
MEMORANDUM

From: Director, Personnel Support Detachment, Portsmouth VA 23708

To: Dental Officer, Naval Medical Center Portsmouth VA

Subj: **ELIGIBILITY FOR VETERANS ADMINISTRATION OUTPATIENT DENTAL TREATMENT ICO**

Ref: (A) CNO WASHINGTON DC 121754Z NOV 81 (NAVOP 155/81)

1. In accordance with reference (a), it is requested that the subject named member be given a dental examination to determine his/her dental status.

R. T. TESHARA GS-09//
HRA SUPV BYDIR

MEMORANDUM ENDORSEMENT STATEMENT OF DENTAL OFFICER PERFORMING EXAMINATION

1. A dental examination, including x-rays was complete on _____(date).
2. () Dental care is required.
3. () Dental care is not required.
4. Service member is in class ____ dental condition.

(SIGNATURE OF DENTAL OFFICER)

(NOTE FOR SERVICE MEMBER - IT IS MANDATORY THAT YOU REPORT TO DENTAL FOR A DENTAL EXAMINATION WITHIN NINETY (90) DAYS PRIOR TO DISCHARGE FROM ACTIVE DUTY)

{THIS FORM MUST BE RETURNED TO PSD PORTSMOUTH 953-7862}