehensive dentist or prosthodontist)	
	PTINF U.N. Bridge CAPT U. N. BRIDGE, BDC,WNY,DC	2
22 May 95	T3 exam, HQR dtd 2 Dec 94 - no changes, Max. and Mand. study cast impressions, PROS lab Rx: immediate interim RPD replacing #23,24,25, & 26, plastic tooth shade 108 (Biohlend) - RPD to be completed NLT 15 Jun 95	7
	J.D. All CDR I. D. ALL, BDC,WNY,DC	2
15 Jun 95	HQR - dtd 2 Dec 94 - no changes, BP 130/75, PR 84, R 14, local Anes. (2% Lidocaine 1:100,000 epinephrine, 7.2 cc), Mand. RPD disinfected in 2% alkaline glutaraldehyde for 10 min., rinsed and then held in sterile water # 23,24,25, and 26 Ext. without complications, facial flap, copious irrigation of surgical site $\overline{c}$ sterile saline, flap closed $\overline{c}$ interrupted silk Su. x 5, RPD inserted, postop BP 120/75, postop inst., no duty x 48 hours Rx: ibuprofen (400 mg) x 12 tabs, 1 tab q4-6h prn pain, Pt. to RTC 16 Jun 95	
	J.D. All CDR I. D. ALL, BDC,WNY,DC	3
16 Jun 95	#23,24,25 & 26 POT - HQR dtd 2 Dec 94 - no changes, Pt doing well except $\overline{s}$ complaints, OHC, adjust Mand. RPD flange area lingual to #25, Pt to RTC 17 Jun 95	
	CDR I.D. ALL, BDC,WNY,DC	3
17 Jun 95	#23,24,25 & 26 POT - HQR dtd 2 Dec 94 - no changes, Pt doing well except for a small sore spot in #25 area, Su. x 4 removed (Pt reports 1 sut "fell out"), adjust Mand. RPD flange area lingual to #25, Pt to RTC 20 Jun 95	
	J.D. All CDR I.D. ALL BDC, WNY,DC	3
20 Jun 95	#23,24,25 &26 POT - HQR dtd 2 Dec 94 - no changes, tissues are healing, Pt to RTC if a sore spot develops, OHC, Pt advised to return for PROS eval on 1 Aug 95	
	J.D. All CDR I. D. ALL, BDC,WNY,DC	2

PATIENT'S NAME: DOE, John A. SSN: 111-22-3333

SF 603A (SIDE 2)

*U.S. Government Printing Office: 1992 — 311-830/50187

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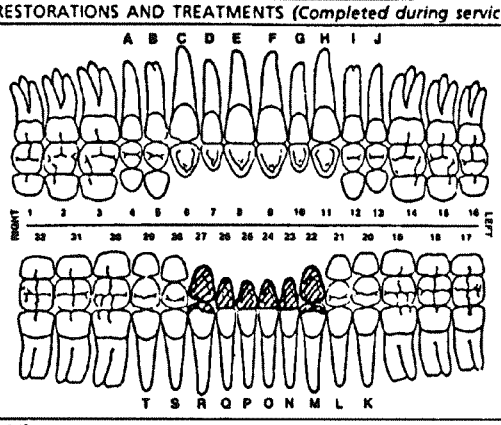
Standard Form 603-A

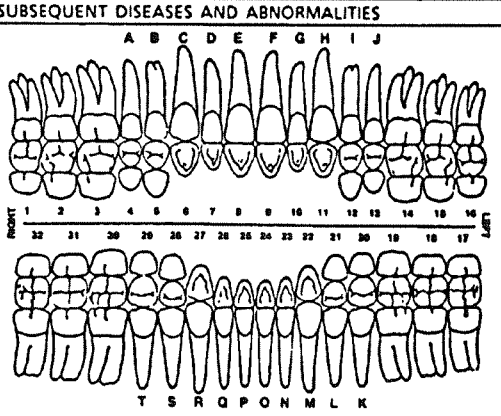
HEALTH RECORD | **DENTAL – Continuation**

