

Change 161
Manual of the Medical Department
U.S. Navy
NAVMED P-117

6 Mar 2017

To: Holders of the Manual of the Medical Department

1. **This Change** completely revises Chapter 6, Dental Corps. This revision takes into account the changes in authority and responsibilities of Bureau of Medicine and Surgery (BUMED) (echelon 2) post integration of the Dental Division as well as the latest clinical guidelines driven by recent instructions.
2. **Summary of Changes**. This document represents the second major revision of Chapter 6 of the Manual of the Medical Department in 10 years and the second top to bottom revision in 20 years. In addition to re-numbering of the document, many articles have been revised to clarify language or maintain consistency with other governing instructions that have been modified, but the overall intent has remained predominantly unchanged. Many significant changes have been introduced in other articles and these changes are summarized below. While a complete reading of the entire chapter is necessary to discover all the changes, the following list captures the major revisions.
 - a. Section II, article 6-2 further clarifies mission with regards to Reserve personnel eligibility for care.
 - b. Section II, article 6-5 is updated and includes billet identification number of each billet represented allowing for better understanding of assets.
 - c. Section II Organization, eliminated article 6-6; Director, Dental Programs (DDP), U.S. Marine Corps; article 6-7; Fleet Dental Officer; article 6-8; Functional Alignment of Dental Facilities.
 - d. Section III, article 6-7(2)(b) removed section about citizenship and added the requirement for dental license prior to commissioning. Original article 6-7(a) deleted.
 - e. Section III, article 6-9, reworded and further details given.
 - f. Section IV, article 6-12(1) added Pacific Fleet Dental Officer is dual hatted as Submarine Pacific Force Dental Officer.
 - g. Section IV, article 6-13(1) added “works in concert with Force Surgeon to maintain Force Health Readiness and support... 16-13(1)(a) Conduct Inspections...”.
 - h. Section IV, article 6-17(2) added additional information about the application process and timeline as well as explained the PGY-1 year is a neutral year and the relation it has on Active Duty Service Obligation (ADSO).

i. Section IV, article 6-17(3) clarifies that only Advanced Clinical Program (ACP) offered is exodontia.

j. Section IV, article 6-17(4) removed the residencies provided and added the application process and time line along with accreditation process of the programs.

k. Section IV, article 6-17(4)(a), added Naval Medical Professional Development Center and changed National Naval Medical Center to Walter Reed National Military Medical Center throughout the document. Added information on oral surgery residency locations.

l. Section IV, article 6-17(4)(b) through (d), added content of original article 6-17(5) and consolidated in this section.

m. Section IV, article 6-17(5), updated short course information. Portsmouth removed as a location for short courses.

n. Section IV, original article 6-20(7) was eliminated and information about application process was placed in each program section mentioned earlier in the article.

o. Section IV, article 6-17(6), originally article 6-20(8) Correspondence Courses updated to show how to request information.

p. Section IV, original article 6-20(8) Audiovisual Resources deleted.

q. Section IV, article 6-18, updated referenced instructions and added BUMED-M7 as the lead for reviewing any instructions that govern these training requirements.

r. Section IV, article 6-21, added additional references.

s. Section IV, article 6-22, added additional references.

t. Section IV, article 6-23, added additional references and further details.

u. Section V, article 6-28, added 6-28(2) and (3), defining deployment and role of Naval Dental Center (NDC) personnel in support of Dental Battalion (DENBN).

v. Section V, article 6-29, added Marine Logistics Group (MLG) to level of assigned personnel.

w. Section V, article 6-30, removed sentence "The DDP is supported by an administrative assistant who is a Master Chief Corpsman."

x. Section V, article 6-31, removed Force Dental Branch/Section and Force Dental Administrative Officer. Renamed, Force Dental Officers.

y. Section V, article 6-32(2), removed numbers of personnel assigned.

z. Section V, article 6-32(3)(a), further defined the components of the DENBN/NDC and the chain of command.

aa. Section V, article 6-32(3)(b), added fitness reports of the commanding officer are under the auspices of the MLG commanding general (CG).

ab. Section V, article 6-32(3)(b)(3), added part on fitness reports regarding officers and enlisted that are in a deployed status at their command.

ac. Section V, article 6-32(4), added 6-32(4)(e) relating to watchbill support.

ad. Section V, article 6-33, added 6-33(1)(g) relating to dental personnel should not be assigned duties that conflict with their ability to provide dental care to those embarked Marine Air-Ground Task Force (MAGTF) personnel.

ae. Section V, article 6-34, removed original article 16-34(1) and changed article 16-34(1)(a) and (1)(b) to article 16-34(1) and (2).

af. Section VI, added article 6-37, Accession Standards.

ag. Section VI, article 6-40, Waivers of Dental Defects was deleted and articles hereafter have been renumbered.

ah. Section VI, article 6-41, Operational Dental Readiness and article 6-42, Dental Health Standard were combined into article 6-38.

ai. Section VI, renamed article 6-43, Precious Metal Issue Record to article 6-39, Precious and Special Metals Audit and Management.

aj. Section VI, article 6-44, Instructions and Forms Related to the Delivery of Dental Care was removed. Information on this topic has been reorganized into its own section, section VII, Dental Examinations and Treatment.

ak. Replaced original section VII with new section VII, Dental Examinations and Treatment. This was added to provide better guidance on clinical protocol to dental officers both active duty and reservists.

al. Moved the original section VII, to section VIII and revised the name from Acronyms and References to Dental Records, Acronyms, and References and has been completely updated.

3. Action

a. Remove Chapter 6 and replace with the new Chapter.

b. Record this Change 131 in the Record of Page Changes.



C. FORREST FAISON III
Chief, Bureau of Medicine and Surgery

Chapter 6

Dental Corps

Chapter 6

CONTENTS



Sections	Page
Section I. Introduction	6-3
Section II. Organization	6-5
Section III. Dental Corps Officers	6-7
Section IV. Duties of the Dental Corps Officer	6-9
Section V. U.S. Marine Corps Forces	6-19
Section VI. Dental Standards	6-25
Section VII. Dental Examinations and Treatment	6-27
Section VIII. Dental Records, Acronyms, and References	6-45

Section I

Introduction

Article		Page
6-1	Establishing Legislation	6-3
6-2	Mission	6-3
6-3	Applicability	6-4

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).

6-2

Mission

(1) Ensure dental readiness while optimizing dental health.

(2) The primary mission of the Navy Dental Corps is to provide care for active duty and eligible Reserve Navy and Marine Corps personnel that 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.

(3) Eligible Reserve Navy and Marine Corps personnel are those members who are called to active duty for more than 30 consecutive days (contingency or other mobilizations), or develop a dental emergency while on active duty less than 30 days.

(4) The Navy Dental Corps vision is to promote, protect, and restore the dental health for those entrusted to our care.

6-3**Applicability**

(1) Directives cited in this chapter pertaining to the practice of dentistry apply to all active duty, Reserve component, civilian and contract dentists, and auxiliaries who provide dental examinations or treatment to Department of the Navy (DON) personnel.

(2) Directives for “dental assistants” cited in this chapter pertaining to the practice of dentistry apply to active and Reserve components, civilian and contract auxiliary personnel working in DON dental clinics.

(3) Directives of a military nature cited in this chapter apply to all military personnel attached to dental clinics, including officers of all Corps and enlisted personnel of all rates.

Section II Organization

Article	Page
6-4 Chief of the Navy Dental Corps	6-5
6-5 BUMED Dental Corps Positions	6-5

6-4

Chief of the Navy Dental Corps

(1) The mission and functions of the Chief, Navy Dental Corps, consistent with Title 10, subtitle C, part I, chapter 513, § 5138, are the following:

- (a) Establish professional standards and positions for dental practice.
- (b) Initiate and recommend action pertaining to appointments, advancement, training assignments, and transfer of dental personnel.
- (c) Serve as the advisory agency for the Bureau of Medicine and Surgery (BUMED) on all matters relating directly to dentistry.

6-5

BUMED Dental Corps Positions

(1) *The Office of the Navy Dental Corps* plans, advises, and makes recommendations regarding changes in administrative policy; develops, coordinates, evaluates, and advises on matters pertaining to personnel policy, military requirements, and professional qualifications of Dental Corps officers; makes recommendations to Navy Personnel Command (PERS) regarding procurement, distribution, separation, training, career development, and accounting of Dental Corps personnel; implements policies of the Chief, BUMED as they relate to service, education, and research. The Office of the Navy Dental Corps also has the following positions:

- (a) **Deputy Chief, Navy Dental Corps, Billet Identification Number (BIN) 0002013**, responsible for the performance of all functions of the office.
- (b) **Career planner, BIN 0002242**, provides career guidance to dental officers on issues such as special pays, promotion, postgraduate training, and career progression; coordinates nominations for leadership courses; oversees Professional Review Board process for accession programs; participates in recruiting events; works closely with Navy Recruiting Command (NAVCRUITCOM), BUMED Special Pays, Dental Corps Personnel Analyst, Dental Corps Community Manager, Graduate Dental Programs, and Dental Corps Assignment Officers.

(c) **Plans and Policy Officer, BIN 0095113**, administers development of systems-wide policies for the Dental Corps involving manpower and Reserve issues; works to coordinate and monitor appropriate legislative initiatives related to Dental Corp issues; evaluates Navy dental programs to ensure consistency with Navy Medicine (NAVMED) policy and compliance with professional standards of practice.

(d) **Reserve Affairs Officer, BIN 0089855**, advises the Corps Chief/Director and the Deputy Director, Corps Reserve Affairs on all matters pertaining to Corps officers in the Selected Reserve (SELRES) and monitors active and Reserve issues, anticipating impact on Reserve Corps personnel.

(e) **Dental Corps Administrative Fellow, BIN 0002262**, responsibilities include but are not limited to implementing Chief, BUMED's vision of centralized, coordinated policy development, guidance, and professional advice on recruiting health care professionals for the DON. The Fellow works closely with the BUMED enterprise and NAVCRUITCOM in recruiting qualified individuals into the Dental Corps.

(2) Additional Dental Corps billets are assigned outside the Corps Chief's office:

(a) **The Medical Inspector General (MEDIG) Program Inspector, BIN 0002016**, conducts professional and technical organizational assessments of medical treatment facilities (MTF) and other BUMED activities to evaluate compliance, effectiveness, and efficiency in support of NAVMED's mission. The MEDIG office inspects over 70 BUMED and Navy programs, including dental practice management, on a 1- to 3-year cycle. Inspectors develop inspection plans, provide direction and coordination to team members in inspection preparation, on-site review and analysis, and report development.

(b) **Dental Services Department Head of the Clinical Operations, BIN 0002267**, develops, coordinates, evaluates, and advises on matters pertaining to dental health care operations; and supports analysts in the generation of analytical reports and studies. The position provides coordination, development, and dissemination of performance measures; in addition, develops and implements analytical tools to support management of NAVMED.

(c) **Dental Service Analysts, BIN 0002263 and BIN 0002253**, report to the department head of dental services, clinical operations. The positions involve application of knowledge from prior service to the process of creating and updating policies and procedures for the Navy Dental Corps.

(d) **Chief Dental Informatics Officer, BIN 0002260**, serves as the functional program manager for all legacy and future dental software systems to include the electronic dental health record and digital radiography. This dental officer supports the planning, acquisition or development, and implementation of information systems that assist dental clinicians in the delivery of safe, effective, high-quality patient care.

(e) **Strategy and Innovation Officer, BIN 0008533**, assists with the NAVMED's system of planning, execution, and performance monitoring. Reviews strategic metrics and initiatives to ensure alignment of echelon 3 and echelon 4 commands in driving strategic priorities for the NAVMED enterprise.

