

5 MAY 2000



Dental

MANAGING AIR FORCE DENTAL SERVICES

COMPLIANCE WITH THIS PUBLICATION IS MANDATORY

NOTICE: This publication is available digitally on the AFDPO WWW site at:
<http://afpubs.hq.af.mil>.

OPR: HQ USAF/SGWD
(Colonel Gerard A. Caron)
Supersedes AFI 47-101, 5 May 1999.

Certified by: HQ USAF/SGD
(Colonel Laurie N. Matiasevich, Jr.)
Pages: 117
Distribution: F

This instruction sets forth Air Force policy with respect to managing the agency's dental services IAW. AFD 47-1, Dental Services. It also implements the following directives and instructions for the Dental Service and its activities worldwide: Title 10, United States Code (U.S.C.), Sections 1074, 1074a, 1076, 1076a, and 1077; DoD/HA Policy 98-031 Revised Utilization Management Policy for the direct Care System when applied to Dental Practice; DoD Instruction 6015.22, Inter-Service Support Program (ISP) for Military Dental Laboratories, May 12, 1992; and DoD Instruction 6410.1, Standardization of Dental Classifications, November 8, 1990 and DOD Instruction 6410.2, Standardization of Code on Dental procedures, February 13, 1992. It also provides guidance to meet the civilian standards of the Occupational Safety and Health Administration, the Centers for Disease Control and Prevention, and the American Dental Association. This instruction requires the collection and maintenance of information protected by the Privacy Act of 1974. The authority is in Title 10, U.S.C., Chapter 55. Systems of Records Notices F044 AF SG AC, Dental Health Records, and F044 AF SG AC, Automated Medical/Dental Record System, apply. This instruction applies to all United States Air Force facilities which provide dental services, including Air Reserve Components (except where application to a particular component is specified.) Send comments and suggested improvements through channels to the Air Force Assistant Surgeon General for Dental Services (HQ USAF/SGD), 110 Luke Avenue, Room 400, Bolling AFB DC 20332-7050, on AF Form 847, Recommendation for Change of Publication. See **Attachment 1** for a glossary of references and supporting information.

SUMMARY OF REVISIONS

This revision incorporates Interim Change (IC) 2000-1 and deletes one out of date specification for dental treatment room construction and allows more flexibility in the use of stamps in dental health records. It incorporates additional guidance on the management of after hours dental emergencies and management of AD orthodontic patients. This revision also changes conditions for space-available care for family members enrolled in the TRICARE Family Member Dental Program to conform to Title 10, U.S.C. An additional change provides clarification of Air Force Reserve and Air National Guard (ANG) policies for

management of Reserve Component (RC) members identified as dental readiness class 3, or dental readiness class 4. Lastly, it corrects administrative and typographic errors both in the body and in Attachments and updates current guidance on AF forms 935, 935A, 1801, 1802, 1803 and DD form 2322 replacing outdated examples. Changed material is indicated by a bar (|). The entire text of the IC is at the last attachment.

Chapter 1—ORGANIZATIONAL AND ADMINISTRATIVE RESPONSIBILITIES	7
1.1. Air Force Assistant Surgeon General for Dental Services (HQ USAF/SGD).	7
1.2. Major Command Dental Surgeon/Air Reserve Component (ARC) Advisors (MAJCOM/SGD).	7
1.3. Dental Squadron Commander (DSC) or Equivalent.	7
1.4. Air Force Career Field Manager-4Y0X1/4Y0X2.	8
1.5. Dental MAJCOM Functional Manager.	8
1.6. Air Force Reserve Mobilization Assistant to the Air Force Assistant Surgeon General for Dental Services and Air National Guard Assistant to the Air Force Assistant Surgeon General for Dental Services.	9
1.7. Individual Mobilization Augmentee (IMA) to the Air Force Career Field Manager-4Y0X1/4Y0X2, and Air National Guard (ANG) Career Field Manager will:	9
1.8. Air Reserve Component (ARC) Dental Officers.	9
1.9. HQ USAF/SGD Military and Civilian Consultants:	9
1.10. Special Consultants to the Air Force Surgeon General.	9
1.11. Dental Service Manager's File.	9
1.12. Policy on Accreditation of Training Programs:	11
Chapter 2—RCS: HAF-SGD (M&Q)7104, BASE AND COMMAND DENTAL SERVICE REPORT	12
2.1. Monthly Reporting Requirements:	12
2.2. Quarterly Reporting Requirements.	12
2.3. The Reserve Dental Data Systems (RDDS).	12
2.4. ANG Dental Classification Report.	12
2.5. Emergency Reporting Procedures.	12
Chapter 3—FUNDS, FACILITIES, AND MATERIEL	13
3.1. Financial Planning.	13
3.2. Establishing, Modifying, and Disestablishing Fixed Dental Facilities:	13
3.3. Managing Government Property:	13
3.4. US Air Force Dental Investigation Service (DIS).	14
Chapter 4—OCCUPATIONAL SAFETY AND HEALTH	15
4.1. Regulatory Responsibilities.	15
4.2. Hazardous Material Management.	15
4.3. Infection Control Procedures.	15

4.4. As Low As Reasonably Achievable (ALARA) Program.	15
Chapter 5—DENTAL HEALTH RECORDS	16
5.1. Responsibilities.	16
5.2. AF Forms 2100B-2190B, Health Record-Dental.	16
5.3. Maintaining Other Uniformed Service Dental Health Records.	17
5.4. Documenting Dental Health Records.	17
5.5. Dental Health Records of Personnel on Temporary Duty (TDY).	19
5.6. Inventory of Dental Health Records.	19
5.7. Release and Disclosure of Information from Dental Health Records	19
Chapter 6—PROFESSIONAL CARE OF PATIENTS	20
6.1. Responsibilities.	20
6.2. Priority of Care.	20
6.3. Medical Emergencies.	20
6.4. After Hours Dental Emergencies.	20
6.5. Air Force Dental Readiness Assurance Program (AFDRAP).	21
6.6. Family Member Dental Plan (FMDP).	21
6.7. Dental Care Supporting Training Objectives.	21
6.8. Examinations.	22
Figure 6.1. ARC PATIENT LETTER OF DENTAL READINESS CLASSIFICATION (SAMPLE)	24
Figure 6.2. ARC LETTER TO CIVILIAN DENTISTS INDICATING REQUIRED TREATMENT (SAMPLE)	25
Figure 6.3. Memorandum of Understanding (Training and Proficiency).	26
6.9. Active Duty Dental Clearances.	28
6.10. Supplemental Dental Care.	29
6.11. Family Member Overseas Dental Clearances.	29
6.12. Postmortem Dental Identification.	30
6.13. Reporting Communicable Diseases.	30
6.14. Family Advocacy.	30
6.15. Personnel on Flying Status.	30
6.16. Personnel Reliability Program (PRP)/Sensitive Duties Program (SDP).	31
6.17. Hypertension Screening.	31

6.18. Medical Consultation.	31
6.19. Oral Pathology Services:	31
6.20. Treatment Planning.	33
6.21. Refusal of Dental Treatment.	33
6.22. Comprehensive Pain and Anxiety Control.	33
6.23. Prosthodontic Services:	36
6.24. Orthodontic Services:	36
Figure 6.4. Orthodontic Statement of Understanding	38
6.25. Dental Implant Services:	40
Figure 6.5. Memorandum of Understanding (Dental Implant Therapy)	41
6.26. Quality Management/Utilization Management.	42
6.27. Informed Consent.	42
6.28. US Air Force Preventive Dentistry Program.	43
6.29. Operating Room Privileges	44
Chapter 7—DENTAL LABORATORY	45
7.1. Responsibilities.	45
7.2. Base Dental Laboratory (BDL).	45
7.3. Area Dental Laboratory.	45
7.4. Dental Precious Metals and Alloys.	45
7.5. Record of Laboratory Services.	46
7.6. Prosthesis Identification.	46
7.7. Laboratory Quality Control.	46
Attachment 1—GLOSSARY OF REFERENCES, AND SUPPORTING INFORMATION	47
Attachment 2—AUTHORIZED DESIGNATIONS AND ABBREVIATIONS	50
Attachment 3—INSTRUCTIONS FOR COMPLETING SF 603, HEALTH RECORD-DENTAL, AND SF 603A, HEALTH RECORD-DENTAL CONTINUATION	57
Attachment 4—INSTRUCTIONS FOR CHARTING MISSING TEETH AND EXISTING RESTORATIONS	59
Attachment 5—INSTRUCTIONS FOR CHARTING DISEASES AND ABNORMALITIES	62

Attachment 6—INSTRUCTIONS FOR COMPLETING AF FORM 935 PERIODONTAL DIAGNOSIS AND TREATMENT PLAN	64
Attachment 7—INSTRUCTIONS FOR COMPLETING AF FORM 935A, PERIODONTAL MAINTENANCE RECORD	68
Attachment 8—INSTRUCTIONS FOR COMPLETING AF FORM 935B, PLAQUE INDEX/ BLEEDING POINT RECORD	71
Attachment 9—US AIR FORCE DENTAL READINESS CLASSIFICATION	74
Attachment 10—INSTRUCTIONS FOR COMPLETING PERIODONTAL SCREENING AND RECORDING (PSR) AND THE ORAL HYGIENE INDEX	77
Attachment 11—INSTRUCTIONS FOR COMPLETING POSTMORTEM DENTAL RECORD, AF FORM 1801	79
Attachment 12—INSTRUCTIONS FOR COMPLETING ANTEMORTEM DENTAL RECORD, AF FORM 1802	81
Attachment 13—INSTRUCTIONS FOR COMPLETING DENTAL IDENTIFICATION SUMMARY REPORT, AF FORM 1803	83
Attachment 14—INSTRUCTIONS FOR COMPLETING AF FORM 1417, SEDATION CLINICAL RECORD	85
Attachment 15—INSTRUCTIONS FOR COMPLETING DD FORM 2322, DENTAL LABORATORY WORK AUTHORIZATION	91
Attachment 16—INSTRUCTIONS FOR MANAGEMENT OF DENTAL READINESS CLASS 3 PATIENTS IN THE AIR NATIONAL GUARD AND COMPLETION OF AF FORM 422, PHYSICAL PROFILE SERIAL REPORT	94
Attachment 17—INTERIM CHANGE (IC) 00-1, TO AFI 47-101, MANAGING AIR FORCE DENTAL SERVICES	99

Chapter 1

ORGANIZATIONAL AND ADMINISTRATIVE RESPONSIBILITIES

1.1. Air Force Assistant Surgeon General for Dental Services (HQ USAF/SGD). This individual will:

- 1.1.1. Formulate and direct dental policies, standards, and requirements.
- 1.1.2. Independently and directly advise the Surgeon General concerning dental issues, dental programs, appropriation, and allocation of dental resources.
- 1.1.3. Oversee comprehensive programs to continuously improve the prevention and treatment of dental disease.
- 1.1.4. Appoint active duty dental consultants to HQ USAF/SGD to draft standards of care unique to their specialties and independently and directly advise HQ USAF/SGD on shaping policies and procedures in their areas of expertise. NOTE: AFI 44-104, *Clinical Consultant Program*, provides guidance for appointing dental service military and civilian consultants to the Air Force Surgeon General.
- 1.1.5. Collect and evaluate pertinent dental data.
- 1.1.6. Coordinate Air Force dental activities with other federal and national dental activities, as appropriate.

1.2. Major Command Dental Surgeon/Air Reserve Component (ARC) Advisors (MAJCOM/SGD). These individuals will:

- 1.2.1. Implement Air Force dental programs.
- 1.2.2. Ensure policy compliance.
- 1.2.3. Gather and send data to HQ USAF/SGD.
- 1.2.4. Advise the major command surgeon on dental program management.
- 1.2.5. Appoint enlisted subject matter experts in writing for 4Y0X1 and 4Y0X2 career fields. Forward a copy of appointment letter to HQ USAF/SGD.
- 1.2.6. Coordinate dental activities with other federal dental activities, as appropriate.
- 1.2.7. Provide support to Air Reserve Component (ARC) dental activities.
 - 1.2.7.1. Air Reserve Component advisors include:
 - 1.2.7.1.1. Air National Guard (ANG) assistants to MAJCOM/SGD
 - 1.2.7.1.2. Air Force Reserve individual mobilization augmentees (IMA) to MAJCOM/SGD
 - 1.2.7.1.3. IMA to HQ ARPC/SG

1.3. Dental Squadron Commander (DSC) or Equivalent. This individual will:

- 1.3.1. Manage base dental services.

NOTE: The term “DSC” as used throughout this instruction, refers to the active duty or ARC officer in charge of the base dental services (squadron commander, flight commander, etc.) If the DSC is not a den-

tist, a chief of dental services (CDS), must be appointed by the medical treatment facility (MTF) commander (CC) to:

- 1.3.2. Advise the MTF/CC and MAJCOM/SGD on all matters related to professional dental activities.
- 1.3.3. Gather and send data to MAJCOM/SGD.
- 1.3.4. Conduct a dental activity financial analysis IAW current higher HQ guidance
- 1.3.5. Provide for the management, career progression and mentoring of assigned dental officers IAW with Air Force, MAJCOM, and local policies.
 - 1.3.5.1. The DSC will appoint a professional dental mentor for dental officers with less than 36 months active service in the Air Force.
 - 1.3.5.2. The mentoring period may be extended at the discretion of the DSC.
- 1.3.6. Ensure credentialed dental officers maintain professional competency through the regular practice of dentistry.
- 1.3.7. Appoint a noncommissioned officer (NCO) to manage enlisted and other ancillary personnel including:
 - 1.3.7.1. An enlisted mentoring program
 - 1.3.7.2. Enlisted technical training.
 - 1.3.7.3. Professional military education.
 - 1.3.7.4. NCO responsibilities.
 - 1.3.7.5. Career progression, educational and retraining opportunities.
- 1.3.8. Coordinate dental activities with other federal and local dental activities, as appropriate.
- 1.3.9. Provide base dental support to ARC dental activities (AD only).