SECTION II. CHRONOLOGICAL RECORD OF DENTAL CARE PAGE: 11

8. RESTORATIONS AND TREATMENTS *(Completed during service)*



9. SUBSEQUENT DISEASES AND ABNORMALITIES



REMARKS

REMARKS

10. SERVICES PROVIDED

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, PROVIDER, TREATMENT FACILITY *(Sign each entry)*	CLASS
1 Aug 95	S - PROS consult on "bridge for missing lower front teeth"	
	O - T3 exam, PAs #22 & 27, HQR dtd 2 Dec 94 - no changes, OCSE normal findings	
	A - Edentulous ridge in #23 to 26 area has adequately healed to initiate FPD, periodontal status and support potential of #22 &27 are excellent	
	P - FPD #22 to 27: 3/4 crown retainers on #22 & 27, ceramometal pontics (prosthodontis or comprehensive dentist), study cast impressions, Porc shade A3 (Vita)	
	PTINF U.N. Bridge CAPT U.N. BRIDGE, BDC,WNY,DC	2
15 Aug 95	T3 exam, HQR dtd 2 Dec 94 - no changes, local Anes. (2% Lidocaine 1:100,000 epinephrine, 5.4 cc) bilateral Mand. blocks, 3/4 crown preps #22 & 27, master rubber base impression, occlucal registration autopolymerizing resin interim FPD #22 to 27 constructed and cemented with ZOE, OHC, Pt. given package of floss threaders, Pros lab Rx: request FPD in biscuit bake NLT 29 Sep 95	
	U. N. Bridge CAPT U.N. BRIDGE, BDC,WNY,DC	3
01 Oct 95	T3 exam, HQR dtd 2 Dec 94 - no changes, FPD #22 to 27 fabricated by the lab at BDC WNY DC - type III gold retainers and ceramic/precious metal alloy pontics, interim FPD removed, try-in of FPD, occlusal adjustment, stain and glaze Porc, facings, retainers post-soldered to pontic, cementation of FPD to #22 to 27: 3/4 crown preps irrigated with H2O2, Cop., ZnPO4 cement, OHC, Pt. to FTC 2 Oct 95	
	U. N. Bridge CAPT U.N. BRIDGE, BDC,WNY,DC	3

PATIENT'S IDENTIFICATION *(Use this Space for Mechanical Imprint)*

PATIENT'S NAME *(Last, First, Middle Initial)*			SEX
DOE, John A.			M
DATE OF BIRTH	RELATIONSHIP TO SPONSOR	COMPONENT/STATUS	DEPART/SERVICE
17 Jan 75	N/A	USN/AD	DoD
SPONSOR'S NAME			RANK/GRADE
N/A			SR
SSN OR IDENTIFICATION NO		ORGANIZATION	
111-22-3333		Washington Navy Yard	

EXCEPTION TO SF 603A
APPROVED BY GSA/IRMS 1-91

Standard Form 603A (10-75)
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FIRMR (41 CFR) 201-45 505

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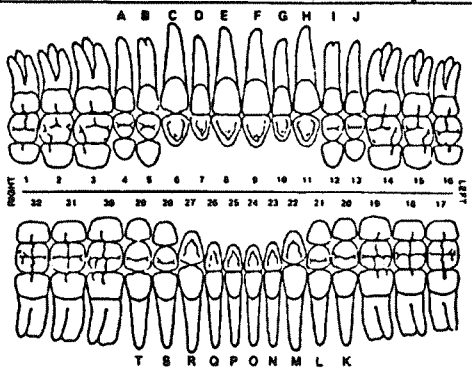
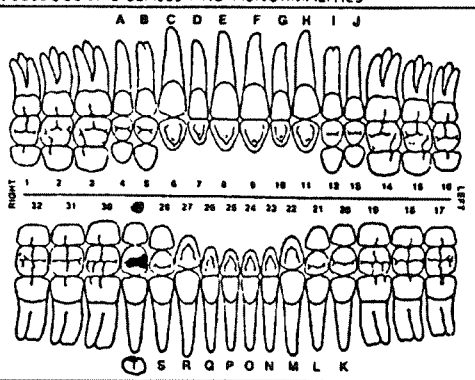
SECTION II. CHRONOLOGICAL RECORD OF DENTAL CARE PAGE: 12