(f) **Medical Resources, Plans and Policy Division (N0931), BIN 000265**, assists in developing long-range plans for the Medical Department and the Chief of Naval Operations (CNO) as the dental and operational medicine analyst. If not assigned to N0931, this dental officer may be placed in the Assessment Division (N81) which provides independent assessment of NAVMED program to support the CNO through Future Years Defense Planning. Additionally, this dental officer is assigned "other" responsibilities as needed to accomplish the N0931 mission.

Section III

DENTAL CORPS OFFICERS

Article	Page
6-6 Grades and Strength	6-7
6-7 Appointments	6-7
6-8 Promotions	6-8
6-9 Retirements	6-8

6-6Grades and Strength

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

(2) The Secretary of the Navy (SECNAV) 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.

6-7Appointments

(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) *Gender.* Male or female.

(2) *Citizenship.* U.S. Citizen.

(3) *Age.* Age limits are set by SECNAV.

(4) *Grade.* 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 have a current, valid, unrestricted license to practice dentistry in a State, the District of Columbia, or a Commonwealth, territory, or possession of the United States. Recent graduates of dental schools (within 6 months) may be appointed before licensing. They must obtain a current, valid license within 1 year from the date of graduation from dental school. Those dentists from States that require a 5th year of training, postgraduate year one (PGY-1), prior to licensure will be allowed an additional 6 months to obtain their license per OPNAVINST 1120.5 series.

(6) The applicant must be physically qualified per established standards and must meet the 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. All Reserve dentists, including new graduates, must be licensed prior to commissioning.

(3) *Application for Appointment (Active Duty/Reserves)*

(a) For both active duty and Reserve components, candidates must submit their application to the Commander, NAVCRUITCOM, via the nearest Navy recruiting district office.

6-8

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 Department of Defense (DoD) Instruction 6000.13.

6-9

Retirements

(1) Voluntary retirement for officers of the Regular Navy and certain officers of the Naval Reserve are governed by OPNAVINST 1811.3 series, Title 10 U.S.C. § 632 and § 633; and Military Personnel Manual (MILPERSMAN) article 1810-020. Statutory retirement for officers of the regular Navy is governed by Title 10 U.S.C. § 632-634, and § 1251.

Section IV

DUTIES OF THE DENTAL CORPS OFFICER

Article	Page
6-10 Duty Assignments	6-10
6-11 Commanding Officer or Executive Officer, Medical Treatment Facility, Dental Treatment Facility, or Battalion (MTF/DTF/BN) and Director of Hospital Directorates	6-10
6-12 Fleet Dental Officer	6-11
6-13 Force Dental Officer	6-11
6-14 Senior Dental Officer on a Ship	6-12
6-15 Dental Officer in Research Activity or Facility (Regulatory)	6-12
6-16 Assistant Dental Officer	6-12
6-17 Education of Dental Officers	6-12
6-18 Duties in Care of Combat and Contingency Casualty Situations (Regulatory)	6-15
6-19 Narcotics, Alcohol, and Drugs (Regulatory)	6-16
6-20 Knowledge of Official Directives (Regulatory)	6-16
6-21 Off-Duty Employment (Regulatory)	6-16
6-22 Dental Quality Assurance/Risk Management Program	6-16
6-23 Safety and Occupational Health Program/Infection Control	6-17
6-24 Publication of Professional Articles (Regulatory)	6-18
6-25 Participation in Civilian Professional Activities (Regulatory)	6-18

6-10**Duty Assignments**

(1) Dental officers may be assigned to the following naval activities: MTFs and dental treatment facilities (DTF) in the continental United States (CONUS) and outside the continental United States (OCONUS); duty afloat on a large combatant or auxiliary ship of the fleet; to overseas duty with mobile construction battalions (CB), and to duty with the U.S. Marine Corps Forces. Tours of duty will be in conformity 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 the Bureau of Naval Personnel (BUPERS) policy.

6-11**Commanding Officer or Executive Officer of a Medical Treatment Facility, Dental Treatment Facility, or Battalion (MTF/DTF/BN) and Director of Hospital Directorates**

(1) The commanding officer of an MTF/DTF/BN will be assigned as such by BUPERS. General duties include serving as commanding officer and accomplishing the economic, effective, and efficient performance of functions and operations of the clinic or hospital per U.S. Navy Regulations, the Manual of the Medical Department (MANMED), and other directives issued by competent authority. The commanding officer is responsible for the safe and effective 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 for those under his or her purview.

(2) The executive officer of an MTF/DTF/BN will be assigned as such by BUPERS. General duties include serving as executive officer and assuming 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 officer informed of all significant matters pertaining to the command. The executive officer will be primarily responsible, subject to the directives of the commanding officer, for the organization, performance of duty, operational readiness, provision of services, training plans, and good order and discipline of the entire command.

(3) Director of hospital directorates, including but not limited to the director of surgical services, director of branch clinics, director of dental services, and senior dental executive, are assigned by and responsible to the commanding officer for the coordination of delivery safe and effective health care through the executive officer. As such, the director monitors, reviews, evaluates, and analyzes existing and proposed health care programs, and recommends management alternatives to improve services to beneficiaries.

6-12**Fleet Dental Officer**

(1) **Responsibilities.** The fleet dental officer is the primary dental advisor to the fleet commander on all dental matters - readiness, health, logistics, and tactical/strategic factors in planning for the fleet. They work in concert with fleet surgeons to maintain force health readiness and support ongoing and potential operations of the force. Note: The Pacific fleet dental officer is dual-hatted as the submarine Pacific (SUBPAC) force dental officer.

(2) Additionally, the fleet dental officer is responsible for the overview and oversight of all matters pertaining to the dental health care of the fleet by means of visits and review of dental service reports and reports of inspections.

(3) The fleet dental officer keeps informed of all matters pertaining to dental personnel, dental materiel, and readiness of the fleet. The officer will maintain a close liaison and supportive relationship with the force dental officers and assist and support the force mandate to "Man, Equip, and Train" the fleet. The fleet dental officer maintains a close liaison with the U.S. Marine Corps force dental officer, to assure rapid assimilation and coordination of assets in both exercises and real evolutions when U.S. Marine Corps force assets revert to the fleet commander's operational control.

6-13**Force Dental Officer**

(1) **Responsibilities.** The force dental officer is the primary dental advisor to the surface, submarine, air, CB, type commander on all dental matters pertaining to manning, training, and equipment. Additionally, the force dental officer works in concert with the force surgeon to maintain force health readiness and support ongoing and potential operations of the fleet. In addition, the force dental officer will keep the type 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) **Conduct Inspections**

(1) When the fleet or force 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 department. The results of these inspections will be reported to the unit's commanding officer, immediate superior in command (ISIC), and when necessary to the fleet dental officer for consideration.

(2) When the fleet or force 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 care.

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

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

(d) 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.

6-14**Senior Dental Officer on a Ship**

(1) The primary responsibility of the senior dental officer is to maintain the dental health of the personnel of the ship and attached squadron personnel. The dental officer and assistants will provide the dental treatment necessary to achieve this objective.

6-15**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 MANMED Chapter 20, Research and Development, dental officers assigned to research facilities must conduct scientific investigations related to problems in Navy dentistry or as may be prescribed by the commanding officer or other competent authority and act in an advisory capacity to the commanding officer, through the chain of command, on all dental and oral health research matters.

6-16**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.

(2) Assistant dental officers will perform such other duties as may be assigned them by the commanding officer or other competent authority.

6-17**Education of Dental Corps Officers**

(1) ***Basic Indoctrination Course for Dental Officers***. Officer Development School (ODS) is designed to provide newly commissioned Navy officers with the basic information required to understand Naval culture. It is designed to help create future Navy leaders who support the fleet. This is best taken prior to starting professional school. However, it can be taken at any time during professional school, but it must be completed prior to starting active duty. ODS is the foundation for success as a member of the naval officer corps. The course is comprehensive, intense, and designed to facilitate the introduction to responsibilities as a naval officer. The course introduces naval officers to the military structure of the United States Navy, the rich history of traditions and customs, its legal system, and military etiquette. ODS is extremely demanding both physically and mentally. For more information, please visit the ODS Web site.

(2) ***PGY-1 Programs in Dentistry.*** The PGY-1 Programs are 12 months in duration and provide new dental school graduates with advanced training in general dentistry. Program participants apply in the fall semester of their final year of dental school and compete for selection by the Dental Corps PGY-1 Selection Board. Dental students enrolled in any of the Navy's officer recruitment programs are eligible to apply for a PGY-1 training program. Direct accession dental officers may also apply via their recruiter. Detailed information regarding the application is updated and published annually in the August Navy Medicine Professional Development Center (NAVMEDPRODEVCTR) notice (NAVMEDPRODEVCTRNOTE 1520) for PGY-1 Programs. The PGY-1 Programs are considered to be a neutral year of training. There is no Active Duty Service Obligation (ADSO) incurred for this training. ADSO payback for previous educational training (Health Professions Scholarship Program and Health Service Collegiate Program) or the Direct Accession Bonus does not begin until after the PGY-1 Program ends. There are two types of PGY-1 Programs available for dental officers:

(a) ***General Practice Residency (GPR).*** Located in military teaching hospitals, these programs are focused on teaching hospital-based dentistry. The resident should expect to practice dentistry on medically compromised patients and increase their knowledge of surgical and restorative dental specialties.

(b) ***Advanced Education in General Dentistry (AEGD).*** Located in various large military dental clinics, these programs are focused on teaching general dentistry in a clinic environment. The resident should expect to practice with mentorship from a variety of dental specialists with a focus on restorative dentistry.

(3) ***Advanced Clinical Program (ACP) in Exodontia.*** The ACP is a 1-year training program to provide general dentists with advanced clinical skills in exodontia. Program participants must apply and compete for selection by the Dental Corps Duty Under Instruction (DUINS) Selection Board. Detailed information regarding the application is updated and published annually in BUMEDNOTE 1520, DUINS in January/February. The ACP incurs a 2-year ADSO. A utilization assignment following completion of an ACP is required prior to further applications for residency training. The ACP provides dental officers the opportunity to:

- (a) Qualify for billets requiring exodontia skills, but not full residency training in oral surgery.
- (b) Develop clinical skills in exodontia.
- (c) Evaluate competency for specialty training.
- (d) Develop interest, proficiency, and motivation for residency training.

(4) ***Navy Residency Training Programs.*** NAVMED offers residency training to selected Dental Corps officers in nearly every dental specialty. Program participants must apply and compete for selection by the DUINS Selection Board. Detailed information regarding the application is updated and published annually in BUMEDNOTE 1520, DUINS in January/February. Each in-Service residency or fellowship incurs a concurrent ADSO specific to the type and length of residency program. Board certification is essential to specialty practice in Navy Dentistry. Dental officers selected for any residency program funded by the Navy, whether it is an in-Service or out-Service program, are expected to pursue board certification. All Navy residency programs are fully accredited by the American Dental Association Commission on Dental Accreditation. The needs of the Navy determine the programs available for training and number of trainees projected for each program.

