

ATCC-GGO-HCS

MEMORANDUM FOR RECORD

SUBJECT: Statement of Acknowledgement for Civilian Dental Records

_____ I have verified with my dentist that my dental records <u>do</u> contain descriptive profiles, bite wing x-rays, orthodontic profiles or dental x-rays for identification purposes.

OR

_____ I have verified with my dentist that my dental records <u>do not</u> contain descriptive profiles, bite wing x-rays, orthodontic profiles or dental x-rays for identification purposes and have scheduled an appointment. My appointment is scheduled for

(Date):	(Time):
Dentist Name:	Phone:
Address:	

(Print Cadet Name)

(Cadet Signature)

(Date)