8. RESTORATIONS AND TREATMENTS *(Completed during service)*



9 SUBSEQUENT DISEASES AND ABNORMALITIES



REMARKS

REMARKS

10. SERVICES PROVIDED

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, PROVIDER, TREATMENT FACILITY *(Sign each entry)*	CLASS
02 Oct 95	#02 to 27 FPD - POT: HQR dtd 2 Dec 94 - no changes, Pt is doing well & complaint Treatment plan of 11 May 95 completed this date. It is recommended that teeth #7,8,17, & 29 be followed with yearly radiographs.	
	U.N. Bridge	
	CAPT U. N. BRIDGE, BDC, WNY,DC	1
01Dec 95	S - Annual exam.	
	O - T2 exam, BWX, PAs #7,8,17 & 29, BP 110/75, PR 76, R 12, HQR dtd 1 Dec 95, NSF, OCSE Normal findings	
	A - Generalized marginal gingivitis, no pathology noted on #7,8,17 &29, radiolucencies have decreased in size in the periradicular areas of # 7 and8 , #T - mesial caries	
	P - 1 Pro., Scl, topical Fl., OHC (hygienist)	
	2 OPER - #T-MO: Am. (general dentist)	
	3 Yearly followup radiographs # 7,8,17 &29	
	PTINF	
	LCDR G. HO, BDC,WNY,DC	3

PATIENT'S NAME: DOE, John A. SSN: 111-22-3333

SF 603A (SIDE 2)

U.S. Government Printing Office: 1992 — 311-630/50187

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6-116 Illustrations of Markings on Standard Forms 603/603A

(1) See samples on the following pages. The text is typed to promote ease of reading. This does not imply that dental record entries need to be typed. Handwritten entires must be neat and legible.

(2) By necessity, generic terms are used in the illustrations (see article 6-112(3)).

6-117 Treatment Record (Dental), NAVMED 6150/10 through 6150/19

(1) A Military Health (Dental) Treatment Record, NAVMED 6150/10 through 6150/19, must be prepared for each individual on active duty in the Navy or Marine Corps and for each patient examined at a naval dental treatment facility. The Treatment Record must contain the SF 603 and other information pertinent to the dental health of the individual following BUMEDNOTE 6150. The contents of the folder must be assembled in the following manner:

(a) On left side in top to bottom sequence:

(1) Unmounted radiographs in envelopes.

(2) Sequential bitewing radiograph mounts.

(3) Panoral and full mouth radiographs.

(4) Dental Health Questionnaire, NAVMED 6600/3.

(5) Request for Medical/Dental Records or Information, DD 877 (if applicable).

(6) Privacy Act Statement, DD 2005 (if not overprinted on the NAVMED 6150/10-19 Jacket).

(7) Record of Disclosure, OPNAV 5211/9 (if not overprinted on the NAVMED 6150/10-19 Jacket).

(b) On right side in top to bottom sequence:

(1) Record Identifier for Personnel Reliability Program, OPNAV 5510/415, when required.

(2) Reserve Dental Assessment and Certification, NAVMED 6600/12 (if applicable).

(3) Health Record-Dental Continuation, SF 603A (if applicable). (Place most recent form on top.)

(4) Health Record-Dental, SF 603.

(5) Plaque Control Record, NAVMED 6660/1 (if applicable).

(6) Periodontal Chart, NAVMED 6660/2 (if applicable).

(7) Consultation Sheet, SF 513, (when related to dental treatment).

(8) Narrative Summary, SF 502; Doctor's Progress Notes, SF 509; and Tissue Examination, SF 515 (when related to dental treatment).

(9) Request for Administration of Anesthesia and for Performance of Operations and Other Procedures, SF 522, and Anesthesia, SF 517.

(2) When an individual is attached to a ship or station having a dental facility, the Treatment Record (Dental) must be placed in the custody of, and must be the responsibility of, the dental officer. The individual's current duty station must be entered in the designated space on the Treatment Record to facilitate the return of a lost or misplaced dental record. At a minimum, Military Health (Dental) Treatment Records must be verified annually by Medical Department personnel maintaining the record. Whenever practical, verification of the treatment record should coincide with that of the member's service and pay records. In addition, verification must be accomplished upon reporting to and upon detachment from a duty station, and at the time of each dental examination. A signed, dated entry to the effect that the verification has been accomplished must be recorded on the current SF 603/603A and the appropriate year block on the Treatment Record Jacket front leaf must be blackened out. For an individual who has been transferred without a dental record, every effort must be made to determine the present duty station, status, or location, and, if determined, the record must be forwarded. If these efforts fail to determine a member's duty station, activities should request assistance by following the sequence of procedures specified in MANMED chapter 16. The record/forms must be retained by the activity and the list must be forwarded to the appropriate organization. Under no circumstances should records or forms be forwarded to Bureau of Medicine and Surgery.