(a) ***Full-Time In-Service Residency Training***

(1) The Navy Postgraduate Dental School (NPDS) trains dental officers for the needs of Navy and Marine Corps beneficiaries. It is part of the NAVMEDPRODEVCTR located on the campus of the Walter Reed National Military Medical Center (WALTER REED NATMILMEDCEN), Bethesda, Maryland. All NPDS residents are enrolled in a course and conduct research leading to a Master of Science degree in Oral Biology from the Uniformed Services University of the Health Sciences (USUHS), also located on the WALTER REED NATMILMEDCEN campus. NPDS offers residency and/or fellowship training in comprehensive dentistry, endodontics, orofacial pain, oral and maxillofacial pathology, periodontics, prosthodontics, and maxillofacial prosthetics. For more information, please visit the NPDS Web site at: <http://www.wrnmcc.capmed.mil/ResearchEducation/NPDS/SitePages/home.aspx>.

(2) Four year residency training in oral and maxillofacial surgery is conducted at the three major military teaching hospitals: WALTER REED NATMILMEDCEN Bethesda, Maryland; Naval Medical Center Portsmouth, VA; and Naval Medical Center San Diego, CA.

(b) ***Full-Time Training in Other Federal Institution.*** Still considered in-Service training, residents are assigned to residency programs in other Federal institutions.

(1) Residency training in orthodontics is conducted at the Tri-service Orthodontic Residency Program at the Air Force Postgraduate Dental School in San Antonio, TX.

(2) Residency training in public health dentistry is conducted at USUHS and the National Institute for Health in Bethesda, Maryland.

(c) ***Full-Time Out-Service Residency Training.*** Residency training programs in civilian universities (out-Service) are available in limited numbers to supplement in-Service residencies and/or provide training in specialty areas not available in military training programs. The civilian program must be fully accredited by the Commission on Dental Accreditation. Out-Service residency or fellowship training is provided in dental research, oral and maxillofacial surgery, operative and preventive dentistry, oral and maxillofacial radiology, and pediatric dentistry.

(d) ***Eligibility for ACP, Residency and Fellowship Dental Education***

(1) Applicants to DUINS programs must be academically qualified. Consideration of an officer's military record, assignments (particularly operational or overseas assignments), total years of Active Duty Service and sustained superior military performance are an integral part of the DUINS board deliberations. They cannot be in a "failed to select" promotion status for the grade of lieutenant commander (LCDR/O-4) or commander (CDR/O-5). If an officer is a CDR and has failed to select for captain (CAPT/O-6), the officer may apply for training. The officer must be able to complete their incurred educational service obligation by age 62 or by the applicant's statutory retirement date. The officer must meet all Navy physical readiness requirements and must not be subject to or pending administrative separation, punishment under the Uniformed Code of Military Justice or a civilian criminal conviction, or involved in any type of action or activity considered to be misconduct.

(2) The Navy funds dental postgraduate programs in order to provide a full scope of dental care to all beneficiaries for readiness and health. Trained officers must be universally deployable, and willing and able to meet the needs of the Navy, even in the event of temporary separation from spouse, family, and/or significant other(s). Upon completion of training, the Service member, if so assigned, must accept

an operational billet, including ship or Marines, or an overseas billet, if ordered to do so. If a Service member's family does not meet overseas screening requirements, the Service member may be given unaccompanied orders to meet mission requirements.

(5) *Short Courses in Postgraduate Continuing Education at Naval Facilities*

(a) Continuing education (CE) in all dental specialties is available to active duty dental officers, naval Reserve dental officers, and retirees on a space-available basis. These courses are designed and administered following the guidelines of the American Dental Association Continuing Education Recognition Program (ADA CERP) and are hosted by the NPDS Bethesda and Naval Medical Center, San Diego. Visit the training location's Web site for course descriptions and dates.

(b) After reserving a seat in a short course by following the directions posted on the training Web site, requests for funding to attend a short course should be submitted via the Service member's chain of command. Dental officers assigned to non-BUMED shore activities and to the operating forces (non-Budget Submitting Office (BSO) 18 should request funding from the Graduate Dental Programs Office, NAVMEDPRODEVCTR.

(6) *Correspondence Courses.* The NPDS has correspondence courses available for ADA CERP continuing dental education credit. Please contact the Educational Resources Office, Monday through Friday, 0730-1600 at:

Main: (301) 295-0064

DSN: 295-0064

Continuing Education: (301) 295-0205

Correspondence Courses: (301) 319-4832

Fax: (301) 295-5767

Refer to the following references: BUMEDINST 1520.41 series and BUMEDINST 5050.6 series.

6-18

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

(1) Dental officers should refer to BUMEDINST 1500.15 series and BUMEDNOTE 1500, Predeployment Trauma Training for Deploying Medical Department for guidance on requirements for resuscitative training for deployment.

(2) BUMED Education and Training (BUMED-M7) is the lead on reviewing any instructions that govern these training requirements.

6-19**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 the prescribed quantities for use in treatment of patients, per MANMED Chapter 21, Pharmacy Operation and Drug Control.

6-20**Knowledge of Official Directives (Regulatory)**

(1) Instructions cited in this manual are just 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 instructions and notices, Navy Regulations, U.S. Manual for Courts-Martial, the Judge Advocate General (JAG) Manual, MILPERSMAN, other current orders, and instructions.

6-21**Off-Duty Employment (Regulatory)**

(1) Dental Corps officers must comply with the following: DoD Manual 6025.13, enclosure 4, page 37, paragraph 7, Medical Quality Assurance (MQA) and Clinical Quality Management in the Military Health System (MHS); and MANMED Chapter 1, article 1-22, Off-Duty Remunerative Professional Employment regarding all off-duty remunerative professional employment.

6-22**Dental Quality Assurance/Risk Management Program**

(1) Dental officers must ensure compliance with DoD Instruction 6025.13, Medical Quality Assurance (MQA) and Clinical Quality Management in the MHS to identify and resolve patient safety issues and assure quality dental care. Dental care must be in continuous compliance with current Joint Commission (JC) standards and other regulatory/accreditation requirements, which meet the requirements associated with health care quality management and quality assurance. Dental care provided by naval hospitals is also subject to JC accreditation standards.

(2) Dental officers must ensure the excellence of Navy dental health care by following DON Standards of Oral Health Care, BUMEDINST 6320.82 series.

(3) Dental officers must be credentialed and privileged per the Credentialing and Privileging Program, BUMEDINST 6010.30 series.

6-23**Safety and Occupational Health Program/Infection Control**

(1) The maintenance of a safe and healthful workplace is a responsibility of commands throughout the Navy. A successful program, one that truly reduces work-related risks and mishaps, results only when support and commitment to the program permeate every level of an organization.

(2) *Regional Commanders, Commanding Officers, Department heads, and Officers in Charge* must ensure that hazards are eliminated or reduced as far as practicable in the dental workplace. A safety and occupational health program is an inherent responsibility of the command and therefore, implementation, direction, and control of the program must be through the chain of command to ensure safe and healthful operations and working conditions.

(a) Ensure personnel and resources are allocated to execute an effective safety and occupational health program per OPNAVINST 5100.23 series.

(b) Ensure all personnel are fully aware of their obligations and personal responsibilities to the safety program.

(c) Execute a Mercury Control Program per BUMEDINST 6260.30 series.

(3) Dental health care providers must complete a medical occupational risk screening upon reporting to a new command, annually, and during any post-exposure evaluation per BUMEDINST 6230.15 series.

(4) Commanding officers must ensure strict compliance with the BUMEDINST 6220.9 series to create and maintain an infection prevention and control program designed to prevent transmission of infectious diseases in the dental workplace. Infection prevention standards and procedures created for dental settings should be based on standard precautions and validated infection prevention recommendations published by the Centers for Disease Control and Prevention (CDC) Guidelines for Infection Control in Dental Health-Care Settings. It is incumbent upon all dental healthcare personnel (DHCP) to be familiar with current infection prevention evidence-based guidelines, regulations, and standards related to the performance of their duties.

(5) The Dental Infection Control Guide found in BUMEDINST 6220.9 series, enclosure (4) is provided for general guidelines related to the specific dental infection prevention and control (IP/C) practices. The contents of this Dental Infection Control Guide may not supplant NAVMED instructions, only augment them. These practical guidelines are subservient to the basic instruction that must be followed. It represents a compilation of consultative guidelines based on scientific evidence, best current practices, and expert consensus.

6-24**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 BUMEDINST 5721.3 series relating to preparation and publication requirements. All articles for publication outside of official DoD sources must be screened through the cognizant Public Affairs Office prior to release for publication following BUMEDINST 5721.3 series. Every authored work submitted for review and approval should include NAVMED 5721/1 Request for Clearance for Authorized Work.

6-25**Participation in Civilian Professional Activities (Regulatory)**

(1) Dental Corps officers should make every effort to establish and maintain the highest standards of ethical and professional practice, to keep them 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 Corps officers should 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 Corps officers desiring to pursue teaching or instructor positions at civilian institutions must comply with off-duty employment guidelines and instructions.

Section V

U.S. MARINE CORPS FORCES

Article	Page
6-26 Establishment	6-19
6-27 Organization	6-20
6-28 Mission	6-20
6-29 Organizational Relationships (Regulatory)	6-20
6-30 Dental Officer on Staff of Health Services, Headquarters Marine Corps (Regulatory)	6-21
6-31 Dental Officer on Staff of Commanding General (CG), U.S. Marine Corps Forces Command, and U.S. Marine Corps Forces Pacific (Regulatory)	6-21
6-32 Naval Dental Center (NDC), Dental Battalion (DENBN), and Marine Logistics Group (MLG) (Regulatory)	6-21
6-33 Dental Officer Embarked with Personnel in Transport (Regulatory)	6-23
6-34 Training	6-23
6-35 Dental Supplies and Equipment	6-24
6-36 Planning Dental Facilities	6-24

6-26

Establishment

(1) Force dental companies were established by the Commandant of the Marine Corps (CMC) to provide a flexible, mobile dental service for the U.S. Marine Corps (USMC) Forces. The initial table of organization (T/O) for force dental companies was approved by CMC on 17 November 1954.

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

(4) To reduce infrastructure and enhance patient access to care, the consolidation of the co-located DENBN and NDC under one commanding officer, one executive officer, and one command senior enlisted leader was accomplished at Okinawa, Camp Pendleton, and Camp Lejeune in July 1994. The T/O and deploy ability of the DENBN remains unchanged.

6-27

Organization

(1) **General.** Dental Support to the USMC Forces is provided at the Marine Expeditionary Force (MEF) level by the consolidated DENBN/NDC Command. These officers are clinically and administratively assisted by Navy personnel attached to either the DENBN or the NDC.

6-28

Mission

(1) The mission of the USMC Forces Command and USMC Forces Pacific dental organization is to ensure the combat effectiveness of the MEF and Marine Air-Ground Task Force (MAGTF) by providing a comprehensive dental support program. During contingency or mass casualty situations, DENBN personnel augment the medical effort under the direction of cognizant medical authority.

(2) DENBN personnel deploy in support of Global Health Engagement and operational contingencies in support of MEF and task-organized MAGTFs as directed by higher headquarters.

(3) NDC personnel provide in-garrison dental support when DENBN personnel deploy in support of operational contingencies. NAVMED Regions may task NDC personnel to support other mission requirements. NDC personnel can support MEF taskings if requested via appropriate channels.

6-29

Organizational Relationships (Regulatory)

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

- (a) CMC, Headquarters Marine Corps, Health Services (HS) Directorate.
- (b) USMC Forces Command and USMC Forces Pacific.
- (c) MEF.
- (d) MLG.

6-30**Dental Officer on Staff of Health Services,
Headquarters, 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 CMC. Assigned to the HS Directorate, the DDP (Code HS) 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.

6-31**Dental Officer on Staff of Commanding General (CG),
U.S. Marine Forces Command, and U.S. Marine
Corps Forces Pacific (Regulatory)**

(1) *Force Dental Officers*. There are two force dental officers to assist in professional, technical, administrative and personnel matters pertinent to the dental support for the MEFs. They report directly to the CG of their respective assignments on all dental related matters.