1.4. Air Force Career Field Manager-4Y0X1/4Y0X2. This individual will:

- 1.4.1. Advise HQ USAF/SGD on all matters related to dental enlisted personnel.
- 1.4.2. Manage Air Force dental enlisted career fields.
- 1.4.3. Serve as the Air Force Career Field Manager for the 4Y0X1 and 4Y0X2 Air Force specialties.

1.5. Dental MAJCOM Functional Manager. This individual will:

- 1.5.1. Be appointed by MAJCOM/SGD.
- 1.5.2. Advise MAJCOM/SGD on all matters related to dental enlisted staffing, training, and utilization.
- 1.5.3. Serve as a command representative at meetings, conferences, and workshops, i.e., Utilization and Training Workshops. May serve as subject matter expert and has voting and approval authority on proposed changes.

1.6. Air Force Reserve Mobilization Assistant to the Air Force Assistant Surgeon General for Dental Services and Air National Guard Assistant to the Air Force Assistant Surgeon General for Dental Services. These individuals will:

- 1.6.1. Provide dental policy to all subordinate ARC dental personnel.
- 1.6.2. Advise HQ USAF/SGD on all matters related to ARC dental activities.

1.7. Individual Mobilization Augmentee (IMA) to the Air Force Career Field Manager-4Y0X1/4Y0X2, and Air National Guard (ANG) Career Field Manager will:

- 1.7.1. Provide support to ARC Advisors on matters related to ARC dental enlisted training and readiness issues.
- 1.7.2. Advise the Air Force Career Field Manager-4Y0X1/4Y0X2 on all matters related to ARC dental enlisted activities.

1.8. Air Reserve Component (ARC) Dental Officers. ARC dental officers must meet these minimum requirements in addition to ARC participation:

- 1.8.1. Maintain a current, valid, unrestricted dental license from at least one state or jurisdiction.
- 1.8.2. Actively engage in dentistry at least 640 hours yearly in at least one of these professional activities:
 - 1.8.2.1. Practice dentistry, including volunteer service.
 - 1.8.2.2. Occupy an academic or research position.
 - 1.8.2.3. Serve in a dental or health care related position for a US governmental agency.
 - 1.8.2.4. Pursue post-doctoral training in an American Dental Association accredited program.

1.9. HQ USAF/SGD Military and Civilian Consultants: The Office of the Surgeon General administers the military and civilian consultant programs as specified in AFI 44-104, *Military and Civilian Consultant Programs*.

1.10. Special Consultants to the Air Force Surgeon General.

- 1.10.1. Will be nominated by the Air Force Assistant Surgeon General for Dental Services and appointed by the Air Force Surgeon General.
- 1.10.2. Provide professional guidance and technical advice in respective specialty area.
- 1.10.3. Direct communication between the consultants and with the HQ USAF/SGD staff is authorized, necessary, and encouraged.

1.11. Dental Service Manager's File. Each dental service must maintain a manager's file. At a minimum, include or reference these items:

- 1.11.1. AFRD 47-1 and AFI 47-101.
- 1.11.2. Medical treatment facility instructions (AD only).
- 1.11.3. Dental clinic functional organizational chart.

- 1.11.4. Correspondence to/from higher headquarters and other agencies.
- 1.11.5. Base dental instructions (AD facilities only, if applicable)
- 1.11.6. Dental services operating instructions.
- 1.11.7. Current business plan and/or financial analysis IAW current higher HQ guidance (AD only)
- 1.11.8. Personnel assigned primary duties and significant additional duties.
- 1.11.9. Local dental strategic plan.
- 1.11.10. Dental treatment room inventory.
- 1.11.11. Current, applicable military and civilian assessment guides, to include:
 - 1.11.11.1. HQ AFIA Assessment Guide
 - 1.11.11.2. JCAHO manual (AD only).
- 1.11.12. Self-inspection/assessment checklists.
Inspection, assessment, staff assistant, and other site-visit reports and follow up action.
 - 1.11.12.1. Hospital meetings minutes (only those with dental representation).
 - 1.11.12.2. Dental Service meeting minutes.
- 1.11.13. Consultants and guest lecturers. (AD only)
- 1.11.14. Civilian national consultant visit reports. (AD only)
- 1.11.15. Military consultant requests and visit reports.
- 1.11.16. Guest lecturer visit records.
- 1.11.17. Resource management information:
 - 1.11.17.1. Five year plan for equipment replacement.
 - 1.11.17.2. Annual and monthly medical logistic information.
 - 1.11.17.3. Equipment historical maintenance report.
- 1.11.18. Monthly summary of patient information.
 - 1.11.18.1. Dental Service Report.
 - 1.11.18.2. MAJCOM management indicators.
 - 1.11.18.3. Customer comments and follow-up.
 - 1.11.18.4. Other management information.
- 1.11.19. Preventive dentistry program documentation.
- 1.11.20. Squadron training/orientation program for all assigned personnel.
- 1.11.21. Dental Officer of the Day/Dental Charge of Quarters (DOD/DCQ) Rosters
- 1.11.22. Documentation of annual record inventory

1.12. Policy on Accreditation of Training Programs: Formal dental training program directors will seek and maintain appropriate accreditation from American Dental Association Council on Accreditation.

Chapter 2

RCS: HAF-SGD (M&Q)7104, BASE AND COMMAND DENTAL SERVICE REPORT

2.1. Monthly Reporting Requirements:

2.1.1. Dental personnel prepare the Base Dental Service Report by following the procedures and guidance specified in AFCSM 47-226, *Dental Data System (DDS): 1017, Users/Computer Operation Manual*. The standard cutoff date for workload data is the last workday of the month being reported. This automated monthly report must contain at least 90 percent of treatment accomplished during the reporting month.

2.1.2. The DSC submits the report to the MAJCOM/SGD within 10 duty days but no later than the 15th of the month following the period covered by the report (for example, submit the September report by 15 October).

2.1.3. The MAJCOM/SGD submits the Command Dental Service Report to HQ USAF/SGD within 5 duty days but no later than the 25th of the month following the period covered (for example, submit the September report by 25 October).

2.2. Quarterly Reporting Requirements. Forward Staffing and Facilities Section of the Dental Service Report quarterly. Submit for three month periods ending on the last day of December, March, June, and September. Follow procedures and guidance established in AFCSM 47-226. (AD only)

2.3. The Reserve Dental Data Systems (RDDS). Forward unit dental readiness classifications status to HQ AFRC/SGD through NAF/SGD with a copy to the local wing commander. (AFR only)

2.4. ANG Dental Classification Report. Forward semi-annual reports to ANG/SGS by 15 April and 15 October each year. (ANG only)

2.5. Emergency Reporting Procedures. The Dental Service Report is designated emergency status code C-3. Continue sending this report during emergency conditions, precedence delayed.

Chapter 3

FUNDS, FACILITIES, AND MATERIEL

3.1. Financial Planning. The DSC projects the financial requirements for the base dental service and provides these requirements to the Medical Resource Management Office annually.

3.1.1. A financial analysis will be maintained IAW local, MAJCOM or AFMS financial analysis programs, such as the AF Medical Service Performance Measurement Tool. (AD only)

3.2. Establishing, Modifying, and Disestablishing Fixed Dental Facilities:

3.2.1. The Air Force defines dental facilities as any space designated to directly support dental treatment. Dental facilities are either an integral part of a base's medical facility or a separate base facility. Fixed dental facilities are not mobile or equipped with field equipment.

3.2.2. The DSC must request prior approval for structural or functional changes to dental facilities. The written request must be coordinated through MAJCOM/SGD to HQ USAF/SGD. (For ARC units, final approval is through the appropriate higher headquarters.) The approved letter is returned to the facility, and maintained in the Dental Service Manager's File.

3.2.2.1. The DSC must consult the US Air Force Dental Investigation Service (DIS) on all facility projects. DIS provides assistance when initially planning minor construction or military construction program projects.

3.2.2.2. When the Air Force transfers a dental facility from one command to another, the losing MAJCOM/SGD gives the gaining MAJCOM/SGD all facility information.

3.2.3. The DSC maintains a dental treatment room (DTR) inventory for each separate facility under his control. Classify DTRs in each facility as either in use or converted.

3.2.3.1. Converted DTRs include those not being used as DTRs but still retained in the dental inventory. The DSC may remove dental patient treatment systems from converted DTRs.

3.2.3.2. Disposition of equipment and materiel from disestablished DTRs is accomplished according to locally established protocols. Eliminate disestablished DTRs from the DTR inventory.

3.3. Managing Government Property:

3.3.1. The DSC recommends and the MTF/CC appoints a dental property custodian. The custodian may be an enlisted member or a civilian.

3.3.2. The medical logistics section provides equipment and materiel support to dental facilities. Dental logistics personnel maintain stock levels of recurring demand items, and store them in stock-listed sequence, when practical.

3.3.3. The services dental logistics personnel must provide as a minimum are:

3.3.3.1. Notifying medical logistics when a backordered item will cause a work stoppage.

3.3.3.2. Consulting with medical logistics on the proper procedures for transfer of specialty instruments.

3.3.3.3. Turning in excess and unserviceable supplies and equipment to medical logistics.

3.3.4. The DSC must consult with DIS prior to purchasing investment equipment and products that require integration with other systems. This includes dental units, dental chairs, dental lights, compressors, vacuum systems, etc.

3.3.4.1. The DSC should consult DIS publications prior to purchase of minor equipment. DIS provides clinical investigation and product testing services to ensure that dental materials and devices meet minimum standards and military-unique requirements.

3.4. US Air Force Dental Investigation Service (DIS).

3.4.1. DIS conducts a diversified program of investigation, testing, and evaluation specifically relevant to the needs of the Air Force Dental Service as directed by HQ USAF/SGD. DIS performs these services:

3.4.1.1. Provides assistance to dental clinics in resolving operational problems.

3.4.1.2. Tests, evaluates, and provides protocols for dental equipment, materials, devices and procedures.

3.4.1.3. Assists in designing or modifying dental facilities.

3.4.1.4. Provides technical and educational support to dental residency training programs.

3.4.1.5. Conducts Preventive Dentistry and Dental Infection Control/Occupational Health Courses.

3.4.1.6. Represents the Dental Service at technical conferences and acts as liaison with other federal and military research and regulatory agencies.

3.4.1.7. Develops dental facility protocols that comply with occupational health, environmental, and safety standards.

3.4.1.8. Disseminates information to dental services through various publications.

3.4.1.9. Conducts special projects as directed by HQ USAF/SGD.

Chapter 4

OCCUPATIONAL SAFETY AND HEALTH

4.1. Regulatory Responsibilities. The DSC ensures that dental facilities meet all health and safety requirements for both staff and patients.

- 4.1.1. Dental personnel must comply with federal, Air Force, state, and local jurisdiction's Occupational Safety and Health Administration regulatory standards.
- 4.1.2. Dental personnel must properly manage and dispose of regulated medical and hazardous waste.
- 4.1.3. Dental personnel must wear personal protective equipment.
- 4.1.4. The DSC or designated representative must ensure that training is documented on AF Form 55, Employee Safety and Health Record.

4.2. Hazardous Material Management. Dental personnel must meet the requirements of Air Force Occupational Safety and Health (AFOSH) Standard 161-21, *Hazard Communication*. Hazardous materials in the dental clinic should be stored and maintained IAW AFI 32-7086, Hazardous Material Management Program.

- 4.2.1. Scrap amalgam handling procedures:
 - 4.2.1.1. Scrap amalgam will be stored dry in a covered, screw-type container.
 - 4.2.1.2. Dispose of scrap amalgam as a recyclable hazardous waste by turning it in to the base hazardous waste manager IAW local procedures.
 - 4.2.1.3. If scrap amalgam cannot be recycled, then it must be disposed of as a hazardous material IAW local base procedures and AFI 32-7086.

4.3. Infection Control Procedures. Dental personnel, in coordination with the MTF infection control committee, must meet the requirements outlined in the most current DIS guidelines.

4.4. As Low As Reasonably Achievable (ALARA) Program. The DSC ensures both the dental staff and patients receive the lowest possible radiation dose consistent with existing technology, costs, operational requirements, and current professional guidelines.

- 4.4.1. Dentists must complete a clinical examination or record review before requesting radiographs.
- 4.4.2. Dental personnel must maintain a log to track the number of radiographs exposed in non-lead lined rooms and areas.
- 4.4.3. The DSC must coordinate local protocols for maximum weekly radiograph exposures in non lead-lined areas with bioenvironmental engineering personnel.

Chapter 5

DENTAL HEALTH RECORDS

5.1. Responsibilities. As specified in AFI 41-210, *Patient Administration Functions*, **Attachment 5**, and AFMAN 37-139, *Records Disposition Schedule, Table 47-1*, the DSC ensures that personnel properly manage, control and dispose of dental health records:

- 5.1.1. Ensure secure storage of dental health records
- 5.1.2. Restrict access to dental health records to authorized personnel
- 5.1.3. Ensure transfer and disposal of dental health records IAW current guidance from references listed in **5.1**.