(3) When an individual is attached to a ship or station to which no dental officer is attached, or is in transit, or is ordered to appear before a board necessitating a physical examination, the Military Health (Dental) Treatment Record must remain with the Military Health (Medical) Treatment Record.

(4) Replace the Treatment Record (Dental) Jacket when it has been damaged or becomes illegible because of deterioration.

(5) The Military Health (Dental) Treatment Record is the property of the Federal Government, not the patient. Patients are authorized to have copies of the contents of the record.

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6-118 Recovery of Lost Treatment Record (Dental)

(1) Upon recovery of a lost Treatment Record (Dental), all forms in the original and replacement record must be consolidated into one treatment record jacket, using the one which is in the best physical condition. The empty jacket must be destroyed.

6-119 Recording of Dental Treatment on Chronological Record of Medical Care, Standard Form 600

(1) Entries of dental treatment must be made on the SF 600 when the patient is on the sicklist, and when treatment is related to the condition for which the patient is admitted. Such entries must be made and signed by the dental officer. Notes concerning conditions of unusual interest and of medical or dental significance may be made when appropriate. A summary of all dentally related medical care and dental treatment must be entered in box 10 of the SF 603/603A.

6-120 Consultation Sheet, Standard Form 513

(1) The SF 513 should be used by dental officers requesting a medical consultation pertaining to a dental patient. After receipt from the medical clinic, the completed SF 513 must be permanently retained in the patient's Treatment Record (Dental), NAVMED 6150/10-19, per article 6-117(1).

(2) The SF 513 should not normally be used for consultations between dental officers or dental treatment facilities. An entry in box 10 of the SF 603/603A should be used for this purpose.

6-120A Tissue Examination, Standard Form 515

(1) The SF 515 must be used to document the submission and histopathologic examination of oral tissue specimens following article 6-103.

(2) After receipt from the pathology laboratory, the completed SF 515 must be permanently maintained in the Treatment Record (Dental), NAVMED 6150/10-19, per article 6-117(1).

6-121 Doctor's Progress Notes, Standard Form 509

(1) The SF 509 may be used by dental officers for posting information on the progress made by a patient during hospitalization. This form must be included in the patient's medical record. The SF 509 may also be used whenever detailed clinical progress of dental treatment is necessary. In such instances, the SF 509 must be permanently retained in the Treatment Record (Dental), NAVMED 6150/10-19, per article 6-117(1).

6-121A Request for Administration of Anesthesia and for Performance of Operations and Other Procedures, Standard Form 522

(1) Standard Form 522 must be used to document a patient's signed consent for sedation, general anesthesia, and surgical treatment per NAVMEDCOMINST 6320.16 series. (See article 6-102(1).)

(2) Completed SF 522 forms must be maintained as a permanent part of the Treatment Record (Dental), NAVMED 6150/10-19, per article 6-117(1).

6-121B Dental Health Questionnaire, NAVMED 6600/3

(1) Instructions and guidance for the use of the Dental Health Questionnaire, NAVMED 6600/3, are in BUMEDINST 6600.12 series.

(2) Completed NAVMED 6600/3 forms must be maintained as a permanent part of the Treatment Record (Dental), NAVMED 6150/10-19, per article 6-117(1).

6-121C Privacy Act Statement-Health Care Record, DD 2005

(1) Each patient must be afforded the opportunity to read and sign the DD 2005 which must be maintained in the Treatment Record (Dental), NAVMED 6150/10-19, per article 6-117(1). If the patient refuses to sign the Privacy Act Statement, such action must be recorded in the SF 603.