6-32**Naval Dental Center (NDC), Dental Battalion (DENBN),
and Marine Logistics Group (MLG) (Regulatory)**

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

(2) *Concept of Organization*. The DENBN/NDC is designed to achieve the maximum and most efficient use of personnel while providing the safest, highest quality and most effective dental health services to USMC Operational Forces. The organization of the DENBN/NDC allows for task organized detachments of DENBN personnel to support various sized MAGTFs and/or any element of the MAGTF. The organization is composed of Dental Corps officers, Medical Service Corps officers, and Hospital Corpsmen.

(3) *Command and Control*

(a) *Command and Staff*. The dental command is a dual command consisting of BSO-18 and BSO-27 components with the commanding officer having reporting requirements to the MLG CG for the DENBN and the NAVMED Regions for the NDC. The DENBN and NDC components are independent commands with dual reporting responsibilities and dual chains-of-command. This structure was established during the integration of the DENBN with NDC in 1994. The DENBN is organic to the MLG and is under the operational and administrative control (OPCON/ADCON) of the MLG CG. The NDC is organic to the NAVMED Region and is under the OPCON/ADCON of the NAVMED Region. Command and control is exercised by the DENBN/NDC commanding officer during in-garrison operations as well as contingencies or deployments. This control may be relinquished to supported commands.

(b) **Commanding Officer.** The DENBN/NDC will be commanded by a Navy Dental Corps officer with the grade of CAPT/O6, as designated by the Chief of Naval Personnel with CMC concurrence. Fitness reports for the commanding officer are under the auspices of the MLG CG.

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

(2) **Additional Duty (ADDU).** The commanding officer is ADDU as the MEF special staff dental officer and serves on the MEF CG's special staff to advise and assist the MEF commander on all dental matters. The commanding officer in his or her NDC role is also ADDU to the CG, Marine Corps Installations on which their command is located.

(3) **Authority.** The DENBN/NDC commanding officer is the regular reporting senior for all personnel assigned to their command to include deployed personnel. Periodic regular fitness reports and enlisted evaluations will be generated by the DENBN/NDC and augmenting concurrent fitness report and evaluations may be submitted by the deploying unit. Per BUPERSINST 1610.10 series, fitness reports on Navy Captains must be reviewed and signed by the CG or by a senior Navy or Marine Corps officer of higher precedence in the chain of command. The DENBN/NDC commanding officer has summary and special courts-martial convening authority per the Uniformed Code of Military Justice (UCMJ), articles 23 and 24 and Judge Advocate General Instruction 5800.7 series, Judge Advocate General Manual (JAGMAN), section 0115.

(4) **Concepts of Employment**

(a) The DENBN/NDC is structured to provide command, control, and administrative support to achieve maximum and efficient use of professional dental manpower while providing the highest quality and most effective timely dental service support to combat operations or other U.S. Marine Corps Forces operations as directed by higher headquarters.

(b) During peacetime, the DENBN/NDC will provide comprehensive dental support in-garrison and will provide dental detachments to support exercises and deployments as tasked to maintain operational dental readiness requirements in force generation. In-garrison, dental treatment facilities are responsible for providing comprehensive dental support to eligible beneficiaries as specified by Title 10 authorities.

(c) In time of war, national emergencies, or disasters, elements of the DENBN will augment the Medical Battalion and the Combat Logistics Regiment 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 to ship's personnel. When attached to the MAGTF and geographically separated from their parent DENBN, they will come under the OPCON/ADCON of the MAGTF commander being 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 OPLAN.

(e) To ensure maximum support of professional dental manpower for primarily dental, medical augmentation, emergency, and contingency operations, DENBN/NDC personnel will stand only dental or medical augmentation related duties or watchbills as approved by the DENBN/NDC commanding officer.

6-33

Dental Officer Embarked with Personnel in Transport (Regulatory)

(1) The senior dental officer embarked with personnel will:

(a) Report to the dental officer of the ship upon each embarkation and request the use of the facilities of the dental department. Report his or her debarkation to the ship's dental officer.

(b) Be responsible for the dental health of the Marine and Navy personnel that make-up the embarked MAGTF personnel throughout the duration of the deployment/operation.

(c) Advise the Marine commander regarding the availability for dental treatment for embarked personnel and the state of operational dental readiness (ODR) and dental health.

(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.

(f) Assist the ship's dental officer, whenever possible, to improve the ODR and health of ship's company personnel.

(g) Dental personnel should not be assigned duties that conflict with their ability to provide dental care of those embarked MAGTF personnel.

6-34

Training

(1) **Professional Training.** Dental professional training requirements are published in the MANMED, BUMED directives, and Marine Corps Order (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 and to maintain currency in the Hospital Corpsman rating. Accurate documentation should be completed to ensure appropriate personnel assignments.

(2) **Field Training.** DENBNs will conduct all required and necessary field training to ensure the mission essential tasks for dental readiness in support of a MAGTF is addressed. Field training must include utilization of the Authorized Dental Allowance List (ADAL). Individual training will be conducted to ensure all personnel are prepared to undertake field duty as individuals and as members of dental detachments performing their primary technical functions. Training requirements will include all special combat or field training to maintain current or to which the DENBN elements are committed. To preclude conflicts between DENBN, MLG, and MEF commitments, exercises, and field training, DENBN field training must be coordinated and approved by the DENBN commanding officer following consultation with higher authority and to fit into the training requirements of the MEF.

6-35**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 ADAL.

(2) When DENBN personnel deploy in support of field exercises or MAGTF deployments, they require certain non-professional items to support their dental health care delivery mission. These items are listed in the table of equipment (T/E) and include such items as tents, desk sets, chairs, cots, flooring, air conditioning units, tent liner, etc.

6-36**Planning Dental Facilities**

(1) Planning of dental facilities will be coordinated between Headquarters, USMC Health Services, Installation and Logistics, BUMED, NAVMED Regions, and the local commands.

Section VI

DENTAL STANDARDS

Article	Page
6-37 Accession Standards	6-25
6-38 Operational Dental Readiness (ODR) and Dental Health Standards	6-26
6-39 Precious and Special Metals Audit and Management	6-26

6-37

Accession Standards

(1) Accession standards are established for entry into the Military Services. These standards as set forth in DoD Instruction 6130.03 ensure that individuals under consideration for appointment, enlistment, or induction into the Military Services are:

(a) Free of contagious diseases that would likely endanger the health of other personnel.

(b) Free of medical or dental conditions or physical defects that may require excessive time lost from duty for necessary treatment or hospitalization, or probably will result in separation from the Service for medical unfitness.

(c) Medically capable of satisfactorily completing required training.

(d) Medically adaptable to the military environment without the necessity of geographical area limitations.

(e) Medically capable of performing duties without aggravation of existing physical defects or medical conditions.

(2) Guidance on recruits with disqualifying conditions discovered within the first 179 days of enlisted service may be found in MANMED Chapter 15, Medical Examinations. Specific dental guidance for accessions is provided in DoD Instruction 6130.03, enclosure 4 and MANMED Chapter 15, Medical Examinations.

6-38**Operational Dental Readiness (ODR) and Dental Health Standards**

(1) The ODR goal for active and Reserve components is 95 percent. Unit ODR is the percentage of unit personnel who are dental class 1 or 2. To support this goal and to ensure a high level of dental readiness consistent with sustained operational commitments, and to improve consistency between Active Duty and Reserve Components, dental health care providers should follow guidance in BUMEDINST 6600.18 series and SECNAVINST 6120.3 series.

(a) Individual dental readiness is when a member is dental class 1 or 2. An individual who is dental class 3 or 4 is considered at increased risk to experience a dental emergency and compromise unit combat effectiveness or ability to deploy. Active and SELRES personnel are required to have a dental examination on an annual basis, per SECNAVINST 6120.3 series. The annual dental exam may be completed by a civilian practitioner utilizing DD Form 2813, Department of Defense Active Duty/Reserve/Guard/Civilian Forces Dental Examination 2 out of 3 years.

(b) All personnel scheduled for a permanent change of station assignment to an overseas location will be screened for dental disease. Personnel found to be in dental class 3 or 4 must not be reassigned until treatment placing them in at least dental class 2 is completed.

(c) Dental records must be screened prior to extended deployments. Personnel will not deploy in dental class 3 or 4.

(2) Dental Health Index (DHI). Unit DHI is the percentage of unit personnel who are dental class 1. The DHI goal is 65 percent.

(3) The ODR Report is a measure of the unit's dental health and readiness. The ODR Report is downloaded monthly from current electronic dental data management system by the supporting MTF and delivered to the dental liaison. Examples of electronic dental data management systems include Dental Common Access System (DENCAS) and Corporate Dental System (CDS). The ODR Report provides, at a minimum, the following:

- (a) Unit identification.
- (b) Date of report.
- (c) Servicing DTF and dental facility contact information.
- (d) Number of subject unit's personnel in each of the four dental classifications.
- (e) The unit's ODR and DHI for the specific period reported.

6-39**Precious and Special Dental Metals Audit and Management**

(1) All information on precious and special dental metals has been removed from Chapter 6 and will be consolidated in a BUMED instruction.

Section VII

DENTAL EXAMINATIONS AND TREATMENT

Article	Page
6-40 Dental Examinations	6-28
6-41 Dental Examinations for Selected Reserve and Voluntary Training Units (VTU)	6-33
6-42 NAVMED 6600/12 Reserve Dental Assessment and Certification	6-34
6-43 Standard Form 513 Consultation Sheet	6-36
6-44 Dental Treatment	6-36
6-45 Grounding Notices	6-37
6-46 Non-Naval Dental Treatment and Refusal of Dental Treatment	6-38
6-47 Preventive Dentistry Program	6-38
6-48 Use of Pit and Fissure Sealants	6-38
6-49 Dental Hygienists	6-38
6-50 Dental Implants	6-39
6-51 Guidelines for Management of Patients with Odontogenic Infections	6-40
6-52 Use of Oral Histopathology Laboratory	6-40
6-53 Orthodontic Treatment	6-42
6-54 Outpatient Anesthesia Services for Dental Patients	6-42
6-55 Suitability for Overseas Assignment	6-43
6-56 Dental Research	6-43
6-57 Active Duty Dental Program (ADDP)	6-43

6-40**Dental Examinations**

(1) Dental examinations will be performed by dentists of a Federal Dental Service (Army, Navy, Air Force, U.S. Public Health Service, and Veterans Affairs). Military Reserve dental officers need not be on active duty to perform a dental examination. If a Federal Dental Service dentist is 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 DON dental standards and examination procedures as set forth in the following: SECNAVINST 5100.13 series, SECNAVINST 5300.30 series, MANMED Chapter 15 Medical Examinations, BUMEDINST 6600.12 series, BUMEDINST 6600.16 series, BUMEDINST 6600.18 series, BUMEDINST 6600.19 series, BUMEDINST 6600.20 series, the Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure and The Eighth Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure, the Fourth Report on the Diagnosis, Evaluation and Treatment of High Blood Pressure in Children and Adolescents for Boys, the Fourth Report on the Diagnosis, Evaluation and Treatment of High Blood Pressure in Children and Adolescents for Girls, DoD Guidelines for Dental Procedure Codes and Dental Weighted Values, Technical Bulletin (TBMED) 250 Dental Record Administration Recording and Appointment Control, and MANMED Chapter 16 Medical Records.

(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) referenced in this article.

(3) Each dental officer must become familiar with the contents of all references, and such other portions of this manual which refer to dental examinations of naval personnel and the standards thereof.