5.2. AF Forms 2100B-2190B, Health Record-Dental. Dental personnel must maintain dental health records for all patients in AF forms 2100B-2190B folders. Identify the DTF having custodial responsibility by affixing a self-adhesive label in the lower right-hand corner of the dental record folder.

5.2.1. Attach the tops of these forms and documents to the fastener on the right side of the folder in descending order:

- 5.2.1.1. AF form 745, **Sensitive Duties Program Record Identifier, where applicable.**
- 5.2.1.2. AF form 966, **Registry Record, where applicable.**
- 5.2.1.3. AF form 696, **Dental Patient Medical History.**
- 5.2.1.4. Active treatment plan.
- 5.2.1.5. Envelope for Radiographs. Secure the envelope so it opens on the left to prevent loss of contents. Place serial bitewing cards and flat panoramic radiographs on top of envelope.

5.2.2. Attach the bottoms of these forms and documents to the fastener on the left side of the folder in descending order:

- 5.2.2.1. AF form 422, **Physical Profile Serial Report.**
- 5.2.2.2. AF form 490, **Medical/Dental Appointment.**
- 5.2.2.3. AF form 1418, **Recommendation for Flying or Special Operational Duty - Dental.**
- 5.2.2.4. SF form 513, **Medical Record-Consultation, and other consult forms requiring responses.**
- 5.2.2.5. AF form 570, **Notification of Patient's Medical Status.**
- 5.2.2.6. SF form 603A, **Health Record-Dental Continuation.** Place this form in descending chronological order.
- 5.2.2.7. SF form 603, **Health Record-Dental.**
- 5.2.2.8. Other permanent documentation:
 - 5.2.2.8.1. AF form 935, **Periodontal Diagnosis and Treatment Plan.**
 - 5.2.2.8.2. AF form 1417, **Sedation Clinical Record.**

5.2.2.8.3. SF form 515, **Medical Record-Tissue Examination.**

5.2.2.8.4. SF form 517, **Clinical Record-Anesthesia.**

5.2.2.8.5. Memorandums of Understanding.

5.2.2.8.6. DD form 2005, **Privacy Act Statement-Health Care Records**, when form is not printed on back cover of AF form 2100B-2190-B, **Health Record-Dental.**

5.2.3. HQ ARPC/SG maintains dental health records for IMA and reinforcement designees. Forward treatment information on these members to HQ ARPC/SG, 5160 East Irvington Place, #7000, Denver CO 80280-7000.

5.3. Maintaining Other Uniformed Service Dental Health Records. Manage records of other Uniformed Service members treated in Air Force facilities in the same way as Air Force records.

5.4. Documenting Dental Health Records. Dental personnel must document all services provided to patients in the proper health records in a clear, concise, and accurate manner. Typing of entries is encouraged when administrative support is available. Handwritten entries must be legible. Rubber stamps may be used to document repetitive treatment, i.e., exams, prophylaxis, etc. Stamps will use black ink only, and will be designed to fit neatly on the SF 603 and SF 603A. Use only authorized designations and abbreviations to document treatment information (see [Attachment 2](#)).

5.4.1. Use SF 603 and SF 603A to record all dental treatment provided to any patient. Dental personnel must complete section 1, including items 4 and 5, when providing definitive care to any patient and when beginning treatment following a Type 5 examination for all Air Force personnel. Use SF 603A when no more space is available in item 10 of

SF 603.

5.4.1.1. [Attachment 3](#) contains instructions for completing SF 603 or SF 603A.

5.4.1.2. [Attachment 4](#) contains instructions for charting missing teeth and existing restorations.

5.4.1.3. [Attachment 5](#) contains instructions for charting diseases and abnormalities.

5.4.1.4. (ANG only) Documentation of dental treatment for Active Guard Reserve (AGR) personnel by a civilian dentist. Patients will present a form SF 603A for the civilian dentist to document treatment rendered. Centered at the top of the SF 603A the term "Civilian Treatment" will be typed in by the ANG dental facility. The dentist's name, address, phone number and dentist's signature will follow the documented treatment. File each SF 603A on the left side in the dental record with the most recent SF 603 and SF 603A on top. The ANG dental record will not accompany AGR personnel for civilian dental appointments. Separate SF 603As will be used for treatment rendered by different civilian dentists or when treatment changes.

5.4.2. Establish local guidelines for administrative review of dental health records.

5.4.3. Screen dental health records on all personnel separating or retiring from active duty.

5.4.3.1. If a dentist completed a dental examination (Type 2 as a minimum) within 90 days of separation or release and placed the patient in dental class 1, then enter, "Separation/Retirement: Examination and treatment completed within 90 days of separation or release." Date and sign the entry.

5.4.3.2. If no exam has been done or treatment is needed, accomplish exam, and treatment if possible, prior to separation or retirement and follow above procedures to close out Air Force Dental Health Record.

5.4.3.3. If treatment cannot be completed prior to separation or retirement, state that on the SF603A, date and sign entry.

5.4.4. Document patient's dental attendance and treatment in dental health record and the base dental service report using AF form 644, (current and/or appropriate version), **Record of Dental Attendance**.

5.4.4.1. When recording dental treatment information directly onto the patient's SF 603 or 603A, state "see SF 603/603A" in the treatment narrative section of the AF form 644 or AF form 644B.

(NOTE: As treatment is completed, move those items from Section 9 to Section 8 on the SF 603/603A and erase all pencil entries.)

5.4.4.2. AFCSM 47-226 gives detailed guidance for completing these forms.

5.4.4.3. For ARC units, completing these forms is optional.

5.4.5. Send a duplicate copy of AF form 644 to the patient's duty station when the dental treatment record is not available. For legibility, print or stamp name and rank of provider and assistant as well as the name of the facility where treatment was provided.

5.4.6. Document periodontal assessment and treatment on these forms:

5.4.6.1. AF form 935, **Periodontal Diagnosis and Treatment Plan (Attachment 6)**.

5.4.6.2. AF form 935A, **Periodontal Maintenance Record (Attachment 7)**.

5.4.6.3. AF form 935B, **Plaque Index/Bleeding Point Record (Attachment 8)**.

5.4.7. Document endodontic treatment on AF form 940, **Endodontic Treatment Record**. The individual practitioner determines when to use this form and where to maintain/file it. If filed in the dental health record, place the form in the envelope for radiographs.

5.4.8. Follow local procedures for managing medical inpatient records of all dental inpatients.

5.4.8.1. A statement will be made on the SF603/603A to the location of pertinent information concerning inpatient treatment.

5.4.8.2. Use AF forms 644 for statistical data procedure information only.

5.4.9. Dentists issuing prescriptions must ensure proper documentation either by computerized entry into a patient management system such as the Composite Health Care System (CHCS), or by entering the following information on AF form 644, Record of Dental Attendance, to be entered on the patient's SF 603 or 603A, item 10:

5.4.9.1. Drug prescribed.

5.4.9.2. Dosage.

5.4.9.3. Amount dispensed.

5.4.9.4. Instructions for use.

5.4.9.5. Number of refills.

5.4.9.6. Statement that patient has been advised of potential risks or side effects, as applicable.

5.4.9.6.1. Dentists must ensure that all patients receive appropriate education regarding potential risks, side effects, and drug interactions of prescribed medications.

5.5. Dental Health Records of Personnel on Temporary Duty (TDY). Dental health records do not accompany members on TDY unless needed for continued treatment.

5.5.1. Deployed members do not hand carry their dental health records unless the deployment will last longer than 6 months. The gaining treatment facility determines if the member has to hand-carry the dental health record. Facility in the deployed area is responsible for the return of the dental health record to the patient's home station.

5.6. Inventory of Dental Health Records. An annual inventory of dental records will be conducted to:

5.6.1. Identify and forward retained records of departed personnel.

5.6.2. Verify dental readiness classification and date of last update.

Determine status of non-active duty records and dispose of IAW AFI 37-138, *Records Dispositions--Procedures and Responsibilities*, and AFMAN 37-139, *Disposition of Air Force Records--Records Disposition Schedule-Table 47-1*.

5.7. Release and Disclosure of Information from Dental Health Records

5.7.1. Release or disclosure of information from dental health records shall be protected IAW applicable laws and policies as outlined in AFI 41-210, *Patient Administration Functions*.

5.7.2. Original dental health records are not released to any person or agency outside the Executive Branch of the U.S. government except in compliance with a valid court order or as otherwise required by law.

5.7.2.1. Consult with the Patient Administration Function in the MTF prior to releasing any information copied from dental health records to any outside person or agency. Information may be released directly to the patient or parent/legal guardian in the case of minors.

5.7.3. The DSC shall coordinate local procedures with the Patient Administration Function to ensure that requests for information in potential third party liability cases are managed IAW AFI 41-210.

Chapter 6

PROFESSIONAL CARE OF PATIENTS

6.1. Responsibilities. The DSC ensures that comprehensive dental services are readily available. Comprehensive dental services consist of diagnostic, preventive and corrective treatments and procedures necessary to maintain or restore oral health and function—that is the health and function of the teeth, gums, bone and other related and supporting anatomic structures in the area of the oral cavity, head and neck. Treatments and procedures deemed to be cosmetic or elective in nature may be performed for staff or residency training, or to maintain competency. The DSC determines available dental services, including cosmetic and elective procedures based on staffing, facilities, and mission requirements.

6.1.1. AFI 41-115, *Authorized Health Care and Health Care Benefits in the Military Health Services Systems (MHSS)*, specifies who is eligible for medical and dental care in Air Force facilities and prescribes the extent of authorized care.

6.1.2. Dental personnel schedule patients for treatment with one of the automated appointment systems sanctioned by the US Air Force Medical Service or a manual appointment system using AF forms 1223, 1223A, or 1223B, **Dental Appointment Register**, or US Government Appointment Book.

6.1.3. Military personnel who schedule appointments should make every effort to present for the appointment as scheduled or to reschedule the appointment IAW local dental clinic policy when precluded from doing so for reasons of illness, military duties, or other reason.

6.2. Priority of Care. The DSC must establish local procedures to ensure that active duty personnel maintain optimal dental health. Prioritize dental services and treatment at Air Force dental facilities in this order:

6.2.1. Active duty personnel in dental class 3 and 4.

6.2.2. Active duty personnel on flying status, special operations duty (missile crew members, controllers) space operations personnel, and personnel selected for remote or isolated duty.

6.2.3. All other active duty personnel.

6.2.4. All others IAW AFI 41-115. Non-active duty beneficiaries may be treated on a space-available basis only, except for emergency dental and in situations further specified in [6.6](#) and [6.7](#).

6.2.4.1. Active duty family members may receive dental treatment at OCONUS locations IAW current DoD(HA) and Air Force policy.

6.3. Medical Emergencies. The DSC or designated representative, in concert with the medical facility, develops, documents, and rehearses local medical emergency plans for the dental facility.

6.4. After Hours Dental Emergencies. The DSC must establish local policies to provide for and manage dental emergencies for authorized beneficiaries after normal duty hours (AD facilities only.) When after hours emergency care is outsourced, prior arrangements are made so that patients are directed to a specific source of treatment. The DSC will develop a process to ensure that beneficiaries are able to access the outsourced after hours care in a timely manner, and will periodically evaluate its performance. AF members treated by a non-Federal dental practice after hours will be evaluated in the AF clinic follow-

ing treatment to have their military dental records annotated and to ensure that all required notifications (i.e. PRP/SDP, DNIF/DNIC) have been made.

6.4.1. Dentists will not treat patients in AF facilities after hours without a witness present. The assistant/technician may fill this requirement.

6.5. Air Force Dental Readiness Assurance Program (AFDRAP). The DSC ensures that all local dental programs and activities supporting the dental readiness of military forces are incorporated into the AFDRAP. At a minimum, this program will include:

6.5.1. Periodic dental examinations for military members.

6.5.2. Dental Readiness Classifications (USAF Dental Readiness Classification is defined in [Attachment 9](#)).

6.5.3. Monitoring dental readiness classifications 3 and 4.

6.5.4. Active duty dental clearances.

6.5.5. Monitoring availability and accessibility of dental services for active duty personnel.

6.6. Family Member Dental Plan (FMDP). Family members enrolled in the FMDP may not receive treatment in military dental facilities except:

6.6.1. In emergencies to relieve pain, stop bleeding or other life threatening situation.

6.6.2. To obtain treatment that the FMDP does not cover.

6.6.3. In OCONUS locations where routine dental care for family members is authorized by law and DoD policy.

6.6.4. Standard priority access and space availability rules outlined in [6.2](#). still apply in these cases and facilities should have aggressive, detailed plans to ensure that active duty patients are treated whenever possible.

6.7. Dental Care Supporting Training Objectives.

6.7.1. Treatment may be provided to eligible non-AD beneficiaries to satisfy resident training objectives as follows:

6.7.1.1. AD Family members not enrolled in the FMDP

6.7.1.2. AD Family members enrolled in FMPD receiving services not covered by the FMDP or covered services when the annual cap has been met,

6.7.1.3. Retired beneficiaries and their family members.

6.7.2. Non-AD Beneficiaries receiving treatment in Air Force dental facilities to satisfy training objectives must sign a Memorandum of Understanding (Training), see [Figure 6.1](#). The dentist apprises the patient of the specific treatment to be received and that it is to support a requirement for a teaching program.

6.7.3. Every effort should be made to identify AD beneficiaries who require treatment that will support resident training objectives.