6-121D Record of Disclosure, OPNAV 5211/9

(1) Per MANMED chapter 16, the OPNAV 5211/9 must be used to document information released from treatment records under the Privacy Act. The form must be maintained in the Treatment Record (Dental), NAVMED 6150/10-19, per article 6-117(1).

6-121E Reserve Dental Assessment and Certification, NAVMED 6600/12

(1) Voluntary Training Unit (VTU) or Selected Reserve (SELRES) personnel ***may*** have this additional form included in their dental records. Use NAVMED 6600/12 in conjunction with the Naval Reserve T-1 or T-2 dental examination that is performed quinquennially or with any required physical examination.

(2) The examining dentist (Federal dental services' dentist or contracted civilian):

(a) Completes the T-1 or T-2 examination and records the results on the SF 603/603A as usual per articles 6-99 through 6-101 (i.e., S.O.A.P. format, blood pressure recorded, oral cancer screen performed, necessary x-rays taken, treatment plan formulated, etc.).

(b) Completes the NAVMED 6600/12 ***only if*** any disqualifying conditions are found. A disqualifying condition is defined as one which causes the patient to be classified as a dental class 3. Refer to article 6-101 for a complete explanation of dental classifications.

(c) If a disqualifying condition is found, annotates it in section I of the NAVMED 6600/12 with clarifying remarks in the REMARKS box. A sample box 1 entry with remarks is shown on the reverse side of the form.

(3) After completing the NAVMED 6600/12, the examining dentist must:

(a) Write his or her telephone number next to the required signature in section 1 so the civilian (treating) dentist can contact the examining dentist directly if a question arises.

(b) Place the original NAVMED 6600/12 on top of the SF 603/603A in the reservist's dental record, on the right-hand side of the record.

(c) Give the reservist a copy of the NAVMED 6600/12 for verification of needed dental treatment which must be completed to restore the reservist to a satisfactory class 1 or 2 dental status.

(4) ***The dental class 3 reservist patient must be made aware of and adhere to the following guidance to correct any disqualifying dental condition:***

(a) Have the disqualifying dental condition corrected within 180 days. During this 180-day period, the reservist is allowed to drill and participate in any training evolution, such as AT.

(1) For SELRES and VTU members, the 180-day period begins on the date when the examination is completed.

(2) For new accessions into the Naval Reserve, the 180-day period begins on the date when the reservist has completed 1 year in a drilling status. For new accessions at MEPS, the MDR should refer to article 15-9 for further guidance.

(a) If the newly accessed reservist corrects the disqualifying dental condition and returns the completed NAVMED 6600/12 to the medical department representative (MDR) within this 1-year period, this reservist is now in compliance with the dental standards per article 6-99A. No further administrative tracking by the Reserve center/readiness center/air activity commanding officer is necessary.

(b) If the newly accessed reservist does not correct the disqualifying dental condition within the first year in a drilling status, the 180-day period begins and the below listed administrative actions must be followed:

(1) The commanding officer of the Reserve center/readiness center/air activity must notify the reservist in writing that the 1-year in a drilling status has been completed and he or she has 180 days to correct any disqualifying dental condition. (The disqualifying dental condition was noted on the NAVMED 6600/12 during the accession dental examination. This document should be in the reservist's dental record and the reservist should have a copy for his or her civilian dentist's use. The Reserve center/readiness center/air activity commanding officer, in coordination with the MDR, can now administratively track the newly accessed reservists in the same manner as SELRES and VTU members to ensure compliance within the 180-day period.)

(2) A re-examination of these individuals is not required. For personnel who require an annual examination (i.e., aviation), the 180-day period should start on the date of his or her first annual dental examination after the accession dental examination.

(b) An additional 180-day extension may be granted on a case-by-case basis per article 6-99A(3). If granted, the reservist is allowed to continue to drill and participate in any training evolution, such as AT during this 180-day extension.

(c) The reservist patient must ensure the NAVMED 6600/12 copy is completed by the civilian (treating) dentist.

(d) The reservist patient returns the completed NAVMED 6600/12 copy to the Reserve center MDR when the disqualifying dental condition has been corrected by the civilian (treating) dentist. The reservist should keep a copy of the completed 6600/12 for his or her personal record.

