

# 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.

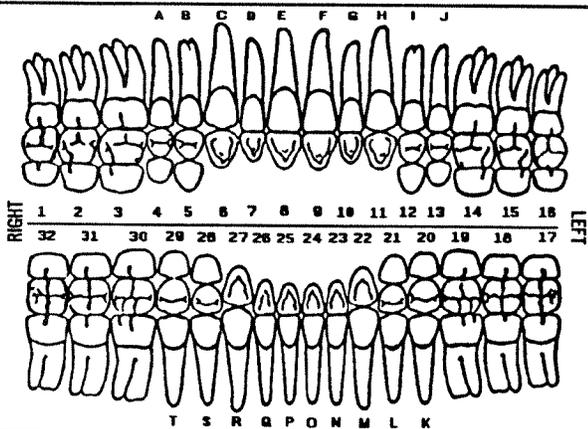
**See sample form below.**

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	
	<p>REMARKS                      Ext #1, 32                      Caries #3, 12, 29, 30 + 31                      Endo #12                      Crown #12</p>
EXAMINING DENTIST AND FACILITY	
PLACE OF EXAMINATION NAVAL DENTAL CENTER SAN DIEGO, CA	DATE 28 May 93
SIGNATURE OF DENTIST	
T. F. Lynch, LT, DC, USN	
SECTION 2 - RECORD OF DENTAL CARE	
	TREATING DENTIST Mark Yeager, DDS NAME ADDRESS 18589 Caries Way, Reston, VA PHONE 703-860-5678 TREATING DENTIST Alan Reichert, DDS NAME ADDRESS 45872 Amalgam Avenue, Reston, VA PHONE 703-436-8705 TREATING DENTIST NAME ADDRESS PHONE TREATING DENTIST NAME ADDRESS PHONE
INDICATE X-RAYS USED IN THIS EXAMINATION	
<input checked="" type="checkbox"/> PANORAMIC RADIOGRAPHS	<input type="checkbox"/> FULL MOUTH PERIAPICAL
<input type="checkbox"/> POSTERIOR BITE-WINGS	<input checked="" type="checkbox"/> OTHER ALL
<input type="checkbox"/> NONE TAKEN	
SERVICES PROVIDED AND CIVILIAN DENTIST'S SIGNATURE	
DATE	SERVICES PROVIDED AND CIVILIAN DENTIST'S SIGNATURE
4/7/93	Extact #1 + 32. Local Anesthetic (Lidocaine 1:100,000) 3.6 ml, Rx Empress B3 (272), T & Y Max PEN Allen Mr Yeager, D.D.S.
5/20/93	#12 Endo tx. Lidocaine 1:100,000 with 1.6 ml, Diverse Canal fill with Gutty Back, Place Posterior Temp Cr & Impression Reichert (D.D.S.) Rubenstein
5/28/93	Place Provisional Crown #12 glass ionomer cement. A Reichert DDS
6/2/93	#3-MO Amalgam base #29-DI-Don Base #30-MO-Don Base #31-D-Don Base Lidocaine 1:100,000 max 3.6 ml & 1.6 ml. Rubenstein A Reichert DDS
PATIENT'S NAME Edwin Droad	
SOCIAL SECURITY NUMBER 228-58-3884	

NAVMED 6600/12 (6-93)

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

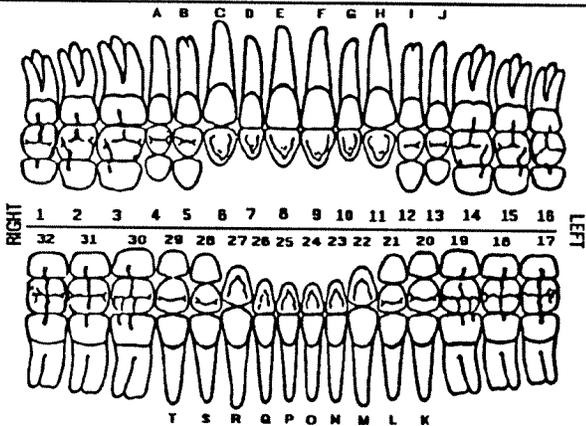
FULL MOUTH PERIAPICAL

POSTERIOR BITE-WINGS

OTHER

NONE TAKEN

SECTION 2 - RECORD OF DENTAL CARE



TREATING DENTIST

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

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