(4) When the results of dental examinations are required on DD Form 2808 Report of Medical Examination, 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 43, 76, and 77 of DD Form 2808.

(a) A dental periodic oral evaluation (Current Dental Terminology (CDT) code D0120) or comprehensive oral evaluation - new or established patient (CDT code D0150) conducted for any purpose will be valid for the purpose of completing any SF 88 Medical Record – Report of Medical Examination, until the next required periodic or comprehensive oral evaluation provided there has been no significant change in the member's dental history, with the exceptions noted in in this article.

(b) If the purpose of completing DD Form 2808 is separation from Service, follow the instructions found in this chapter.

(c) When using a current Periodic or Comprehensive oral evaluation for completing a DD Form 2808, use the following procedures:

(1) Transcribe the contents of the current Periodic or Comprehensive oral evaluation from the NAVMED 6600/13 Oral Exam to block 43 of DD Form 2808.

(2) In the remarks section of block 44, write " Periodic or Comprehensive oral evaluation (date of oral evaluation) transcribed this date."

(3) In block 83a, print the name of the dentist who performed the Periodic or Comprehensive oral evaluation.

(4) If 180 days or less have elapsed, the following procedure may be used: In block 83b, 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 Periodic or Comprehensive oral evaluation)."

(5) If more than 180 days have elapsed, the Periodic or Comprehensive oral evaluation 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 DD Form 2808 in the right-hand section of block 83 followed by the words "for (name of the dentist who performed the Periodic or Comprehensive oral evaluation)." The reviewing dentist always has the option of performing a new Periodic or Comprehensive oral evaluation, in which case that dentist will sign DD Form 2808 for the patient.

(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 dental Periodic oral evaluation (CDT code D0120) per BUMEDINST 6600.19 series.

(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 Periodic or Comprehensive oral evaluation.

(9) All Service members are required to receive a panoramic radiographic evaluation during the initial (in-processing) comprehensive oral evaluation dental examination to screen for pathology. There are no specific guidelines concerning the frequency with which the panoramic radiograph should be retaken. A current panoramic radiograph should be taken if there have been extensive changes in the oral maxilla-facial area.

(10) Demographic data for an active duty patient should be inputted into Dental Digital Imaging (DDI) using the barcode on the patient's Common Access Card (CAC). The data that should automatically upload includes the first and last name, social security number (SSN) or patient identifier, and birth date. The patient's gender must be entered manually. If the data cannot be entered via the CAC, then the patient's demographics should be entered manually to include the first and last name, SSN or patient identifier, birth date, and gender. In the case of the SSN, only the 9-digit number should be inputted, no Family Member Prefix (FMP) or dashes should be used.

(11) Prior to the individual's transfer all radiographs must be "burned" to a compact disk (CD) unless the images are available via the Navy DDI repository. The format of the files must be Digital Imaging and Communications in Medicine (DICOM) and the extension must be DCM. Printing of radiographs is not acceptable unless a high-quality film printer that uses laser or dye sublimation is available.

(12) All intraoral and extraoral radiographs must be permanently retained in the Treatment Record (Dental). Digital radiographs will be saved in a computer radiographic server or placed in the Dental Treatment Record on a CD.

(13) The dental examination of each person being separated from the Navy or Marine Corps should be a Periodic or Comprehensive oral evaluation and must be recorded on both DD Form 2808 and NAVMED 6600/13. The following statement must be entered on NAVMED 6600/14 Dental Treatment: "A Periodic or Comprehensive oral evaluation was provided within 180 days of separation and all treatment (was or 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 patient's health and physical status is essential prior to rendering any dental care and should be documented on the Dental Health Questionnaire per BUMEDINST 6600.12 series. If any allergies or sensitivities are noted, the appropriate box must be checked on the front of the Treatment Record (Dental).

(15) 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 quitting, and where to obtain assistance.

(b) Advise all pregnant tobacco users of the health risks to the fetus and where to obtain assistance to quit 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 (SOAP) format.

(a) Dental officers and corpsman 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) Current hypertensive guidelines for adult patients are provided per the Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure and The Eighth Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure.

(c) Current hypertensive guidelines for pediatric patients (ages 5–17) are provided by the National Institutes of Health (NIH) the Fourth Report on the Diagnosis, Evaluation and Treatment of High Blood Pressure in Children and Adolescents for Boys and the Fourth Report on the Diagnosis, Evaluation and Treatment of High Blood Pressure in Children and Adolescents for Girls.

(d) Per the Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure and the Eighth Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure, the classifications are detailed below.

CLASSIFICATION OF BLOOD PRESSURE (BP)			
Category	SBP mmHg		DBP mmHg
Normal	<120	and	<80
Prehypertensive	120-139	or	80-89
Hypertensive Stage 1	140-159	or	90-99
Hypertensive Stage 2	≥160	and	≥100

Blood Pressure Treatment Goals			
Patient Subgroup	SBP mmHg		DBP mmHg
Adult (< 60 yrs old)	<140	and	<90
Adult (≥ 60 yrs old)	<150	and	<90
Adult (Diabetes and >18 yrs old)	<140	and	90
Adult (Chronic Kidney Failure and > 18 yrs old)	<140	and	<90

SBP - Systolic Blood Pressure

DBP - Diastolic Blood Pressure

(e) Patients with blood pressure outside the normal range should be referred to their primary care provider for evaluation via an electronic or paper consult. The need for referral should be determined by taking the average of three blood pressure measurements of either arm made during a single visit.

(f) 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.

(g) 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) or an electronic health record consultation is required for the referral. Referrals and subsequent follow-up will be documented on the patient's Dental Treatment Record.

(h) At subsequent visits, the blood pressure will be measured and recorded in the Dental Treatment Record when:

(1) A patient has a history of hypertension.

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

(i) Follow-up 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, 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.

(18) As part of all Periodic or Comprehensive oral evaluation a dentist or dental hygienist will document the patient’s periodontal status using the American Dental Association’s Periodontal Screening and Record (PSR) system as follows:

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

(b) Teeth or implants in each sextant will be probed on the mesiofacial, midfacial, distofacial, and corresponding lingual areas.

(c) Each sextant will be coded based on the highest value below:

Code 0: Colored area of the probe remains completely visible, and
 - No calculus or defective restoration margins are detected.
 - Gingival tissues are healthy and no bleeding occurs after probing.

Code 1: Colored area of probe remains completely visible, and
 - No calculus or defective restoration margins are detected.
 - Bleeding occurs after probing.

Code 2: Colored area of probe remains completely visible, and
 - Calculus is detected above and/or below the gingival margin.
 - Defective margins are detected on restorations.

Code 3: Colored area of probe remains partially visible.

Code 4: Colored area of probe completely disappears below the gingival margin.

Code *: Added to sextant score to annotate any additional abnormalities: furcation involvement, mobility, mucogingival problems, or recession extending to the colored area of the probe (indicating 3.5 mm or greater). A comment will be added on the periodontal section.

(d) Sextant codes will be recorded on NAVMED 6600/13 Oral Exam form.

(e) Findings during this screening should be included in the provider’s treatment planning decision making process (Registered Dental Hygienist (RDH), Prophylaxis Technician, periodontal consultation).

(f) *PSR Score*

Max	Right	Left
Man		

6-41**Dental Examinations for the Selected Reserve and Voluntary Training Units (VTU)**

(1) Dental health maintenance for Naval and Marine Corps Reserve personnel is the responsibility of the individual member. Annual Dental Examinations are required as stated in SECNAVINST 6120.3 series. Reservists are expected to maintain good dental health at their own expense.

(2) Periodic or Comprehensive oral evaluation is required in conjunction with the annual Periodic Health Assessment or any other required physical examination. 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 or DoD contracted service. Reservists are authorized to have their annual dental exam completed by their civilian dental providers 2 out of 3 years utilizing DD Form 2813 as stated in NAVADMIN 068/05.

(a) Contracting authorities must be assured that contracted civilian dentists are thoroughly familiar with DON dental standards and examination procedures as noted in article 6-41 of this manual.

(b) Dentists of the Federal dental services and contracted civilian dentists will become familiar with the proper administration of the NAVMED 6600/12 Reserve Dental Assessment and Certification to properly perform the Naval Reserve Periodic or Comprehensive oral evaluation.

(3) Disqualifying dental defects and diseases must be entered, on the NAVMED 6600/13, and on NAVMED 6600/12. 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.

6-42**NAVMED 6600/12 Reserve Dental Assessment and Certification**

(1) *VTU or Selected Reserve (SELRES)* personnel may have this additional form included in their dental records. Use NAVMED 6600/12 in conjunction with the Periodic oral evaluation (CDT code D0120) or Comprehensive oral evaluation – new or established patient (CDT code D0150) that is performed annual or with physical examination.

(2) *The examining dentist (Federal Dental Service dentist or contracted civilian)*:

(a) Completes the Periodic oral evaluation or Comprehensive oral evaluation results on the NAVMED 6600/13.

(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.

(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 front 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 left side of the reservist's dental record, on top of the Oral Exam form, NAVMED 6600/13.

(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) A dental class 3 Reserve component member will have 180 days to correct the disqualifying dental condition. During this 180-day period, the Reserve member is allowed to drill and participate in any training evolution, such as annual training (AT).

(5) For SELRES and VTU members, the 180-day period begins on the date when the examination is completed.

(6) 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 Military Entrance Processing Station (MEPS), the medical department representative (MDR) should refer to MANMED Chapter 15 for further guidance.

(a) If the newly accessed reservist corrects the disqualifying dental condition and returns the completed NAVMED 6600/12 to the MDR within this 1-year period, this reservist is now in compliance with the dental standards. 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:

(7) The commanding officer of the Navy Operational Support Center (NOSC) 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.

(8) A re-examination of these individuals is not required. The 180-day period should start on the date of his or her first annual dental examination after the accession dental examination. An additional 180-day extension may be granted on a case-by-case basis.

(9) If granted, the reservist is allowed to continue to drill and participate in any training evolution, such as AT during this 180-day extension.

(a) The reservist patient must ensure the NAVMED 6600/12 copy is completed by the civilian (treating) dentist.

(b) The reservist patient returns the completed NAVMED 6600/12 copy to the NOSC MDR when the disqualifying dental condition has been corrected by the civilian (treating) dentist. The reservist should keep a copy of the completed NAVMED 6000/12 for his or her personal record.

(10) The NOSC 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 NAMED 6600/12 on top of the left side of the record.

(b) Establishing a tickler system to track these forms and ensure the requirements are properly followed and completed on time.

(c) Coordinating with the commanding officer of the NOSC 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 NPQ status.

(11) 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 NAVMED 6600/13.

(12) The NAVMED 6600/12 can be ordered through the Navy supply system.

6-43**Standard Form 513 Consultation Sheet**

- (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 Dental Treatment Record, NAVMED 6150/21 to NAVMED 6150/30.
- (2) The SF 513 should not normally be used for consultations between dental officers or dental treatment facilities. An entry should be made in the NAVMED 6600/14 Dental Treatment Form as detailed in the NAVMED 6600/13 Oral Exam form.
- (3) Additional avenues are available for consultation such as secure email and electronic medical records. Regardless of consultation method, follow-up to ensure consultations are answered is critical to ensure delivery of safe and effective care.