(5) The Reserve center/readiness center/air activity commanding officer has the ultimate administrative responsibility for the NAVMED 6600/12. The MDR administratively tracks the form for the respective commanding officer. Tracking the form includes:

(a) Placing the NAVMED 6600/12 copy along with the original NAVMED 6600/12 on top of the SF 603/603A.

(b) Establishing a tickler system to track these forms and ensures the requirements are properly followed and completed on time. (Refer to article 6-121E(4) for guidance.)

(c) Coordinating with the commanding officer of the Reserve center/readiness center/air activity to determine which personnel were examined, classified as dental class 3, and received a NAVMED 6600/12. This is essential in the establishment and maintenance of this tickler system.

(d) Attending to the proper administration of reservists who fail to comply and are placed in a not physically qualified (NPQ) status.

(6) The NAVMED 6600/12 (original and copy) is maintained permanently in the dental record with the most recently completed forms on top of the older forms. The oldest NAVMED 6600/12 is placed on top of the most recent SF 603/603A.

(7) The NAVMED 6600/12 can be ordered through the Navy Supply System:

(a) Order per NAVSUP P-2002.

(b) Stock number: 0105-LF-016-4400

(8) An example of the NAVMED 6600/12 is on the next page.

Reserve Dental Assessment and Certification

This form is used to document disease and abnormalities which place Naval and Marine Corps Reserve personnel in a dental class 3 status. Class 3 status beyond 1 year is disqualifying for retention in the Selected Reserve (SELRES) or Volunteer Training Units (VTU). Reservists will use this form to certify treatment of disqualifying dental disease and abnormalities by their civilian dentist.

Military Dentist

Mark all dental class 3 disease and abnormalities (MANMED 6-101) in section 1 of this form in ink (class 2 disease is not disqualifying and should only be noted on the SF 603/603A). Treatment of class 2 disease is encouraged for health. Treatment of class 3 disease is required for retention. Provide a copy of this form and advise the reservist:

(1) To seek dental care in the civilian community.
(2) To have their civilian dentist document care on this form.
(3) To return this form to the Reserve Center Medical Department Representative.

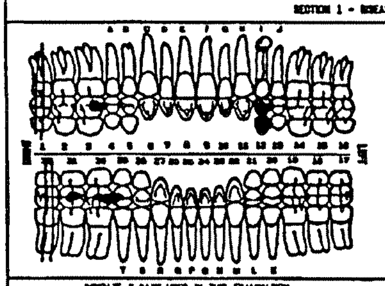
Civilian Dentist

This reservist has specific dental problems that limits mobilization or recall. The diseases and abnormalities identified in section 1 on the reverse side of this form must be corrected. Your certification of completed treatment in section 2 will document the reservist's eligibility for full duty and will become part of the reservist's Navy dental record. Your assistance is greatly appreciated.

See sample form below.

Patient's Name (Last, First, Middle Initial)		Sex
Date of Birth	Component/Status	Department/Service
SSN or Identification Number		Grade/Rate
Organization		

SECTION 1 - DISEASES AND ABNORMALITIES

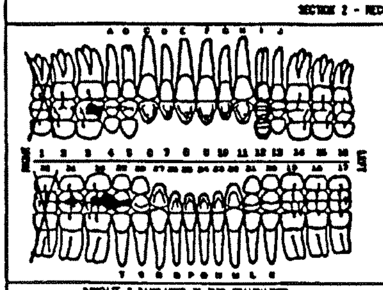


REMARKS
Ext #1, 32
Caries #3, 12, 29, 30 & 31
Endo #12
Crown #12

INDICATE X-RAYS USED IN THIS EXAMINATION: PANORAMIC RADIOGRAPHS (X) | FULL MOUTH PERIAPICAL | POSTERIOR BITE-WINGS (X) | OTHER (X) | NONE TAKEN

EXAMINING DENTIST AND FACILITY
Place of examination: NAVAL DENTAL CENTER SAN DIEGO, CA
Date: 26 May 93
Signature of dentist: T. F. Lynch, LT, DC, USN

SECTION 2 - RECORD OF DENTAL CARE



TREATING DENTIST
Name: Mark Yeager, DDS
Address: 18589 Caries Way, Reston, VA
Phone: 703-860-5876