6.8. Examinations. Dental personnel use examination Types 1-5. These examinations and their equivalent descriptions according to the American Dental Association's Current Dental Terminology, 2nd Edition (CDT-2), are defined as follows:

6.8.1. Type 1--Comprehensive examination performed by a dentist; corresponds to 00150-comprehensive oral evaluation

6.8.2. Type 2--Periodic oral examination performed by a dentist; corresponds to 00120-periodic oral evaluation or 00110-initial oral evaluation/identification charting

6.8.3. Type 3--Other examination performed by a dentist, (i.e., limited oral evaluation-problem focused); corresponds to 00140-limited oral evaluation-problem focused

6.8.4. Type 4--Screening survey evaluation; used by ancillary dental providers (ie. preventive dentistry technicians/hygienists). No CDT-2 equivalent.

6.8.5. Type 5—Initial screening evaluation during training performed by a dentist; patient may be assigned dental readiness classification 2 or 3 only. No CDT-2 equivalent.

6.8.6. Refer to AFCSM 47-226, *Air Force Dental Computer Systems Manual*, and DoD Codes and Nomenclature for Dental Procedures or Current Dental Terminology, (CDT) 2nd Edition for complete procedure specifications.

6.8.7. Place all active duty patients in dental readiness classification 1, 2, 3 or 4 (see [Attachment 9](#)) using a Type 1, 2, or 3 examination. Ancillary dental personnel may update a dental classification using a Type 4 exam when such an update is ordered by a dentist based on a previous examination and documented on the SF 603/603A or AF form 644; i.e. "Class 1 after prophylaxis."

6.8.7.1. Report all flying, special operations, space operations, and air traffic control personnel in a flying category.

6.8.7.2. Report all other personnel in a mobility category.

6.8.7.3. When a member is in both categories, count only once and include in the flying category.

6.8.8. Record periodontal screening and recording (PSR) findings taken at periodic dental examinations and at other appointments, as appropriate (see [Attachment 10](#)).

6.8.9. Prior to ordering radiographs, either an examination of the patient or a review of the dental record must first be accomplished. Mount dental radiographs in film holders using the American Dental Association's mounting guidelines.

6.8.9.1. Personnel may provide appropriate radiographs taken by a civilian dentist within the past year for inclusion in the dental health record in lieu of radiographs taken by Air Force personnel. Source of radiographs will be annotated in item 10 of the SF 603/SF 603A.

6.8.10. Perform periodic dental examinations on all active duty Air Force and ARC personnel to assess each member's readiness status. Manage these examinations and reporting of members not meeting standards in accordance with AFCSM 47-226; AFM 30-130, *Base Level Military Personnel System, Users Manual*; and AFI 48-123, *Medical Examination and Standards*.

6.8.11. (ARC Only) ARC personnel in dental readiness classification 2 or 3 will be issued a notification memorandum (see [Figure 6.2.](#)) and appraised of their problems along with the importance of preventing more serious complications from developing. Document as preventive dental counseling

(PDC) on the SF 603/603A. Personnel in dental readiness classification 3 will be issued a disqualifying memorandum (see [Figure 6.3](#)-sample letter to civilian dentists indicating treatment to be accomplished.)

6.8.11.1. AF Reserve personnel identified as dental classification 3 (not worldwide qualified) for permanent (non-correctable) conditions will be profiled Serial P4T IAW definitions provided in AFI 48-123, *Medical Examinations and Standards*, [Attachment 13](#). Personnel with nonpermanent (correctable) conditions, capable of performing all basic work commensurate with their grade and position, will be profiled Serial P3, with participation (UTA and annual tour) restricted to home station only. Local sortie flying may be allowed for rated members, at the discretion of the unit flight surgeon in consultation with the examining dental officer. AF Reserve personnel in dental classification 3 who fail to correct dental deficiencies in a timely manner will be profiled P3, participation not authorized, and the member's commander notified for appropriate administrative action. HQ ARPC Physical Standards should additionally be notified for IMAs failing to correct dental deficiencies in a timely manner. AF Reserve members identified as dental readiness class 4 have 90 days to have a Type 2 dental examination completed.

6.8.11.2. ANG Members (flying and non-flying) identified as dental readiness class 3 (not worldwide qualified) are profiled Serial P4T, IAW AFI 48-123 and NGB/CF Policy Letter dated 27 July 1998. Follow procedures outlined in [Attachment 16](#) for management of dental readiness class 3 (non-deployable) patients in the ANG. ANG members identified as dental readiness class 4 have 90 days to have a Type 2 dental examination completed. Member's (flying/non-flying) in dental readiness class 4 for longer than 90 days are managed according to procedures outlined for class 3 patients in [Attachment 16](#).

Figure 6.1. ARC Patient Letter of Dental Readiness Classification (Sample)

UNIT LETTERHEAD

(DATE) _____

MEMORANDUM FOR (Individual's Name)

FROM: Base Dental Clinic

SUBJECT: Dental Evaluation/Classification

1. Your recent dental examination revealed deficiencies. According to Department of Defense (DoD) standards and AFI 47-101, Managing Air Force Dental Services, (*Attachment 9*) these deficiencies identify you to be in Dental Readiness Class _____.
2. The deficiencies identified on the dental chart, (shown on reverse) should be evaluated by your personal dentist as soon as possible. As a member of the Air Reserve Component, (ARC), it is your responsibility to meet the standards for worldwide deployment and military service. As specified, "Each Air Reserve Forces Ready-and Standby-Reserve member must be medically qualified for worldwide duty under the provisions of AFI 47-101." Members of the Air Reserve Component not currently on extended active duty status (both Air National Guard and Air Force Reserve) must assume the personal and financial responsibility of meeting these standards for continued participation in the Reserve Forces.
3. Although deployable, personnel in dental readiness classification 2 should correct their dental deficiencies to prevent further decline in dental readiness, or a dental emergency, thereby placing them in dental readiness classification 3.
4. AF Reserve personnel in dental readiness classification 3 have 120 calendar days to correct deficiencies. Failure to correct disqualifying dental conditions may result in a P4T profile (non-deployable) status and referral to a Medical Evaluation Board (MEB) that may lead to discharge IAW AFI 48-123, Medical Examinations and Standards.
5. ANG personnel in dental readiness classification 3 are immediately profiled on P4T (non-deployable) status IAW NGB/CF Policy letter dated 27 July 1998. While on profile, ANG members may not be placed on active duty orders and require authorization from the State Air Surgeon to attend Inactive Duty for Training (IDT). Failure to upgrade this profile within one year may lead to discharge IAW AFI 36-3209, "Separation and Retirement Procedures for Air National Guard and Air Force Reserve Members".
6. A copy of this signed letter will be maintained with your dental record. Please contact me at the clinic if I may be of assistance in advising you regarding your military dental problems.

Dental Squadron Commander or Equivalent

DATE _____

1st Ind,

I have read and understand the contents of this letter and the responsibilities I have to meet DoD standards.

Member Signature

Figure 6.2. ARC Letter to Civilian Dentists Indicating Required Treatment (Sample).**UNIT LETTERHEAD**

(DATE) _____

Dear Doctor _____,

1. _____ (Member's Name) _____ is a member of the Air Reserve Component (not currently on extended active duty status) and is required to meet Department of Defense (DoD) dental standards for worldwide military deployment. The intent of the policy is to ensure adequate dental health and minimize the likelihood of a dental emergency over the next 12 months.

2. During a recent dental examination, the indicated disqualifying dental pathology was diagnosed. In order for this member to remain worldwide qualified, these deficiencies must be treated and a dental prophylaxis be performed. Payment for required treatment is the responsibility of the member (patient). Neither the Air Force nor the Air Reserve Component will accept financial responsibility for this dental treatment.

3. Should you have any questions, please do not hesitate to contact my office at (Provide phone number for contact.) My Point of Contact (POC) is _____ (name) _____

Dental Squadron Commander or Equivalent

Figure 6.3. Memorandum of Understanding (Training and Proficiency).

**MEMORANDUM OF UNDERSTANDING
TRAINING AND PROFICIENCY**

(Name of Treatment Facility)

The Dental Service at (Name and Address of Dental Facility) has primary missions in patient care, education, and clinical research. AFI 41-115, *Authorized Health Care and Health Care Benefits in the Military Health Services Systems*, authorizes dental care for specific categories of personnel. Family members and retired personnel receive dental care on a space available basis.

I understand that if I, (NAME), or my family member, (NAME), am/is selected to be treated as a non-emergency patient at (Name of Dental Facility), it will be under these conditions:

The dental service's teaching program selects patients for treatment *only* to fulfill curriculum or proficiency requirements. Qualified staff dentists who are experts in their field supervise the dental officers enrolled in these programs.

Treatment schedules must strictly conform to the needs of the teaching programs. Individual appointments can be unusually long; and the total course of treatment can be prolonged, at times over many months. I understand that patients should not change or cancel appointments, except for extraordinary circumstances,

I must notify (appropriate department) of address or telephone changes. I must pay for all long distance calls.

This agreement does not require the Air Force to provide treatment. If accepted for treatment, I will be notified. I may inquire periodically about my status by contacting (appropriate department).

Once treatment begins, the Air Force does not guarantee that its dental personnel will complete or indefinitely continue all subsequent phases of treatment. Staff dentists determine when the present phase of treatment is complete or has progressed to a point where its continuation no longer benefits the teaching program.

The Air Force has assured me that its dental providers will not jeopardize my condition when they terminate care. If the Air Force must terminate my care, a dentist will counsel me on subsequent care I can obtain at my expense.

(Signature of Patient or Sponsor)

Date

(Signature of Training Officer and Department)

Date

6.8.12. HQ USAF/SGD strongly encourages using combined examination and oral prophylaxis appointments. When combined, the dentist must clinically evaluate each patient before initiation of the oral prophylaxis treatment. The DSC must notify MAJCOM/SGD when unable to provide these combined appointments to all aircrew members and personnel stationed at geographically separated units.

6.8.13. Update dental readiness classification on active duty Air Force members in these circumstances:

6.8.13.1. After completing a periodic dental examination.

6.8.13.2. When the dentist changes the patient's dental readiness classification.

NOTE: Technicians may update the patient's dental class as noted in section **6.8.7**.

6.8.13.3. To correct an error.

6.8.13.4. Update the ARC dental readiness classification using the RDDS.

6.8.14. Complete or update AF form 696, **Dental Patient Medical History**, on all patients at their periodic dental examination, before initiating a course of treatment, annually during a lengthy course of treatment or if a change in the patient's health status occurs. The dentist evaluates the significance of all positive entries and records the findings in the "Dentist's Comments" section. The dentist and patient (or legal guardian) must sign all medical histories initially evaluated.

6.8.14.1. Each individual provider treating a patient is responsible for being aware of the patient's health history.

6.8.14.2. Review and annotate the AF form 696 when the patient changes dentists, when the course of treatment requires additional evaluation, or when periodic dental examinations are provided more than annually.

6.8.14.3. Dental personnel who perform an oral prophylaxis must review and annotate the AF form 696. Direct questions concerning positive entries to a dentist before administering treatment.

6.8.14.4. When the spaces available for annotation on the AF form 696 are all filled prior to completion of a course of treatment, the DSC may establish local guidelines for annotating the review of health history by subsequent treating providers.

6.8.14.5. For legal purposes retain all completed AF forms 696 permanently in the patient's dental health record.

6.8.15. Dentists request dental panoramic radiograph when:

6.8.15.1. An individual enters the Air Force.

6.8.15.2. A panoramic radiograph is not in the patient's dental health record.

6.8.15.3. The panoramic radiograph in the patient's dental health record is no longer of clinical or forensic diagnostic value or quality (i.e. when extensive treatment has been completed.)

6.8.16. When patients at high risk for sub-acute bacterial endocarditis (SBE) are seen in the exam room, and have not received appropriate antibiotic pre-medication, perform a Type 3 examination. Do not perform a PSR. Required radiographs will be taken. If treatment including oral prophylaxis is required, prescribe antibiotic coverage IAW the most current guidance from the American Dental

Association, in coordination with the appropriate facility oversight committee. Complete a Type 1 or Type 2 examination at the subsequent appointment as appropriate.

6.8.16.1. If no required treatment including oral prophylaxis is identified during the initial examination, inform the patient that only a cursory examination has been performed because of the patient's medical history. If the patient desires a more thorough examination, prescribe prophylactic antibiotic coverage and schedule an examination at a later date. Inform the patient that an oral prophylaxis and Type 1 or Type 2 examination should be accomplished at least every two years.

6.8.16.2. Prophylactic coverage during radiographic procedures is not indicated or recommended by the American Dental Association.

6.8.16.3. Patients presenting with an unclear medical history, suggestive of the need for antibiotic coverage, must be referred for medical consultation. Procedures for requesting medical consultation are described in section [6.18](#).

6.9. Active Duty Dental Clearances. Upon notification of a member's permanent change of station to an overseas location, remote site, or geographically separated unit (GSU), the dental service will process the dental clearance as specified in AFI 36-2102, *Base Level Relocation Procedures*. Observe these clearance requirements:

6.9.1. Members in dental readiness classification 3 or 4 are not qualified and must receive appropriate care prior to dental clearance. The dental facility must contact and appoint AD members requiring dental treatment. If unable to correct the disqualifying defects before the patient's expected departure, the examining dentist sends an AF form 422 noting restrictions and instructions to the Physical Examination Section.