6-44**Dental Treatment**

- (1) Consent must be obtained from each patient prior to initiating any dental treatment.
 - (a) Dental health care providers must follow BUMEDINST 6320.16 series or local command guidance and protocols 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 in MANMED Chapter 18 Medical Evaluation Boards.
- (2) Dental treatment must be rendered only by dental officers, with the following exceptions:
 - (a) Oral prophylaxis and preventive dentistry applications of cariostatic agents and pit and fissure sealants may be administered by military dental technicians, hygienists and civilian dental hygienists and technicians under the supervision of a dental officer as stated in BUMEDINST 6600.21 series.
 - (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 BUMED, see article 6-54 and 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 to treating those conditions which are most likely to interfere with the performance of duties.

(5) Priority for dental treatment within each dental classification and for preventive dentistry treatment should be given to fleet units and those personnel deployed or assigned to areas where dental support is less than optimal.

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

(7) When a patient is placed sick in quarters (SIQ) for a dental procedure and the patient is in flight or dive status, a grounding notice must be given. 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. For members in the Personnel Reliability Program (PRP), the dental officers must notify the certifying official or Competent Medical Authority (CMA) to ensure adjudication of their PRP status.

(8) Dental care providers must take positive steps to query patients as to their status in the PRP. Querying should take place with every dental encounter, either verbally (and subsequently documented in the patient encounter note on the SF 600 Chronological Record of Medical Care) or via NAVMED 6600/3 Dental Health Questionnaire. OPNAV 5510/415 Record Identifier for Personal Reliability Program must be filed in an immediately conspicuous place in each dental record of PRP personnel. Electronic service, medical and dental records must contain a method for identifying individuals who are in PRP. Whenever health care treatment forms related to dental care are temporarily separated from the dental treatment record to procure consultations or to provide treatment remotely, OPNAV 5510/415 must accompany the forms. Patients in the PRP who are provided dental treatment, to include medications, should have their care reviewed and adjudicated by their designated PRP Medical Personnel and/or CMA as soon as possible after their dental visit is complete. Local protocols will direct the administrative process for notification of the CMA or the Certifying Official. Back-up notification using the SF 600 must be expeditiously processed and forwarded to the custodian of the patient's medical records.

(9) Dental care providers should review the following for additional guidance on dental treatment: BUMEDINST 6320.16 series, MANMED Chapter 18, BUMEDINST 6600.21 series, BUMEDINST 6670.2 series, OPNAV 5510/415, BUMEDINST 6320.82 series, BUMEDINST 6620.4 series, BUMEDINST 6670.3 series, and SECNAVINST 5510.35 series.

6-45

Grounding Notices

(1) Information on Grounding Notices can be found in MANMED Chapter 15, article 15-77(2) and OPNAVINST 3710.7U, NATOPS Manual, paragraph 8.3.2.7.

6-46**Non-Naval Dental Treatment and Refusal of Dental Treatment**

(1) Dental treatment may also be obtained from Army, Air Force, and other Federal facilities. When Federal facilities are not available, care may be obtained from pre-authorized network civilian sources per BUMEDINST 6320.103 series and TRICARE Operations Manual 6010.56M, February 1, 2008, chapter 24 section 11, 2.2.2.6 TRICARE Dental Plans, C-110, November 20, 2013.

(2) Members of the naval Service who do not consent to the recommended dental treatment which is considered necessary to keep them fit to perform their duties should be processed following MANMED Chapter 18 Medical Evaluation Board. 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 dental record.

6-47**Preventive Dentistry Program**

(1) Policy and guidelines for identifying and managing oral disease risk in the Navy MHS is covered in BUMEDINST 6600.16 series. BUMEDINST 6600.21 series provides sealant placement guidelines.

6-48**Use of Pit and Fissure Sealants**

(1) Pit and Fissure sealants are an adjunctive part of a comprehensive preventive dentistry program. BUMEDINST 6600.16 series details all oral disease protocols. BUMEDINST 6600.21 series provides guidance on placement and training for pit and fissure sealants.

6-49**Dental Hygienists**

(1) **Responsibilities.** The dental hygienist will have the knowledge and clinical competence required to provide current, comprehensive dental hygiene services. Dental hygienists will perform duties as assigned by the Commander and other competent authority.

(a) Dental Hygienist “C” School Program consists of 24 months duration conducted at a nationally accredited institution. The training prepares graduates to take patient histories, teach oral hygiene, perform teeth cleaning to include subgingival scaling and root planing, capture radiographs and apply preventive agents under the supervision of a dentist. Graduates of this 2-year advanced training receive an Associates of Applied Sciences (AAS) Degree in Dental Hygiene Education and are eligible to take State and National Dental Hygiene Board Examinations (NDHBE).

(b) Applicants should consult the Catalog of Navy Training Courses (CANTRAC), CIN B-330-0038, which requires packages to be received annually by Dental Hygiene Program Manager at NAVMED and Education Training Command. The course report contains an itemized list of prerequisites required to complete the application.

(2) Per DoD Manual 6025.13 Medical Quality Assurance (MQA) and Clinical Quality Management in the MHS, all dental hygienists, including active duty, are to have an active unrestricted State license.

6-50

Dental Implants

(1) Dental implants have changed the face of dentistry in the last 25 years; they have proven to be vital tools in restoring form, function and esthetics to edentulous or partially edentulous patients as they offer diverse treatment solutions. Their incorporation into the field of maxillofacial prosthetics has made possible the reconstruction and rehabilitation of the most complex congenital and acquired facial and dental deformities to include sequelae of combat injuries, head and neck trauma, and cancer.

(2) The treatment of patients with dental implants mandates expertise in planning, surgery, and prosthetic restoration. In doing so, the U.S. Navy supports and promotes the concept of a team approach with appropriately trained and privileged providers. BUMEDINST 6630.3B, mandates that a dental implant board is required to be present at each facility providing treatment with this modality.

(3) NAVMED 6630/9 Dental Implant Patient Treatment Policy provides details in regards to the dental implant treatment policy. No commitment for treatment with implants will be made until a decision is made by the Dental Implant Board.

(4) If the command does not have the resources to hold a local Dental Implant Board, they should contact the Implant Specialty Leader for Board review.

(5) Long term maintenance requirements for dental implants exist long after the restoration is initially completed; this could potentially become costly. The decision to use dental implants as part of the patient's prosthetic rehabilitation must take into consideration the long-term impact on the patient's quality of life and should include informing the patient of the potential future expense.

(6) The use of dental implants is limited to Active Duty Service members in all locations with the exception of residency training programs with dental implant requirements. Residency program directors may approve the use of dental implants in the non-active duty beneficiary in instances where the active duty patient population does not present with the diagnosis appropriate for treatment by the resident.

(7) All dental implants surgically placed must be compatible with the systems standardized and described in the current dental implant instruction. Clinical privileges granted to providers must be in compliance with the guidelines in BUMEDINST 6630.3 series. Care referred to the private sector must follow the guidelines in BUMEDINST 6630.3 series.

6-51**Guidelines for Management of Patients with Odontogenic Infections**

- (1) All dental patients undergoing surgical/invasive procedures must receive verbal and written instructions for follow-up 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 usage, or immune 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 follow-up instructions documented in their medical or dental record.
- (4) All outpatients under treatment for unresolved odontogenic infections satisfying any 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) Presence of impending airway obstruction; or subjective complaints of odynophagia and dysphagia.
 - (c) Showing no evidence of improvement within 48 hours following the initiation of treatment for the infection.
 - (d) When evidence of systemic involvement (i.e., fever or lymphadenopathy) is observed, an oral surgery consultation should be strongly considered depending on the patient's medical condition, the severity of the fever or extent of the lymphadenopathy. When the medical condition, fever severity or extent of the lymphadenopathy is questionable, an oral surgery consultation is required.
- (5) Upon admission to a hospital dental service, patients with post-extraction or postoperative odontogenic infections may require a formal consultation with infectious disease documented in the patient's medical or dental record. A team approach with formal consultation should be considered since some oral infections of a severity to require hospitalization may progress rapidly to deeper fascial spaces and result in a life-threatening emergency.

6-52**Use of Oral Histopathology Laboratory**

- (1) Each command will have listed tissues exempt of submission for histologic examination but in general, all tissue, both soft and bony, which is surgically excised should be submitted for pathologic examination. This includes extracted teeth with suspected pathology. An entry into the dental record documenting the submission must be made.

(2) Submission should be directed per command policy. Dental officers are encouraged to submit specimens to the regional board certified Oral and Maxillofacial Pathologist (OMFP) for interpretation. Specimens may be mailed directly to:

- (a) Oral and Maxillofacial Pathology Department
Naval Postgraduate Dental School
8901 Wisconsin Avenue
Bethesda, MD 20889-5602
(301) 295-0523/0404

- (b) Oral and Maxillofacial Pathology
Naval Medical Center, San Diego
Laboratory Department
34800 Bob Wilson Drive
San Diego, CA 92134-1305
(619) 532-9341

- (c) Oral and Maxillofacial Pathology
Naval Medical Center, Portsmouth
Anatomic Pathology Department
620 John Paul Jones Circle
Portsmouth, VA 23708-2197
(757) 953-1719

(3) Biopsy kits may be requested from the above OMFPs. Each kit consists of one plastic specimen bottle partially filled with 10 percent neutral buffered formalin, a SF 515 Tissue Examination form, a pre-addressed mailing label and a mailing box.

(4) If command policy dictates that submissions be made to the local laboratory, the dental officer may request OMFP review. The dental officer should submit the specimen to the local laboratory as instructed and contact the local pathologist to request that the specimen be sent to and reviewed by the regional OMFP.

(5) Ensure proper identification of each specimen by placing the patient's name, social security number, date of birth and the type of tissue submitted on the specimen bottle label.

(6) An SF 515 must accompany the specimen. This request may be made in the Composite Health Care System (CHCS) (Tissue Exam tab) if submitting to the local command or by filling out the SF 515 if submitting to a laboratory not assigned to the command. All requested information must be provided and the patient's name, social security number, date of birth, and tissue type must match between the specimen bottle and the SF 515 request form. For reference if required, contact the Oral and Maxillofacial Pathology Specialty Leader for guidance.

(7) A CD/Digital Versatile Disc (DVD) containing radiographic images must accompany the specimen for any lesion contained within bone. The images must be labeled to match the patient. Alternatively, images must be e-mailed to the respective pathologist.

(8) Often the pathologist will wish to communicate to the contributing provider. Please provide contact information with the specimen for the most expeditious and secure means of communication. Usually this will consist of a telephone number and secure e-mail account.

(9) The results of the tissue examination must be permanently maintained in the treatment record. The diagnosis and other pertinent comments such as patient notification and follow-up procedures must be entered in the patient treatment portion of the dental record.

(10) For specialized services such as direct immunofluorescence, please telephone the laboratory and coordinate for shipping and receiving. These specimens are usually shipped in a quick frozen state (liquid nitrogen) or in Michel's solution and are time sensitive. The regional OMFP will be able to help coordinate these services.

6-53

Orthodontic Treatment

(1) Orthodontics and Dentofacial Orthopedics is the specialty area of dentistry dedicated to the diagnosis, prevention, and treatment of dental and facial irregularities and disproportionate jaw relationships. Specifically, it focuses on the movement and alignment of the dentition, establishment of proper dental occlusion, and the correction of maxillomandibular skeletal discrepancies either through stimulation or redirection of functional forces within the craniofacial complex or orthognathic surgery. Orthodontic treatment is offered to eligible beneficiaries in select CONUS and OCONUS medical and dental treatment facilities. Eligible beneficiaries may include Active Duty military and in select OCONUS locations, dependents of Active Duty Service members with command sponsorship. Due to the limited number of providers and availability, orthodontic treatment is Reserved for the most severe cases of dentofacial irregularities and dental malocclusion.