TREATING DENTIST
Name: Alan Reichert, DDS
Address: 45872 Amalgam Avenue, Reston, VA
Phone: 703-435-8765

TREATING DENTIST
Name:
Address:
Phone:

TREATING DENTIST
Name:
Address:
Phone:

INDICATE X-RAYS USED IN THIS EXAMINATION: PANORAMIC RADIOGRAPHS | FULL MOUTH PERIAPICAL | POSTERIOR BITE-WINGS | OTHER | NONE TAKEN

SERVICES PROVIDED AND CIVILIAN DENTIST'S SIGNATURE

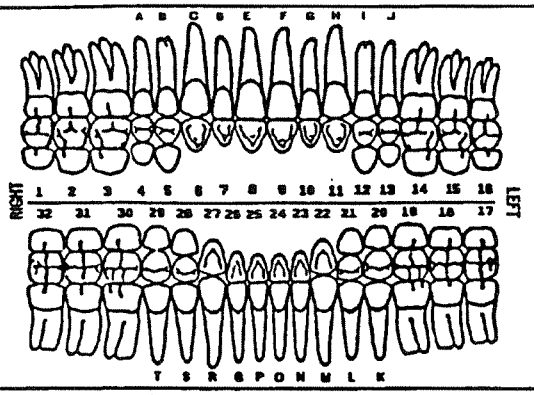
DATE	
7/7/93	Extract #1 + 32 Local Anesthesia (Xylocaine 1:100,000) 3.6 ml, Rx Empirin #3 [illegible] Tab q4hrs PRN Pain. M Yeager, DDS
5/20/93	#12 Endo Tx Lidocaine 1:100,000 infil 1.8 ml, Debride Canal, fill with Gutta percha, Place Post and Temp Cr + Impression A Reichert DDS Rubber dam
5/25/93	Place Porcelain Crown #12 glass ionomer cement. A Reichert DDS
6/2/93	#3-MO Amalgam, base #29-DO-Am Base #30 MO-Am Base #31-O-Am Base. Lidocaine 1:100,000 Mandib Block + Max Block. 3.6 ml. Rubber dam A Reichert DDS

PATIENT'S NAME	SOCIAL SECURITY NUMBER
Edwin Drood	226-66-8884

NAVMED 6600/12 (6-93)

NAVMED 6600/12 (6-93) S/N 0105-LF-016-4400

SECTION 1 - DISEASES AND ABNORMALITIES



REMARKS

EXAMINING DENTIST AND FACILITY

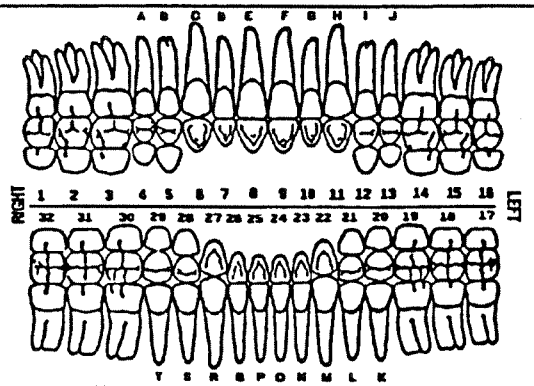
PLACE OF EXAMINATION | DATE

SIGNATURE OF DENTIST

INDICATE X-RAYS USED IN THIS EXAMINATION

PANORAMIC RADIOGRAPHS	FULL MOUTH PERIAPICAL	POSTERIOR BITE-WINGS	OTHER	NONE TAKEN

SECTION 2 - RECORD OF DENTAL CARE



TREATING DENTIST
NAME
ADDRESS
PHONE

TREATING DENTIST
NAME
ADDRESS
PHONE

TREATING DENTIST
NAME
ADDRESS
PHONE

TREATING DENTIST
NAME
ADDRESS
PHONE

INDICATE X-RAYS USED IN THIS EXAMINATION

PANORAMIC RADIOGRAPHS	FULL MOUTH PERIAPICAL	POSTERIOR BITE-WINGS	OTHER	NONE TAKEN

SERVICES PROVIDED AND CIVILIAN DENTIST'S SIGNATURE

DATE	

PATIENT'S NAME | SOCIAL SECURITY NUMBER

NAVMED 6500/12 (6-93)

88 88