6.9.2. Members in dental readiness classification 1 or 2 are qualified for overseas locations where routine dental care is available. A records review by dental personnel is required for this determination.

6.9.3. Members being reassigned to remote or GSU locations where routine dental care is limited:

6.9.3.1. Require a dental examination by a dentist unless at least a Type 3 dental examination has been completed within 90 days of the notification letter.

6.9.3.2. Require dental record review by a dentist if an examination has been accomplished within 90 days of the notification letter. This review may be delegated to a dental NCO if the member being reassigned is in dental readiness classification 1.

6.9.3.3. Must be given a high priority of care to correct most, if not all, dental defects and conditions.

6.9.4. When members are being deployed to overseas locations, a record review is done to determine the current dental class. Follow these guidelines as minimum:

6.9.4.1. Members in dental readiness classification 1 or 2 are qualified for deployment; every effort should be made to correct those defects the dentist suspects may cause a change to readiness classification 3 while deployed.

6.9.4.2. When it is determined that a member is in dental readiness classification 3, every effort should be made to complete treatment of all disqualifying dental conditions. If time does not per-

mit such treatment, the dental officer completes an AF form 422, noting any restrictions and instructions and forwards it to the Physical Exams section.

6.9.4.3. When it is determined the member's dental readiness classification may change to dental readiness classification 4 while deployed a Type 2 dental examination should be done.

6.10. Supplemental Dental Care. Supplemental dental care may be employed to alleviate the effects of military manpower shortages or other contingency that may result in limited appointment availability. Providers and staff of supplemental care must meet standards for employment in Air Force Health Service facilities.

6.10.1. The DSC may establish administrative and professional criteria for referral of patients for care under Blanket Purchase Agreements (BPA) IAW local policy.

6.10.2. Dental health records will be released to the patient in accordance with AFI 41-210 and local guidelines when patients have appointments with these contracted providers.

6.10.3. The DSC will issue guidance to the provider regarding:

6.10.3.1. Air Force Standards of Care

6.10.3.2. Proper documentation of treatment rendered to include:

6.10.3.2.1. Date of treatment

6.10.3.2.2. Name and Address of provider and names of ancillary personnel directly involved in care provided.

6.10.3.2.3. Treatment rendered and disposition.

6.10.3.3. The statement "CARE PROVIDED UNDER TERMS OF A LOCAL BPA" will be the first entry following date of treatment on SF 603/603A.

6.10.4. Following dental treatment, dental records will be reviewed according to current Clinical Performance Assessment & Improvement Program (CPA&I) guidelines.

6.11. Family Member Overseas Dental Clearances. Family members of active duty personnel must be cleared prior to departure.

6.11.1. The Exceptional Family Member Program (EFMP) outlines the method for providing dental clearances as specified in AFI 40-301, *Family Advocacy*.

6.11.2. Use AF form 1466, **Request for Family Member's Medical and Educational Clearance for Travel**, to accomplish the assessment.

6.11.2.1. When the family member is enrolled in the FMDP, no further action is necessary. Annotate in section VI of AF form 1466.

6.11.3. When an eligible family member is not enrolled in the FMDP, a dental examination is required at the nearest military dental facility; dental conditions and recommendations are annotated on the AF form 1466, section VI.

6.11.3.1. If dental treatment is indicated and time permits, the sponsor must be encouraged to immediately enroll in the FMDP.

6.11.3.2. Family members with significant dental defects who are determined to be in dental readiness classification 3 should give consideration to delay their departure until such dental conditions are corrected. Availability of dental services to treat pre-existing conditions may be limited at some OCONUS locations.

6.12. Postmortem Dental Identification. Each dental facility must be able to perform postmortem dental identifications.

6.12.1. The DSC assigns a credentialed dental team leader to each postmortem identification team.

6.12.2. Use these three forms to document the examinations:

6.12.2.1. AF form 1801, **Postmortem Dental Record** ([Attachment 11](#)).

6.12.2.2. AF form 1802, **Antemortem Dental Record** ([Attachment 12](#)).

6.12.2.3. AF form 1803, **Dental Identification Summary Report** ([Attachment 13](#)).

6.12.3. If forms in paragraph [6.12.2.](#) are unavailable, use SF 603 or SF 603A.

6.13. Reporting Communicable Diseases. The DSC or designated representative develops procedures with Military Public Health to inform the dental service of all patients with diagnosed communicable diseases in the contagious stage. Include those diseases that patients can transmit through blood or saliva and by direct or airborne contact.

6.14. Family Advocacy. The DSC ensures all dental personnel receive training on the recognition of child and spouse abuse or neglect, and establishes procedures for immediately notifying the Family Advocacy staff when family maltreatment is suspected. This training must be documented in the appropriate training folders.

6.15. Personnel on Flying Status. The DSC ensures all dental personnel understand their responsibilities for treating personnel on flying status, in space operations, and special operations.

6.15.1. Use AF form 1418, **Recommendation for Flying or Special Operations Duty-Dental**, or electronically generated equivalent, to notify Aerospace Medicine that commanders should restrict a member's flying, space operations, or special operational duties after dental personnel administer a local anesthetic or prescribe medications. The DSC determines which copies of the form to use.

6.15.2. Dentists recommend Duty Not Involving Flying (DNIF) status during the entire course of endodontic therapy plus 24 hours following the final root canal filling.

6.15.2.1. When using calcium hydroxide as an intraradicular medicament during endodontic therapy, dentists must recommend DNIF during the entire course of treatment plus 24-hours following the final root canal filling.

6.15.2.2. Recommend DNIF for 24 hours following canal obturation for patients receiving long-term intraradicular calcium hydroxide therapy for defects such as root resorption, perforation, and open apex.

6.15.3. Dentists providing osseointegrated dental implant services recommend DNIF status until 10 days after phase 1 and 10 days after phase 2 surgical treatments. **NOTE:** Dentists use professional

judgment for increasing DNIF status based on the patient's potential for healing, quality of bone, and nature of the patient's duties.

6.15.4. Dentists placing guided tissue barrier membranes recommend DNIF status for periods ranging from 7 to 14 days.

6.15.5. Dentists must use professional judgment to recommend DNIF status for other dental procedures.

6.15.5.1. (ANG Only) Use SF form 513, **Medical Record Consultation Sheet**, to recommend DNIF and referral to the aerospace medicine section.

6.16. Personnel Reliability Program (PRP)/Sensitive Duties Program (SDP). The DSC ensures that all dental personnel understand their responsibilities involving the PRP/SDP. Monitor and treat members who are in sensitive duty positions or work with nuclear weapons as specified in AFI 36-2104, *Nuclear Weapons Personnel Reliability Program*.

6.17. Hypertension Screening. Medical or dental personnel must accomplish hypertension screening for adult patients seeking dental emergency treatment, for all personnel during their periodic dental examination, and for all adult patients at their initial and periodic dental examinations. Record the blood pressure reading on the AF form 696. Suspected hypertensive patients should be appropriately referred for evaluation according to local policies.

6.18. Medical Consultation. The DSC develops local procedures for appropriate referral and follow-up of patients requiring medical consultation.

6.18.1. Dental health records may be released to the patient in accordance with AFI 41-210 and local guidelines when patients have appointments for consultation outside the facility. Clinic personnel place a charge-out record (AF form 250 or locally approved substitute) indicating the current location of the record.

6.18.2. The patient is informed to return the record immediately following the appointment.

6.18.3. Use SF 513 and SF 521, **Clinical Record-Dental**, or locally devised forms for consultations within the dental service.

6.19. Oral Pathology Services:

6.19.1. Dentists may submit specimens to oral histopathology centers at these locations:

6.19.1.1. Keesler AFB, MS.

6.19.1.2. Lackland AFB, TX.

6.19.1.3. Travis AFB, CA.

6.19.1.4. Wright-Patterson AFB, OH.

6.19.2. Submitting Specimens:

6.19.2.1. Dentists treating dental inpatients must submit all hard and soft tissue specimens removed in a hospital operating room, to the hospital pathology service for evaluation IAW local

policy. For histopathologic diagnosis of hard and soft oral lesions, the dentist or the pathology service forwards the specimen to the appropriate oral histopathology center.

6.19.2.2. Dentists treating dental outpatients must submit all hard and soft tissue specimens for histopathological examination and diagnosis. Dentists may make these exceptions:

- 6.19.2.2.1. Teeth without attached soft tissue.
- 6.19.2.2.2. Extirpated dental pulp tissue.
- 6.19.2.2.3. Tissue from routine crown lengthening procedures.
- 6.19.2.2.4. Excess donor tissue from gingival grafting procedures.
- 6.19.2.2.5. Tissue deemed insufficient for pathological examination.

6.19.3. Preparing Specimens:

6.19.3.1. Place the specimen in a specimen bottle containing 10 percent buffered formalin. When obtaining more than one specimen from the same patient, place them in separate specimen bottles and label the bottles "A," "B," "C," and so on.

6.19.3.2. Thin specimens should be placed on a small piece of stiff paper (such as the backing from the suture material pack) before placing in formalin. This ensures retention of specimen shape and orientation. Sutures may be placed to indicate orientation as annotated on SF 515.

6.19.3.3. Label each specimen bottle with the date, the patient's name, Social Security Number, and the specimen's anatomic location.

6.19.4. When submitting specimens to the oral histopathology center, dentists must also submit one legible copy of form SF 515, **Medical Record-Tissue Examination**. Information may also be submitted electronically via order entry where available.

6.19.4.1. Include this information on the SF 515:

- 6.19.4.1.1. The patient's name, Social Security Number with the family member prefix code and beneficiary code.
- 6.19.4.1.2. The patient's age, race, and gender.
- 6.19.4.1.3. A brief clinical history and tentative diagnosis.

6.19.4.2. When submitting more than one specimen on the same patient, use only one SF 515. Identify each specimen on the form, such as "A," "B," "C," and so on.

6.19.5. Diagnostic radiographs should be included for all bony lesions.

6.19.6. Dental personnel place cytological smears on glass slides and fix them immediately in 95 percent ethyl alcohol. Submit the slides in suitable containers following procedures in paragraphs [6.19.4](#).

6.19.7. Dentists must notify the patient of the histopathologic findings when a pre-malignant, malignant, or other condition with significant pathologic findings is diagnosed. This notification should be in concert with local organizational procedures. Notification of other findings is recommended but not required.

6.19.8. Dental personnel must ensure all dental patients with a malignant diagnosis are enrolled in the USAF Tumor Registry IAW AFI 44-110, The Cancer Program, and MTF procedures for management of the local cancer program.

6.19.9. Dental personnel document the following information in the dental biopsy log:

6.19.9.1. Patient's name, Social Security Number, and duty or home telephone number.

6.19.9.2. Date the dental service sent the biopsy and SF 515 to the oral histopathology center.

6.19.9.3. Name of attending dentist.

6.19.9.4. Name of oral histopathology center providing the histopathologic service.

6.19.9.5. Date the dental service receives the SF 515 from the oral histopathology center.

6.19.9.6. Anatomic site and pathologic diagnosis rendered.

6.19.9.7. Date and method of notifying the patient, if applicable.

6.19.10. Dentists record the following information on the SF 603 or 603A, item 10:

6.19.10.1. Date the dental service receives the SF 515, OF (optional form) 275, **Medical Record Report**, or similar computer generated pathology report from the oral histopathology center.

6.19.10.2. Name of oral histopathology center providing the report.

6.19.10.3. Oral histopathology center accession number, anatomic site, and diagnosis.

6.19.10.4. Date and method of notifying the patient, if applicable.

6.19.10.5. Date of follow-up, if applicable.

6.19.11. Dental personnel must place one copy of SF 515/OF 275, or similar computer generated pathology report, on the left side under the SF form 603 of the dental health record.

6.20. Treatment Planning. The DSC must develop local guidance providing for patient treatment planning.

6.21. Refusal of Dental Treatment. Refusal of treatment resulting in the potential absence from duty or ineligibility for worldwide assignments are conditions which are incompatible with retention on active duty. The DSC must explain the value and necessity of proper oral health care to any active duty patient who refuses treatment. If a member still refuses dental care, the DSC must report the refusal in writing to the person's commander, including a statement about the possible effects that an adverse dental condition may have on the individual's performance of duty and readiness capability. Record these actions in the patient's dental health record on SF 603 or 603A.

6.21.1. Send an AF form 422 to the Physical Examination Section for those patients who are in dental readiness class 3 or 4.

6.22. Comprehensive Pain and Anxiety Control. Privileged dentists may administer conscious sedation.

6.22.1. Controlled Drugs or Controlled Substances. The DSC or designated officer, by letter of appointment, requests, protects, dispenses, and receipts controlled drugs or any other controlled substances by following locally established protocols.

6.22.1.1. The attending dentist ensures, in the presence of a witness, the destruction of the unused portion of a controlled drug ordered for a patient. Document this destruction on AF Form 1417, or electronically generated equivalent, and Drug Control Inventory form or by following locally approved procedures.

6.22.1.2. Dentists issuing prescriptions for controlled substances follow the procedures listed in paragraph 5.4.9.

6.22.2. Earning Credentials. Dentists must have the following qualifications:

6.22.2.1. Documented training in intravenous (IV) or nitrous oxide sedation acquired in an approved residency program or post-graduate course that complies with the American Dental Association's "Guidelines for Teaching the Comprehensive Control of Pain and Anxiety in Dentistry, Part III."