(2) The number of active orthodontic cases treated in each MTF is dependent on unit and/or regional command resources. Prospective orthodontic patients are selected for treatment based on eligibility, remaining Active Service Obligation and tour length, and a prioritized list of criteria as directed in BUMEDINST 6670.2 series. In severe cases when orthodontic treatment is deemed beneficial for an active duty member in CONUS or at a U.S. territory location the Active Duty Dental Program (ADDP) may be utilized on a case-by-case basis by direction of the Navy Dental Corps Orthodontic Specialty Leader. These cases are limited to orthognathic surgery cases, complex/comprehensive prosthodontic rehabilitation cases or cases to repair trauma occurring in the line of duty.

(3) Guidance for Orthodontic Treatment is provided in the following: BUMEDINST 6670.2 series, NAVMED 6630/6 Orthodontic Transfer Form, NAVMED 6630/8 Commander's Concurrence Form for Orthodontic Treatment, NAVMED 6630/10 Orthodontic Patient Evaluation Summary Sheet, NAVMED 6630/11, Orthodontic Discrepancy Index, NAVMED 6630/12, Orthodontic Statement of Understanding, and NAVMED 6630/13 Consent for Treatment.

6-54

Outpatient Anesthesia Services for Dental Patients

(1) Guidelines for administration of outpatient minimal sedation (anxiolysis) to general anesthesia services to dental patients at free-standing DTFs are provided in BUMEDINST 6710.67 series.

(2) All anesthesia services provided within a hospital, including those for outpatient dental care, are governed by the standards of The Joint Commission.

6-55**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: MANMED Chapter 15, BUMEDINST 1300.2 series, NAVMED 1300/1 Medical, Dental and Educational Suitability Screening for Service and Family Members, and NAVADMIN 203/14.

(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 BUPERS or Headquarters, USMC 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.

6-56**Dental Research**

(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 in MANMED Chapter 20, dental officers assigned to research facilities must conduct scientific investigations related to problems in Navy dentistry or as may be prescribed by the commanding officer or other competent authority and act in an advisory capacity to the commanding officer, through the chain of command, on all dental and oral health research matters.

6-57**Active Duty Dental Program (ADDP)**

(1) The ADDP provides private sector dental care to ensure dental health and deployment readiness for Active Duty Service members (ADSMs). The ADDP provides dental care to ADSMs who are unable to receive required care from a military DTF. The dental benefit company with the current ADDP contract will coordinate an appointment for routine dental care (e.g., examinations, cleanings, fillings) within 21 calendar days of request and 28 calendar days for specialty dental care (e.g., crowns, bridges, dentures, periodontal treatment).

(2) The ADDP provides authorized civilian dental care under two distinct components for ADSMs who are either: referred from a military DTF (DTF-referred) or reside and work (duty location) greater than 50 miles from a military DTF and receive remote benefits as part of the Remote Active Duty Dental Program. Access to private sector care for ADSMs is per the current ADDP and any information should be per the ADDP contract. Members should search the Web site of the current insurance provider that administers the DoD Active Duty Dental Program.

(3) All ADDP treatment must be completed prior to the service Member's separation from active duty or retirement.

Section VIII

DENTAL RECORDS, ACRONYMS, AND REFERENCES

Article		Page
6-58	Reporting and Processing Medical Materiel Complaints	6-45
6-59	Dental Records Retirement and Disposal	6-45
6-60	Clinical Designations and Abbreviations for Use in Dental Records	6-46
6-61	Acronyms and References	6-53

6-58

Reporting and Processing Medical Materiel Complaints

(1) All defective or unsatisfactory standard and nonstandard medical and dental materiel must be reported per BUMEDINST 6710.63 series.

6-59

Dental Records Retirement and Disposal

(1) The DON Records Management (RM) Program establishes policies and procedure for life-cycle management (creation, maintenance, use, and disposition) of DON records. SECNAV Manual 5210.1 provides guideline and procedures for the proper administration of a records management program.

6-60**Clinical Designations and Abbreviations for Use in Dental Records**

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

<u>TOOTH</u>	<u>DESIGNATION</u>
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 Medical Record – Dental: (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.)

<u>TOOTH</u>	<u>DESIGNATION</u>
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:

<u>SURFACE</u>	<u>DESIGNATION</u>
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, specialty abbreviations listed below, well known medical and scientific signs and symbols such as: Rx, H₂O may be used in recording dental treatment.

<u>NAME</u>	<u>ABBREVIATION</u>
Acute Necrotizing Ulcerative Gingivitis.....	ANUG
Adjustment.....	adj
After.....	p (with a line above it)
All Ceramic Restoration	ACR
Allergies.....	All
All Metal Restoration.....	AMR
Amalgam.....	Am
Anterior.....	Ant
Anesthetic (thesia).....	Anes
Apnea Hypopnea Index.....	AHI
Appliance.....	appl
As needed.....	PRN
Assessment.....	A
Atraumatic/Alternative Restorative Technique.....	ART
Atypical Odontalgia.....	AO
Auriculotemporal	AT
Base of Tongue.....	BOT
Battlefield Acupuncture.....	BFA
Before.....	a (with a line above it)
Beta III Titanium.....	B3Ti
Biopsy.....	Bx
Bite Wing Radiographs.....	BWX
Bleeding Upon Probing.....	BOP
Blood Pressure.....	BP
Buccal.....	B
Buccal Mucosa.....	BM
By Mouth.....	PO
Camphorated Paramonochlorophenol.....	CMCP
Carpule(s).....	carp(s)
Cementoenamel Junction.....	CEJ
Cephalometric.....	ceph
Cerebrovascular Accident.....	CVA
Cervical Pull Head Gear.....	CPHG
Chief Complaint.....	CC
Clinical Attachment Level.....	CAL
Complete Removable Dental Prosthesis.....	CRDP
Computed Tomography.....	CT
Cone Beam Computed Tomography.....	CBCT
Connective Tissue Graft.....	CTG
Coronary Artery Disease.....	CAD
Crown Lengthening Procedure.....	CLP
Copal Varnish.....	Cop
Crown.....	Cr
Curettage.....	Cur

<u>NAME</u>	<u>ABBREVIATION</u>
Degenerative Joint Disease	DJD
Dental Digital Imaging	DDI
Demineralized Freeze Dried Bone Allograft	DFDBA
Diagnosis	Dx
Diastolic Blood Pressure.....	DBP
Digital Imaging and Communications in Medicine	DICOM
Direct Pulp Cap.....	DPC
Distal.....	D
Drain	Drn
Early Childhood Caries.....	ECC
Electric Pulp Test.....	EPT
Endodontics	Endo
Epinephrine.....	Epi
Equilibrate (ation).....	Equil
Ethanol (alcohol).....	ETOH
Eugenol	Eug
Every	q
Examination	Exam
Extraction (ed)	Ext
Fixed Dental Prosthesis.....	FDP
Floor of Mouth.....	FOM
Fluoride.....	Fl
Follow Up	f/u
Fracture	Fx
Free Gingival Graft.....	FGG
Full Coverage Crown.....	FCC
Full Mouth Series.....	FMX
General Anesthesia	GA
Glass Ionomer	GI
Guided Bone Regeneration	GBR
Guided Tissue Regeneration	GTR
Gutta Percha.....	GP
Health Questionnaire Reviewed.....	HQR
Heat Activated Nickel Titanium	HANT
Herpes Simplex Virus	HSV
High Pull Head Gear	HPHG
History	Hx
History and Physical	H&P
Human Papilloma Virus	HPV
Hypertension.....	HTN
Hypotension	No abbreviation recommended
Incisal.....	I
Incision and Drainage	I&D
Indirect Pulp Cap	IPC
Inferior	Inf
Inferior Alveolar Nerve.....	IAN

<u>NAME</u>	<u>ABBREVIATION</u>
Interim Therapeutic Restoration	ITR
Intravenous.....	IV
Intravenous Conscious Sedation	IVCS
Intermediate Restorative Material.....	IRM
Lateral Cephalograph.....	lat ceph
Left.....	L or L (with a circle around it)
Lidocaine	Lido
Ligate (Ligature)	lig
Light Amplification by Stimulated Emission of Radiation.....	LASER
Lingual	L
Local Anesthesia	LA
Lower Lingual Holding Arch.....	LLHA
Magnetic Resonance Imaging	MRI
Mandibular.....	Man
Mandibular Advancement Device	MAD
Maxillary.....	Max
Maximum Incisal Opening	MIO
Medication(s)	Med(s)
Mercury.....	Hg
Mesial.....	M
Metal Ceramic Restoration	MCR
Millimeter	mm
Mineral Trioxide Aggregate	MTA
Mineralized Freeze Dried Bone Allograft	FDBA
Mucous Membrane Pemphigoid	MMP
Myocardial Infarction	MI
Necrotizing Ulcerative Gingivitis	NUG
Next Visit	NV
Nickel Titanium	NiTi
Nitrous Oxide.....	N2O
No Further Entries.....	NFE
No Known Drug Allergies	NKDA
No Significant Findings	NSF
Non-surgical Retreatment	NSReTx
Non-surgical Root Canal Therapy	NSRCT
Numeric Rating Scale	NRS
Objective	O
Obstructive Sleep Apnea.....	OSA
Occlusal	O
Open Flap for Debridement	OFD
Open Coil Spring	OCS
Operating Room.....	OR
Operative.....	Oper
Oral and Maxillofacial Radiology.....	OMR
Oral and Maxillofacial Pathology	OMFP
Oral and Maxillofacial Surgery.....	OMS
Oral Cancer Screening Examination.....	OCSE

<u>NAME</u>	<u>ABBREVIATION</u>
Oral Diagnosis	OD
Oral Health Counseling.....	OHC
Oral Hygiene Instruction.....	OHI
Oral Lichen Planus.....	OLP
Orthodontics.....	Ortho
Osteoarthritis.....	OA
Panoramic Radiograph.....	Pano
Partial Removable Dental Prosthesis	PRDP
Partial Removable Interim Prosthesis	PRIP
Past Medical History	PMH
Pathology	Path
Patient	Pt
Patient Informed of Examination Findings and Treatment Plan.....	PTINF
Pemphigus Vulgaris.....	PV
Penicillin	PCN
Periapical	PA
Pericoronitis.....	PCOR
Periodontal Screening and Recording.....	PSR
Periodontics	Perio
Plan	P
Plaque Control Index	PCI
Polyvinyl Siloxane	PVS
Porcelain	Porc
Post Operative Treatment	POT
Posterior	Post
Posterior Anterior Cephalograph	PA ceph
Posterior Superior Alveolar (injection).....	PSA
Power Chain.....	PC
Preparation	Prep
Preventive Dentistry.....	PD
Preventive Resin Restoration	PRR
Probing Depth.....	PD
Prophylaxis	Pro
Prosthodontics.....	Pros
Provisional Restoration.....	Prov
Rapid Palatal Expansion/Expander.....	RPE
Region of Interest.....	ROI
Registered Dental Hygienist	RDH
Regular Platform.....	RP
Resin Modified Glass Ionomer	RMGI
Restoration(s).....	Rest
Return to Clinic.....	RTC
Reverse Curve of Spee.....	RCOS
Reverse Pull Head Gear	RPHG
Rheumatoid Arthritis	RA