6.22.2.2. Current certification in Advanced Cardiac Life Support (ACLS) for IV sedation.

6.22.2.3. Dentists will follow requirements for ACLS certification IAW AFI 44-102, *Community Health Management*.

NOTE: HQ USAF/SGD recommends ACLS certification for nitrous oxide sedation. Pediatric Advanced Life Support (PALS) may be substituted in cases where dentists limit practice to pediatric patients.

6.22.3. Maintaining Credentials. Maintenance of privileges in IV sedation is dependent upon proficiency and active practice.

6.22.3.1. If requested by credentials review function, dentists may provide sufficient evidence of active practice by showing proof of having administered or directly supervised (in official teaching capacity) at least 24 cases during the previous two years. Failure to maintain active practice will result in lapse of such privileges.

6.22.3.2. If credentials have lapsed for two years or less, the following must be accomplished under supervision of a fully credentialed provider (instructor) for privilege renewal:

6.22.3.2.1. Current certification in BLS and ACLS

6.22.3.2.2. Eight hours of review/instruction including patient management and related aspects of IV sedation.

6.22.3.2.3. Five cases successfully managed under the supervision of the instructor.

6.22.3.2.4. Following successful completion of these criteria, the instructor will submit a letter recommending renewal of privileges to the requesting provider's local credentials committee for consideration

6.22.3.3. If credentials lapse for a period of more than two years, a comprehensive course of instruction must be completed prior to reinstatement of privileges.

6.22.4. Keeping Records. Use AF form 1417, **Sedation Clinical Record**, or other locally approved clinical record of anesthesia, to record all pre-, intra-, and post-operative data involving IV or nitrous oxide sedation.

6.22.4.1. Documentation of outpatient anesthesia will be maintained in the patient's dental health record on the left side of the folder with other permanent documentation. Reference the sedation or anesthesia record on the SF 603 or SF 603A.

6.22.4.2. For inpatients, place a copy of the form in the patient's inpatient record. [Attachment 14](#) contains instructions for completing the AF form 1417.

6.22.5. Teaching IV and Nitrous Oxide Sedation:

6.22.5.1. Training in IV or nitrous oxide sedation leading to qualification for clinical privileges must follow the American Dental Association's "Guidelines for Teaching the Comprehensive Control of Pain and Anxiety in Dentistry, Part III."

6.22.5.1.1. Residency and course directors should carefully assess the experience level and proficiency of each student upon completion of training and then forward a recommendation for privileges to the credential committee at the gaining base. Drug specific credentials should only be cited in situations where the training experience was limited in scope and/or quantity of cases.

6.22.5.2. MAJCOM/SGD must approve base dental service IV or nitrous oxide sedation certification programs offered outside of approved residency programs.

6.22.6. Monitoring. When using conscious sedation techniques, the dental team must continuously monitor the patient's cardiac and respiratory functions, and level of consciousness.

6.22.6.1. As a minimum, standard monitoring of IV sedation should include:

6.22.6.1.1. Blood pressure by manual or automatic cuff

6.22.6.1.2. Pulse and oxygen saturation by pulse oximeter

6.22.6.1.3. Respiration by visual inspection or pre-tracheal stethoscope

6.22.6.1.4. Level of consciousness by response to verbal command

6.22.6.1.5. When patient assessment indicates the need, employ additional methods, such as cardiac (EKG) monitors,

6.22.7. Additional Restrictions and Requirements:

6.22.7.1. Only oral and maxillofacial surgeons and properly trained and credentialed dentists may administer general anesthesia.

6.22.7.2. Only pediatric dentists, oral and maxillofacial surgeons, dentists with at least one year of anesthesia training, qualified physicians, or nurse anesthetists may administer narcotic drugs for sedation to children under six years of age.

6.22.7.3. Only oral and maxillofacial surgeons and dentists with at least one year of training in general anesthesia techniques may use nitrous oxide in conjunction with intravenous agents in areas other than operating rooms.

6.22.7.4. Only specialists who are fully qualified and experienced may use nitrous oxide in conjunction with oral sedative drugs.

6.22.7.5. Supplemental oxygen should be readily available during IV sedation. If hypoxemia is anticipated or develops, supplemental oxygen should be administered.

6.22.8. Observing Patients During the Recovery Period :

6.22.8.1. Outpatients undergoing IV sedation and or receiving oral drugs for sedation must be accompanied by a responsible adult to ensure safe transport home and assistance during the immediate recovery period.

6.22.8.2. If a responsible adult is not available to assist during the immediate recovery period, patients should be monitored in the Ambulatory Procedure Unit (APU) or equivalent at the MTF. Procedures are outlined in DODI 6025.8., *Ambulatory Procedure Visit* (APV). Patients will not be admitted for routine recovery following IV sedation or oral sedation. If necessary, dental patients may be admitted as inpatients if warranted by diagnosis or need for care longer than 24 hours.

6.22.8.3. Minor patients undergoing sedation with nitrous oxide must have an adult escort. Dentists must assess patients receiving nitrous oxide after a reasonable period of time to determine suitability for discharge. At discharge on AF Form 1417 or other sedation or anesthesia record, the patient's condition and disposition must be documented .

6.22.8.4. An adult must accompany any outpatient receiving oral drugs for conscious sedation and provide escort assistance during the immediate post-operative period.

6.23. Prosthodontic Services:

6.23.1. Offer the patient any precious metal restoration(s) removed from his/her mouth and have them sign a statement of acceptance or non-acceptance on the SF603/603a, Health Record Dental, item 17.

6.23.2. Statement is not required if the restoration is used as a provisional restoration and an applicable statement was entered on SF603.603A, item 17 at the time restoration was temporarily inserted.

6.23.3. Use a DD2322, **Dental Laboratory Work Authorization**, to turn-in precious metal restoration(s) not accepted by the patient to the precious metals custodian. Include a brief description of the restoration(s) on DD Form 2322, and SF603/603A, in item 17.

6.23.4. Record the transaction on the appropriate AF520, **Record of Precious Metals**. Debit voucher number should also be recorded on SF603/603A, item 17, with recorded clean weight.

6.24. Orthodontic Services:

6.24.1. Air Force dentists may provide orthodontic services in these circumstances:

6.24.1.1. To support adjunctive medical or surgical care of traumatic injuries.

6.24.1.2. To correct a malocclusion of the teeth and mal-relation of the jaws when such therapy is preventive or required by other dental treatment.

6.24.1.3. To correct a malocclusion or a mal-relation that has a direct effect on the individual's health or duty performance.

6.24.1.4. To continue authorized orthodontic treatment initiated elsewhere.

6.24.2. Air Force dentists observe these administrative policies for active duty personnel:

6.24.2.1. The examining dentist informs the patient that most orthodontic treatment is elective or deferrable. It is not an entitlement.

6.24.2.2. The examining dentist determines a patient's eligibility at the installation where treatment occurs. The dentist may elect to make records that include diagnostic casts and radiographs to determine eligibility. The dentist informs the patient that the examination is not the beginning of treatment.

6.24.2.3. Active duty members are eligible for orthodontic treatment only when the member has sufficient active duty service retainability and a tour length that allows dentists to be reasonably certain that they can complete most of the orthodontic treatment at the present duty location.

6.24.2.4. When orthodontic care is not available at the military facility:

6.24.2.4.1. An active duty patient may elect to seek civilian orthodontic treatment at his/her own expense with the written approval of the DSC or designee.

6.24.2.4.2. DSC enters on form SF603/603A that the patient was counseled on Air Force policies regarding elective orthodontic treatment. The patient will sign SF 603/603A.

6.24.2.4.3. Rated personnel require prior written approval on SF 513 from Aerospace Medicine before seeking civilian orthodontic treatment.

6.24.2.5. Before recommending or starting orthodontic treatment, the dentist initiates a Memorandum of Understanding (Orthodontic), explains it to the patient, and witnesses the patient's signature. **Figure 6.4.**, illustrates this statement. The statement becomes a permanent part of the patient's dental health record.

6.24.2.6. The dentist may remove and replace active appliances with suitable retention appliances if an active duty member undergoing active treatment is selected for a permanent change of station (PCS) location where no military orthodontic treatment is available. If civilian orthodontic treatment is available at the gaining location, the patient may elect to have the appliance left on with an inactive wire prior to PCS. The patient must sign a statement in the dental treatment record acknowledging that he/she has elected to PCS with appliances in place and accepts full financial responsibility for completion of treatment with a civilian orthodontist. The fact that continuation of treatment may be partially paid for through a supplemental care program does not remove the patient's responsibility for payment of any expenses not covered. The transferring orthodontist completes and signs a transfer summary and provides the patient with copies of all pretreatment and inter-treatment records that the gaining orthodontist will need to complete the case. The transferring orthodontist should make every attempt to notify the nearest military dental facility to determine whether civilian orthodontic care is available near the gaining base. When the patient elects to have appliances removed, treatment may resume after the patient returns to an area with military orthodontic capability provided he/she is still eligible for treatment in military dental facilities. All other eligibility criteria under **6.24.** still apply.

6.24.2.7. The dentist may deactivate orthodontic archwires and place passive archwires for active duty members selected for temporary duty of 2-4 months. The member must have meticulous oral hygiene and sufficient retainability to complete orthodontic treatment after returning from temporary duty. Patient will be informed that appliances will not be activated while deployed.

Figure 6.4. Orthodontic Statement of Understanding.**MEMORANDUM OF UNDERSTANDING-ORTHODONTIC**

Before starting orthodontic care for my family members or myself, I verify that the requirements in AFI 47-101, Managing Air Force Dental Services, relating to Air Force orthodontic services have been explained to me. I understand that orthodontic services are not available at all Air Force installations and that as an Air Force member I will not be assigned, reassigned or transferred in order that I (or my family member) can receive or continue to receive orthodontic treatment. I also understand that if the Air Force restricts, suspends, or terminates orthodontic services at any Air Force installation or if I receive Permanent Change of Station (PCS) orders to a location where military orthodontic treatment is not available, I must assume the financial responsibility for continuing or completing this treatment. In the case of interceptive orthodontics (minor tooth movement), I understand that the Air Force is not obligated to provide care at a later date. Orthodontic care is generally not available in deployed locations. If I am selected for deployment, I understand that active orthodontic treatment will be temporarily suspended.

If I separate from active duty before my orthodontic treatment is complete, I may elect to maintain my orthodontic appliances and continue treatment with a civilian orthodontist. I understand that my new civilian orthodontist and oral surgeon (surgical cases) will charge their customary fee -- the payment for which the US Air Force will in no way be responsible. If I desire not to continue treatment with a civilian orthodontist after separating from the military or upon PCS to a location where military orthodontic treatment is not available, I may elect to have my orthodontic appliances removed. I understand that relapse will occur after this removal. It has been explained to me that orthodontic treatment should be continued to completion, especially in situations involving extraction of permanent teeth or orthognathic surgery.

ORTHODONTIC POLICIES

1. Broken appointments--Broken appointments could justify termination of treatment.
2. Lost or broken appliance may justify termination of treatment. It is the patient's responsibility to safeguard the appliance. If lost or broken, you must contact the dental clinic for a replacement.
3. Lack of patient cooperation in any of the following categories may justify termination of orthodontic treatment:
 - 3.1. Poor oral hygiene
 - 3.2. Failure to wear retainers, removable appliances, headgear, elastics, or other items deemed necessary for treatment.
 - 3.3. Tardiness for appointments

 Patient Name (Printed)

 Patient Signature

 Date

 Sponsor Signature

 Date

 Dentist Signature

 Date

6.24.3. Dentists may only offer orthodontic treatment to active duty members who have a malocclusion of substantial severity that causes or might lead to an abnormal or inadequate dental function. Examples include:

6.24.3.1. Malocclusions severe enough to warrant orthognathic surgery (skeletal prognathism, retrognathism, or apertognathism).

6.24.3.2. Skeletal malocclusions that cause active destruction of hard or soft oral tissues.

6.24.3.3. Malocclusions that require correction in support of other dental specialties.

6.24.3.4. Anterior crossbite of multiple teeth or of a single tooth where the patient experiences traumatic interference in lateral or protrusive mandibular excursions.

6.24.4. Dentists may not initiate orthodontic treatment for any of these reasons:

6.24.4.1. Esthetic reasons only.

6.24.4.2. Crowded teeth only, if the patient can adequately protect the periodontium with reasonable oral hygiene measures.

6.24.4.3. When oral hygiene is deficient or the patient clearly lacks the motivation to maintain reasonable standards.

6.24.4.4. When the overall periodontal prognosis is guarded.

6.24.4.5. When the dentist judges another method of dental therapy to be the treatment of choice.

6.24.4.6. When the dentist believes that minor tooth movement is a good alternative to comprehensive orthodontics.

6.24.5. Base dental services use these priorities for treating family members OCONUS when orthodontic care is available:

6.24.5.1. Those arriving on station in fully banded or bonded active orthodontic appliances that were placed by military or civilian sources before the sponsor's assignment selection date.

6.24.5.2. Those with malocclusions or craniofacial anomalies posing a serious functional or developmental problem and presenting a serious threat to the longevity of the dentition.

6.24.5.3. Those in permanent dentition and approaching the end of active adolescent growth.

6.24.5.4. Those most efficiently treated in the mixed dentition stage of growth and development.

6.24.5.5. Those arriving on station in full active orthodontic appliances placed by civilian sources after the sponsor's assignment selection date.

6.24.6. The dentist counsels sponsors of family members under consideration for orthodontic treatment in military facilities. Inform sponsoring members that they are financially responsible for continuing the treatment if the Air Force reassigns the member or terminates local orthodontic care for any reason. Sponsors should be referred to the Health Benefits Advisor for complete information about the benefit provisions and limitations of assistance from the Family Member Dental Plan, TRICARE and other official US Air Force and DoD programs.

6.24.7. The sponsor and the patient, if of legal age, must sign a Memorandum of Understanding (Orthodontic). **Figure 6.4.** illustrates this memorandum. The attending dentist must ensure that all

patients treated have a statement on file. Complete the statement in duplicate. File the original in the dental health record and the duplicate copy at the facility providing orthodontic care.

6.24.8. Dentists may terminate a patient's orthodontic treatment at any time for:

6.24.8.1. Broken appointments; tardiness for appointments

6.24.8.2. Lost or broken appliances

6.24.8.3. Failure to maintain proper oral hygiene

6.24.8.4. Failure to wear appliances, headgear, elastics or other items deemed necessary for treatment

6.25. Dental Implant Services:

6.25.1. Dental facilities may establish a dental implant program when meeting all of these conditions:

6.25.1.1. Active duty treatment requirements exist.

6.25.1.2. A dental implant team is formed, consisting of assigned dentists who are credentialed to surgically place implants and to restore implants.

6.25.1.3. The MTF Commander and MAJCOM/SGD approve and fund the program.

6.25.2. Dental implant team members are credentialed in implantology and must be graduates of postgraduate training programs of at least 2-years in length.

6.25.2.1. Implantology credentials must be attained through residency training, participation in formal courses sanctioned by HQ USAF/SGD, or a MAJCOM/SGD approved local program.

6.25.3. The dental implant team plans and approves all implant treatment before implant surgery begins.

6.25.3.1. Approval or disapproval actions of the team are documented on the SF603/603A.

6.25.3.2. All approved implant therapy is to be completed at the initiating duty location unless unusual circumstances occur.

6.25.4. Only implant systems approved by HQ USAF/SGD, approved clones or compatible systems may be used when initiating implant therapy.

6.25.5. Dental implant therapy is authorized for any beneficiary eligible for dental treatment IAW AFH 41-114, *Military Health Services System Matrix*.

6.25.6. Active duty patients receiving implant treatment are to be screened and evaluated prior to initiating therapy for possible physical profile changes.

6.25.7. Before starting implant treatment, the dentist initiates a Statement of Understanding (Dental Implant Therapy), explains it to the patient, and witnesses the patient's signature. This statement becomes a permanent part of the patient's dental health record. **Figure 6.5.** illustrates this statement.

6.25.8. Nonmetallic instruments are to be used when performing oral prophylaxis procedures on dental implant components.

6.25.9. The Special Consultant to the Surgeon General for Prosthodontics is the POC for implant policy, changes to implant policy, and the investigation of implant related issues for HQ USAF/SGD.

Figure 6.5. Memorandum of Understanding (Dental Implant Therapy)

**MEMORANDUM OF UNDERSTANDING
(DENTAL IMPLANT THERAPY)**

Before starting dental implant therapy for me (or my family member), I verify that the requirements of AFI 47-101, *Managing Air Force Dental Services*, relating to the Air Force Implant Program have been explained to me. I understand that implant services are not available at all Air Force installations and that Air Force members will not be assigned or transferred in order that they (or a family member) can receive or continue to receive implant treatment and the associated restorative procedures. I also understand that if the Air Force restricts or suspends implant services at my (or my family member's) assigned duty station, non-active duty beneficiaries must assume the financial responsibility for continuing their treatment. Finally, I understand that the Air Force will provide follow-up and maintenance care for a maximum of two years to non-active duty beneficiaries.

Printed Name of Patient

Signature of Patient

Date

Signature of Sponsor

Date

Signature of Dentist

Date

6.26. Quality Management/Utilization Management. Dental personnel will follow local Quality Management/Utilization Management (UR/UM) policies established by the MTF Commander and DSC consistent with DoD Health Affairs Policy 98-031 as they apply to dental practice. *"USAF Dental Service Clinical Performance Assessment and Improvement (CPA&I) Program"* provides process and outcomes indicators and a format for review of dental practice and procedures.

6.26.1. Dental personnel must meet the requirements and dental practice guidelines outlined in the most current *"Air Force Dental Service Standards of Care"* or currently published guidance from HQ USAF/SGD.

6.26.1.1. Dentists monitor and evaluate aspects of dental care using AF form 1526, **Monitoring and Evaluation Worksheet – Dental**.

6.26.2. For dental quality reviews the peer reviewer should be a licensed dentist; for specialty cases the peer reviewer should practice in the same specialty whenever possible. When same specialty review is not possible, an additionally trained general dentist may substitute for the first level review. Second level reviewers must meet the definition of "clinical peer" as published in the Utilization Review Accreditation Commission National Utilization Review Standards.

6.26.2.1. Dental utilization reviews may be delegated to ancillary personnel under the direction of a licensed reviewing dentist. Second level reviews must always be conducted by a "clinical peer" as stated in [6.26.2](#).

6.27. Informed Consent. Dental providers must make every attempt to provide appropriate informed consent by disclosing all relevant information to the patient or patient's legal guardian about any proposed treatment.

6.27.1. Dental providers usually obtain informed consent verbally when verifying the patient's diagnosis and treatment. They must use professional judgment in deciding when to document informed consent.

6.27.1.1. Obtain required informed consent once for a course of treatment unless changes in the treatment plan arise. Consider these factors in deciding when to document informed consent:

6.27.1.1.1. The proposed treatment entails risks of death or serious harm to the physical or mental health of the patient.

6.27.1.1.2. The treatment includes unusual procedures that are likely to be unclear to the patient.

6.27.1.1.3. The rapport between the patient and provider could be enhanced.

6.27.1.1.4. The patient has questionable expectations about the treatment.

6.27.2. Documenting Informed Consent:

6.27.2.1. For procedures not involving general anesthesia or conscious sedation, enter a handwritten note in either the inpatient, SF 509, **Medical Record - Progress Notes**, or outpatient, SF 603 or SF 603A. Record must be signed by both provider and patient. Document these points to properly complete the requirements of informed consent:

6.27.2.1.1. The nature of the proposed treatment or procedure in lay terms.

6.27.2.1.2. Anticipated outcome and the risks and benefits of planned treatment.

6.27.2.1.3. Alternative treatments, including no treatment.

6.27.2.1.4. Risks and benefits of alternative treatments.

6.27.2.2. For procedures involving general anesthesia, complete OF 522, **Medical Record-Request for Administration of Anesthesia and for the Performance of Operations and Other Procedures**, or other appropriate forms if state law dictates. Enter a handwritten note in either the inpatient (SF509, Medical Record-Progress Notes) or outpatient (SF603/603A) record that is signed by the provider. Document the points in paragraph **6.27.2.1.** on the OF 522 to complete the informed consent. For outpatients, a copy of the OF 522 should be filed in the dental health record.

6.27.2.3. For procedures involving sedation, complete the documents required in paragraph **6.27.2.2.** The handwritten statement may be entered on the SF 509, SF 603/603A, OF 522 or AF 1417.

6.28. US Air Force Preventive Dentistry Program. The preventive dentistry program provides services and treatments to help prevent oral disease and to counsel members on how to establish and maintain good oral hygiene.

6.28.1. The Assistant Surgeon General for Dental Services appoints an Air Force Consultant in Dental Public Health to carry out these responsibilities:

6.28.1.1. Provide guidance on dental health, dental epidemiology, and other related matters.

6.28.1.2. Conduct the Air Force Preventive Dentistry Course

6.28.1.3. Provide information and guidance for training technicians, hygienists, and dentists in preventive dentistry services

6.28.1.4. Serve as the advisor in preventive dentistry to HQ USAF/SGD.

6.28.2. The DSC must establish an ongoing preventive dentistry program at each Air Force installation that has a dental service and must ensure that preventive dentistry is actively practiced with the most current information and techniques. The scope of the program should include clinical, community, and family member children's phases where appropriate. The emphasis of all phases should be placed on the primary patient customers of each dental service and should apply to all beneficiaries where care has not been out-sourced.

6.28.2.1. Clinical Phase. All aspects of dental health accomplished within the dental facility, including these services:

6.28.2.1.1. Periodic dental examinations.

6.28.2.1.2. Oral hygiene counseling

6.28.2.1.3. Referral for tobacco use counseling (defined in AFI 40-102, Tobacco Use in the Air Force)

6.28.2.1.4. Dental prophylaxis.

6.28.2.1.5. Pit and fissure sealants where appropriate

6.28.2.1.6. Construction of mouthguards, when needed.

6.28.2.1.7. Inpatient education, when applicable.

6.28.2.2. Community Health Phase. This phase publicizes the program, educates the military community, and implements necessary procedures to improve the dental health of the community.

6.28.2.3. Family Member Children's Phase. This phase is applicable to eligible children of active duty members where the FMDP is unavailable. This phase includes these services:

- 6.28.2.3.1. Appropriate dental examination.
- 6.28.2.3.2. Dental prophylaxis.
- 6.28.2.3.3. Oral hygiene counseling.
- 6.28.2.3.4. Pit and fissure sealants, where appropriate.
- 6.28.2.3.5. Construction of mouthguards, when needed.

NOTE: Screening examinations and patient treatment must be accomplished on federal installations and on eligible children only.

6.29. Operating Room Privileges

6.29.1. Only dentists who have completed an ADA Accredited residency program during which they received training and demonstrated the skills to act as "primary surgeon" will be granted unsupervised privileges to treat dental patients in the operating room. For this purpose the "primary surgeon" may be an oral-maxillofacial surgeon, pediatric dentist, general dentist or other dentist with the proper credentials as determined by the program director or chief of service. The Surgeon General's Consultant for Pediatric Dentistry should be consulted prior to granting unsupervised privileges for comprehensive treatment of pre-adolescent patients in the OR to general dentists.

Chapter 7

DENTAL LABORATORY

7.1. Responsibilities. Air Force dental laboratories fabricate dental prostheses and other devices in support of the Air Force and other Federal dental and medical services providing worldwide oral health service.

7.1.1. The Assistant Surgeon General for Dental Services appoints a Special Consultant for Dental Laboratory Services to carry out these responsibilities:

7.1.1.1. Serve as the Air Force Dental Laboratory Coordinator.

7.1.1.2. Serve as the representative to the Tri-Service Dental Laboratory Utilization Committee.

7.1.1.3. Coordinate the workload in the Air Force Dental Laboratory System.

7.1.1.4. Communicate directly with the directors of all Air Force Area Dental Laboratories (ADLs) and counterparts in the other Federal Services.

7.1.1.5. Serve as the primary contact for questions or problems regarding inter-service dental laboratory support.

7.1.1.6. Distribute technical data and information letters to dental laboratories, as applicable.

7.2. Base Dental Laboratory (BDL). BDLs fabricate dental prostheses and other devices to support local treatment needs. They may provide support to any other Air Force or Federal facility within existing resources.

7.3. Area Dental Laboratory. HQ USAF/SGD designates ADLs. They provide complete prosthodontic laboratory support for Air Force and other Federal dental facilities within existing resources. Each ADL:

7.3.1. Provides consultant services to include advice on treatment planning individual cases, annual workshops for dentists and laboratory technicians and consultant visits to supported bases as needed. If a consultant visit is conducted, a copy of the trip report will be sent to the Air Force Dental Laboratory Coordinator.

7.3.2. Publishes information letters addressing technical data and management information and distributes them to the bases it supports. NOTE: The DSC ensures that all assigned dentists and laboratory technicians have the opportunity to review these letters.

7.3.3. Coordinates any anticipated changes in its services with dental laboratories in its area of support.

7.3.4. ADLs must not curtail any dental laboratory services before requesting and receiving approval from HQ USAF/SGD. Request approval through the MAJCOM/SGD and send an information copy to the Air Force Dental Laboratory Coordinator.

7.4. Dental Precious Metals and Alloys.

7.4.1. The dental laboratory maintains a file designated as the "Register of Precious Metals and Alloys" and records data using the metric system. Weights will be recorded to tenths of a gram. The register includes these forms, as applicable:

7.4.1.1. DD form 2322, **Dental Laboratory Work Authorization**.

7.4.1.2. AF form 85, **Inventory Adjustment Voucher**.

7.4.1.3. AF form 520, **Record of Dental Precious Metals and Alloys**.

7.4.1.4. DD form 200, **Financial Liability Investigation of Property Loss**.

7.4.2. Precious metals will be secured when not in use.

7.4.3. Permanently inserted prostheses become the patient's property.

7.4.4. Refer to par. **6.23.**, Prosthodontic Services, for documentation of patient's dental health record when precious metal restorations removed from the mouth are not accepted.

7.4.5. DD form 2322 is used as a debit voucher to record on AF form 520 precious metals received from patients and all scrap containing precious metals unfit for further use. Debit voucher numbers are assigned consecutively by fiscal year to DD form 2322 to record receipt of salvaged precious metal items.

7.4.5.1. A separate AF form 520 is used for precious metals that may be reused.

7.4.5.2. Castings that are miscast or those that do not fit after try-in should be returned to the inventory and recorded as a debit on the issuing AF form 520.

7.4.5.3. Use DD form 2322 to record the turn-in of precious metal restorations that are not accepted by the patient.

7.4.5.3.1. Enter the transaction on the appropriate AF form 520. A brief description of the restoration should be included on DD form 2322, section 26, Clinicians Remarks/Instructions.

7.4.5.3.2. Provide the debit voucher number and clean weight of the restoration as recorded on the appropriate AF form 520 to the originating dentist for inclusion in the patients' dental health record.