<u>NAME</u>	<u>ABBREVIATION</u>
Ridge Augmentation	Ridge Aug
Right.....	R or R (with a circle around it)
Root Canal Filling.....	RCF
Rubber Dam.....	RD
Subjective.....	S
Scaled (ing).....	Scl
Scale/Root Plane	SRP
Severe Early Childhood Caries	S-ECC
Stainless Steel	ss
Stainless Steel Crown	SSC
Straight Pull Head Gear	SPHG
Sternocleidomastoid.....	SCM
Surgical (ery)	Surg
Surgical Root Canal Therapy.....	SRCT
Surgically Assisted Rapid Palatal Expansion	SARPE
Suture(s) (d)	Su
Symptoms	Sx
Systemic Lupus Erythematosus	SLE
Systolic Blood Pressure	SBP
Temperature	T or Temp
Temporomandibular Disorder.....	TMD
Temporomandibular Joint.....	TMJ
Temporary.....	Temp.
Temporary Anchorage Device.....	TAD
Titanium Molybdenum Alloy	TMA
Topical	Top.
Trans-Palatal Arch	TPA
Treatment Plan	Tx Plan
Treatment (ed).....	Tx
Trigeminal Neuralgia	TN
Trigger Point Injection.....	TPI
Varicella Zoster Virus.....	VZV
Vertical Bitewing Radiograph	VBX
Visual Analog Scale.....	VAS
Well Nourished Well Hydrated	WNWH
Wide Platform.....	WP
With.....	W/ or c (with line over it)
Within Normal Limits.....	WNL
Without	W/O or s (with line over it)
Zinc Oxide and Eugenol	ZOE

6-61**Acronyms and References**

AAS	Associates of Applied Sciences
ACP	Advanced Clinical Program
ADA CERP	American Dental Association Continuing Education Recognition Program
ADAL	Authorized Dental Allowance List
ADCON	Administrative Control
ADDP	Active Duty Dental Plan
ADDU	Additional Duty
ADSM	Active Duty Service Members
ADSO	Active Duty Service Obligation
AEGD	Advanced Education in General Dentistry
AIS	Alternative Instructional Systems
AT	Annual Training
BN	Battalion
BSO	Budget Submitting Office
BUMED	Bureau of Medicine and Surgery
BUPERS	Bureau of Naval Personnel
CAC	Common Access Card
CANTRAC	Catalog of Navy Training Courses
CAPT	Captain
CB	Construction Battalions
CD	Compact Disc
CDR	Commander
CDS	Corporate Dental System
CDT	Current Dental Terminology
CE	Continuing Education
CG	Commanding General
CHCS	Composite Health Care System
CMA	Competent Medical Authority
CMC	Commandant of the Marine Corps
CNO	Chief of Naval Operations
CONUS	Continental United States
CQA	Clinical Quality Assurance
DBP	Diastolic Blood Pressure
DCPRB	Dental Corps Professional Review Board
DD	Department of Defense (Form)
DDI	Dental Digital Imaging
DDP	Director, Dental Programs
DCM	File extension for DICOM file format
DENBN	Dental Battalion
DENCAS	Dental Common Access System
DHI	Dental Health Index
DICOM	Digital Imaging Communications in Medicine
DoD	Department of Defense
DON	Department of the Navy
DOPMA	Defense Officer Personnel Management Act

DTF	Dental Treatment Facility
DUINS	Duty Under Instruction
DVD	Digital Versatile Disc
FMP	Family Member Prefix
GPR	General Practice Residency
HA	Health Affairs
HIV	Human Immunodeficiency Virus
HS	Health Services
IP/C	Infection Prevention and Control
ISIC	Immediate Superior in Command
JAG	Judge Advocate General
JAGMAN	Judge Advocate General Manual
LCDR	Lieutenant Commander
MAGTF	Marine Air-Ground Task Force
MANMED	Manual of the Medical Department
MCO	Marine Corps Order
MDR	Medical Department Representative
MEDIG	Medical Inspector General
MEF	Marine Expeditionary Force
MEPS	Military Entrance Processing Station
MHS	Military Health System
MILPERSMAN	Military Personnel Manual
MLG	Marine Logistics Group
MTF	Medical Treatment Facility
NAVMED	Navy Medicine
NDC	Naval Dental Center
NDHBE	National Dental Hygiene Board Examinations
NIH	National Institutes of Health
NAVMEDPRODEVCTR	Navy Medicine Professional Development Center
NOSC	Navy Operational Support Center
NPDS	Naval Postgraduate Dental School
NPQ	Not Physically Qualified
NRC	Navy Recruiting Command
OCONUS	Outside the Continental United States
ODR	Operational Dental Readiness
ODS	Officer Development School
OPCON	Operational Control
OPLAN	Operational Plans
OPNAV	Office of the Chief of Naval Operations
PERS	Navy Personnel Command
PGY-1	Post Graduate Year One
PRP	Personnel Reliability Program
PSR	Periodontal Screening and Record
PUT	Professional Update Training
RDH	Registered Dental Hygienist
RM	Records Management
SECNAV	Secretary of the Navy
SELRES	Selected Reserve
SF	Standard Form

SIQ	Sick in Quarters
SOAP	Subjective Objective Assessment Plan
SUBPAC	Submarine Pacific
T/E	Table of Equipment
T/O	Table of Organization
UCMJ	Uniformed Code of Military Justice
USC	United State Code
USMC	United States Marine Corps
USUHS	Uniformed Services University of the Health Sciences
VTU	Voluntary Training Unit
WRNMMC	Walter Reed National Military Medical Center

REFERENCES USED IN THIS CHAPTER

BUMEDINST 1300.2 series – Suitability Screening, Medical Assignment Screening, and Exceptional Family Member Program Identification and Enrollment

BUMEDINST 6320.82 series – Department of the Navy Standards of Oral Health Care

BUMEDINST 6320.103 series – Patient Services Program

BUMEDINST 6600.12 series – NAVMED 6600/3 Dental Health Questionnaire

BUMEDINST 6600.16 series – Oral Disease Risk Management Protocols in the Navy MHS

BUMEDINST 6600.18 series – Implementation and Standardization of Dental Classification Guidelines

BUMEDINST 6600.19 series – NAVMED 6600/13 Oral Exam; NAVMED 6600/14 Dental Treatment; and NAVMED 6600/15 Current Status

BUMEDINST 6600.20 series – NAVMED 6600/16 Oral Problem List

BUMEDINST 6600.21 series – Guidance for Pit and Fissure Sealants

BUMEDINST 6620.4 series – Instructions for Completing NAVMED 6620/2 Emergency Dental Treatment Record

BUMEDINST 6630.3 series – Use of Dental Implants in the Navy Medical Health Care System

BUMEDINST 6670.2 series – Orthodontic Care in Navy Military Treatment Facilities

BUMEDINST 6670.3 series – Endodontic Treatment Forms

BUMEDINST 6710.63 series – Reporting of Defective, Unsafe, or Unsatisfactory Medical and Dental Materiel

BUMEDINST 6710.67 series – Administration of Sedation and Anesthesia by Non-Anesthesiologists and Non-certified Registered Nurse Anesthetists in Navy Medical Treatment Facilities

BUPERSINST 1610.10 series – Navy Performance Evaluation System

NAVMEDCOMINST 6320.16 – Informed Consent for Medical and Dental Treatment

OPNAVINST 1120.5 series – Appointment of Regular and Reserve Officers in the Dental Corps of the United States Navy

OPNAVINST 1811.3 series – Voluntary Retirement and Transfer to the Fleet Reserve of Members of the Navy Serving on Active Duty

OPNAVINST 3710.7U – NATOPS General Flight and Operating Instructions Manual, see paragraph 8.3.2.7 (Dental Care)

SECNAVINST 5100.13 series – Navy and Marine Corps Tobacco Policy

SECNAVINST 5300.30 series – Management of Human Immunodeficiency Virus, Hepatitis B Virus and Hepatitis C Virus Infection in the Navy and Marine Corps

SECNAVINST 5510.35 series – Department of the Navy Nuclear Weapon Personnel Reliability Program

SECNAV M-5210.1 – DON Navy Records Management Program – Records Management Manual

TBMED Technical Bulletin 250 Dental Record Administration Recording and Appointment Control

MANMED Chapter 15 – Physical Examinations and Standards for Enlistment, Commission, and Special Duty and MANMED Chapter 15, article 15-77(2), NAVMED 6410/1 Aeromedical Grounding Notice
<http://www.med.navy.mil/directives/Pages/NAVMEDP-MANMED.aspx>

MANMED Chapter 16 – Health Records - <http://www.med.navy.mil/directives/Pages/NAVMEDP-MANMED.aspx>

MANMED Chapter 18 – Medical Evaluation Boards
<http://www.med.navy.mil/directives/Pages/NAVMEDP-MANMED.aspx>

NAVADMIN 203/14 – Overseas/Remote Duty Screening Policy Change - <http://www.public.navy.mil/bupers-npc/reference/messages/NAVADMINS/Pages/NAVADMIN2014.aspx>

DOD Manual 6025.13 – Medical Quality Assurance (MQA) and Clinical Quality Management in the Military Health System (MHS)

Defense Health Agency CY2017 Guidelines for Dental Procedure Codes Surgical Procedure Codes and Dental Weighted Values

The Fourth Report on the Diagnosis, Evaluation and Treatment of High Blood Pressure in Children and Adolescents (for Boys and Girls) – https://www.nhlbi.nih.gov/files/docs/resources/heart/hbp_ped.pdf

The Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure <http://www.nhlbi.nih.gov/files/docs/guidelines/jnc7full.pdf>

TRICARE Operations Manual 6010.56-M, February 1, 2008, Chapter 24 Section 11, 2.2.2.6 TRICARE Dental Plans, C-110, November 20, 2013

FORMS USED IN THIS CHAPTER

The following NAVMED Forms are available on Navy From Online at:
<https://navalforms.documentservices.dla.mil/web/public/forms>

NAVMED 1300/1 Medical, Dental and Educational Suitability Screening for Service and Family Members

NAVMED 5721/1 Request for Clearance for Authorized Work.

NAVMED 6150/21 to NAVMED 6150/30 - Dental Treatment Record

NAVMED 6410/1 Aeromedical Grounding Notice

NAVMED 6600/3 Dental Health Questionnaire

NAVMED 6600/12 Reserve Dental Assessment and Certification

NAVMED 6600/13 Oral Exam

NAVMED 6600/14 Dental Treatment

NAVMED 6600/15 Current Status

NAVMED 6600/16 Oral Problem List

NAVMED 6620/2 Emergency Dental Treatment Record

NAVMED 6630/5 Orthodontic Index and Evaluation of Occlusion

NAVMED 6630/6 Orthodontic Transfer Form

NAVMED 6630/7 Special Consent to Performance of Orthodontic Treatment

NAVMED 6630/8 Commander's Concurrence Form

NAVMED 6630/9 Dental Implant Patient Treatment Policy

NAVMED 6630/10 Orthodontic Patient Evaluation Summary Sheet

NAVMED 6630/11 Orthodontic Discrepancy Index

NAVMED 6630/12 Orthodontic Statement of Understanding

NAVMED 6630/13 Consent for Treatment

The following OPNAV Form is available on Navy Forms Online at:

<https://navalforms.documentservices.dla.mil/web/public/forms>

OPNAV 5510/415 Record Identifier for Personal Reliability Program

The following DD Forms are available Online at:

<http://www.dtic.mil/whs/directives/forms/index.htm>

DD Form 2813 Department of Defense Active Duty/Reserve/Guard/ Civilian Forces Dental Examination

DD Form 2808 Report of Medical Exam

The following SF Forms are available Online at:

<https://www.gsa.gov/portal/forms/type/SF>

SF 88 Medical Record – Report of Medical Examination

SF 515 Tissue Examination

SF 600 Chronological Record of Medical Care

SF 603 Medical Record - Dental

THIS PAGE INTENTIONALLY LEFT BLANK