7.5. Record of Laboratory Services. Use DD form 2322 to record laboratory services that dental personnel provide for the patient (see **Attachment 15**).

7.6. Prosthesis Identification. Place the patient's Social Security number permanently on every definitive removable prosthesis and orthodontic appliance. Use as many of the terminal digits as possible.

7.7. Laboratory Quality Control. Each dental laboratory must establish a quality control program for fabricating dental prostheses.

PAUL K. CARLTON, JR, Lt General, USAF, MC
Surgeon General

Attachment 1**GLOSSARY OF REFERENCES, AND SUPPORTING INFORMATION*****References***

Title 10, *United States Code, Armed Forces*, current edition

DoD Instruction 6015.22, *Inter-Service Support Program (ISP) for Military Dental Laboratories*, May 12, 1992

DoD Instruction 6025.8, *Ambulatory Procedure Visit*,

DoD Instruction 6410.1, *Standardization of Dental Classification*, November 8, 1990

DoD Instruction 6410.2, *Standardization of Code on Dental Procedures*, February 13, 1992

AFPD 47-1, *Dental Services*

AFI 40-102, *Tobacco Use in the Air Force*

AFI 41-115, *Medical Programs and Benefits*

AFI 41-210, *Patient Administration Functions*

AFI 44-102, *Community Health Management*

AFI 44-104, *Clinical Consultant Program*

AFI 44-110, *The Cancer Program*

AFI 48-123, *Medical Examinations and Standards*

AFI 36-2102, *Base Level Relocation Procedures*

AFI 36-2104, *Nuclear Weapons Personnel Reliability Program*

AFI 40-301, *Family Advocacy; Exceptional Family Member Program (EFMP)*

AFM 30-130, *Base Level Military Personnel System, Users Manual*

AFCSM 47-226, *Dental Data System User/Computer Operation Manual*

AFOOSH Standard 161-21, *Hazard Communication*

USAF Dental Service Infection Control Program

USAF Dental Service Clinical Performance Assessment and Improvement Program (CPA&I)

USAF Dental Service New Officers Orientation Guide

American Dental Association, *Guidelines for Teaching the Comprehensive Control on Pain and Anxiety in Dentistry*

Abbreviations and Acronyms

ACLS—Advanced Cardiac Life Support

AD—Active Duty

ADA—American Dental Association

ADL—Area Dental Laboratory
AFDRAP—Air Force Dental Readiness Assurance Program
AFI—Air Force Instruction
AFH—Air Force Handbook
AFMAN—Air Force Manual
AFMS—Air Force Medical Service
AFOSH—Air Force Occupational Safety and Health
AFPD—Air Force Policy Directive
AFRC—Air Force Reserve Command
ALARA—As Low As Reasonably Achievable
ANG—Air National Guard
APU/APV—Ambulatory Procedure Unit/Ambulatory Procedure Visit
ARC—Air Reserve Component
ARPC—Air Reserve Personnel Center
BDL—Base Dental Laboratory
BLS—Basic Life Support
BPA—Blanket Purchase Agreement
CDT-2—Current Dental Terminology, 2nd Edition
CHAMPUS—Civilian Health and Medical Program of the Uniformed Services
CONUS—Continental United States
CPA & I—Clinical Performance Assessment and Improvement
CPAI & Q—Clinical Provider Assessment Indicators and Qualifications
DCQ—Dental Charge of Quarters
DEERS—Defense Enrollment Eligibility Reporting System
DIS—Dental Investigation Service
DNIF—Duty Not Involving Flying
DOD—Dental Officer of the Day
DoD, DD—Department of Defense
DoD(HA)—Department of Defense, Health Affairs
DODD, DODI—Department of Defense Directive, Instruction
DSC—Dental Squadron Commander
DTR—Dental Treatment Room

ECG, EKG—Electrocardiogram

EFMP—Exceptional Family Member Program

FMDP—Family Member Dental Plan

HQ USAF/SGD—Headquarters United States Air Force Assistant Surgeon General for Dental Services

IAW—“in accordance with”

IMA—Individual Mobilization Augmentee

ISP—Inter-Service Support Program

IV—Intravenous

MAJCOM/SGD—Major Command Dental Surgeon

MOU—Memorandum of Understanding

MTF—Medical Treatment Facility

M&Q—Monthly and quarterly

NCO—Non-Commissioned Officer

NGB—National Guard Bureau

OCONUS—Outside Continental United States

OF—Optional Form

P & H—Periodontal and Oral Hygiene

PALS—Pediatric Advanced Life Support

PDE—Periodic Dental Examination

PSR—Periodontal Screening Record

RCS—Report Control Symbol

RDDS—Reserve Dental Data System

SDP—Sensitive Duties Program

SF—Standard Form

Attachment 2

AUTHORIZED DESIGNATIONS AND ABBREVIATIONS

A2.1. Mandatory Designations. Use these approved entries on dental health records to ensure uniformity:

A2.1.1. Designation of Permanent Teeth. Use the # symbol before each tooth number or before each series of tooth numbers. Example: Teeth #5, 7, 8, and 9.

A2.1.2. Designation of Primary Teeth. Use the alphabetical designation for each tooth. Example: Teeth A, B, S and T.

A2.1.3. Abbreviations for Tooth Surfaces:

M	Mesial	D	Distal
I	Incisa	F	Facial (Buccal and Labial)
O	Occlusal	L	Lingual

A2.1.4. Optional Authorized Abbreviations. Use these abbreviations without periods. Use either upper- or lower-case letters.

DESCRIPTION	ABBREVIATION
abrasion	abr
abscess	abs
abutment	abut(s)
acrylic resin	acr
adjust(ed)(ment)	adj
alveolar	alv
alveolectomy	alvy
amalgam	am
anesthesia(thetic)	anes
anterior	ant
apicoectomy	apico
appliance	appl
appoint(ment)	appt
arch wire	AW
assessment, plan	SOAP
base	B
bitewing(s)	BW
bleeding index	BI

blood pressure	BP
bracket	bk
broken appointment	BA
calcium hydroxide	CaOH
calculus	cal
cancel(ation)	canc
caries	car
caries prevention treatment acidulated phosphate fluoride	CPTAPF
caries prevention treatment sodium fluoride	CPTNaF
caries prevention treatment stannous fluoride	CPTSnF
cement	cem
centimeter	cm
centric occlusion	CO
centric relation occlusion	CRO
centric relation	CR
cephalometric	ceph
Chief Complaint	CC
chronic	chr
class	cl
complete	com
composite resin	cmpst
computerized tomography	CT
consult(ation)	cons
crown	crn
cystectomy	cystmy
defective	def
demonstration	demo
denture	dtr
diagnosis	dx
discontinue	dc
drain	dr
dressing	drs
duty not involving flying, alert, space operations or special operational duty	DNIF
each	ea
elastics	el

electric pulp test	EPT
emergency room	ER
endodontic(s)	endo
epinephrine	epi
equilibrate(ation)	equil
eugenol	eug
evaluate(ation)	eval
examination	exam
exposure	exp
extract(ion)	ext
fixed partial denture	FPD
flap curettage	FC
fracture	Fx
free gingival graft (free soft tissue autograft)	FGG
full mouth	FM
general(ized)	gen
gingival(itis)	ging
gingivectomy	gtmy
glass ionomer cement	GIC
gutta perch	GP
health care instructions	HCI
heavy	hvy
high blood pressure	HBP
history	hx
history of present illness	HPI
hospital	hosp
immediate	immed
impacted(ion)	imp
impression	impr
incision and drainage	I&D
incomplete	incom
indirect pulp cap	IPC
insert(ion) (ed)	ins
inter-maxillary fixation	IMF

Intermediate Restorative Material	IRM
intravenous	IV
laboratory	lab
lateral cephalograph	lat ceph
left	lt
lidocaine	lido
ligate(ure)	lig
local	loc
lower left	LL
lower right	LR
maintenance (maintain)	maint
mandible(ular)	man
maxilla(ry)	max
medical evaluation board	MEB
medication(s)	med(s)
mepivacaine	mepiv
millimeter	mm
moderate	mdr
month(s)	mo(s)
mucosal	muc
necrotizing ulcerative gingivitis	NUG
negative	neg
occlusion	occ
operating room	OR
operative	oper
oral hygiene	OH
oral surgery	OS
oral/maxillofacial surgery	OMFS
orthodontics	ortho
panoramic radiograph	pano
partial	pr
past medical history	PMH
pathology	path
patient	pt
pediatric dentistry	ped dent
percussion	perc

periapical	per
pericoronitis	pecor
periodontics	perio
periodontitis	pedoni
Personnel Reliability Program	PRP
pit and fissure sealant	PFS
plaque	plq
polish	pol
polycarboxylic acid	PCA
porcelain	porc
porcelain fused to metal	PFM
positive	pos
post and core	P&C
post operative treatment	POT
posterior	post
pound(s)	lb
preliminary	prelim
premedicate	premed
prepared(ation)	prep
prescription	Rx
Presidential Support Program	PSP
primary	prim
prophylaxis	pro
prosthodontics	pros
pulpectomy	pctmy
pulpitis	pitis
pulpotomy	potmy
quadrant	Q
quarters	qtrs
range of motion	ROM
reappoint(ment)	reappt
recement(ed)	recem
red cross volunteer	RCV
refer(red)	ref
reference	RE
rehabilitation	rehab

reinforced acrylic resin pontic	RAP
removable partial denture	RPD
remove(al)	rem
repair(ed)	rep
respiration	resp
restoration	res
return to clinic	RTC
right	rt
root canal treatment	RCT
root plane(ing)	rp
rubber dam	rd
scaling	sc
sedation(ed)	sed
Sensitive Duty Program	SDP
slight	slt
space available	space A
stainless steel crown	SSC
subjective, objective, assessment, plan	SOAP
supernumerary	supernum
surgery	surg
suture	su
symptoms	sx
temperature	temp
temporary	tem
temporomandibular disorders	TMD
temporomandibular joint	TMJ
transitional	trans
treatment	tx
type	T
unerupted	uner
upper left	UL
upper right	UR
varnish	var
vital signs	vs
within normal limits	wnl
x-ray radiograph	xr

xylocaine	xylo
zinc oxide	ZnO
zinc oxide and eugenol	ZOE
zinc phosphate	ZnPhos

A2.1.5. Other Abbreviations. Dental providers may also use recognized Air Force office symbols, abbreviations for organizational designations, and standard pharmacy abbreviations.

A2.2. Requirements for Recording Diagnosis:

A2.2.1. Record pathological lesions rather than their symptoms.

A2.2.2. Reference the original diagnosis by using the term "Re" in entries in the dental record. Example: "Re: Pedoni."

A2.2.3. Although the Air Force allows dental providers to use local abbreviations when preparing AF forms 644, (all versions) use only authorized abbreviations or full text when transcribing information to the SF 603 or SF 603A or other documents.

Attachment 3**INSTRUCTIONS FOR COMPLETING SF 603, HEALTH RECORD-DENTAL, AND SF 603A,
HEALTH RECORD-DENTAL CONTINUATION****A3.1. Section I. PRESENTING DENTAL STATUS.** (Sequential page numbering is optional.)

A3.1.1. Items 1, 2, 3, and 6. Place an "X" in the appropriate boxes.

A3.1.2. Items 4 and 5. Complete these sections with data from at least a Type 2 dental examination. When referring to the primary dentition, circle the correct alphabetical designation. Enter appropriate additional comments in "Remarks."

A3.1.3. Item 7. Self-explanatory.

A3.1.4. PATIENT'S IDENTIFICATION. When an imprint card is available, use space provided. When imprint card is not available, complete as follows:

A3.1.4.1. PATIENT'S NAME. Self-explanatory.

A3.1.4.2. SEX. Enter "F" for female, "M" for male.

A3.1.4.3. DATE OF BIRTH. Self-explanatory.

A3.1.4.4. RELATIONSHIP TO SPONSOR. Enter Family Member Prefix.

A3.1.4.5. COMPONENT/STATUS. Enter "Reg," "Res," or "ANG."

A3.1.4.6. DEPART/SERVICE. Enter "AF," "Army," "Navy," "Marine Corps," "AF (Ret)," and so on. For family members' records, enter the service department or agency of the sponsor. For civilian personnel, enter "Civ."

A3.1.4.7. SPONSOR'S NAME. Use this block for other than active duty or retired personnel. NOTE: Enter sponsor's first name, middle initial, and last name in this block.

A3.1.4.8. RANK/GRADE. For active duty and retired military members, enter the individual's rank. For family members, enter the sponsor's rank. For civilians, enter the pay grade.

A3.1.4.9. SSN OR IDENTIFICATION NO. Enter the individual's Social Security number. For family members, enter the sponsor's SSN.

A3.1.4.10. ORGANIZATION. Self-explanatory. NOTE: On SF 603A, enter only the patient's name and SSN.

A3.2. Section II. CHRONOLOGICAL RECORD OF DENTAL CARE. (Sequential page numbering is optional.)

A3.2.1. Item 8. RESTORATIONS AND TREATMENTS (Completed during active duty service). Use black or blue-black ink to chart the restorations as they are completed. Circle the appropriate alphabetical designation when indicated. Identify implant and periodontal maintenance patients and carry forward this identification on all subsequent SF 603As. Print or stamp entries for implant and periodontal maintenance patients using approximately 1/8-inch red letters.

A3.2.2. Item 9. SUBSEQUENT DISEASES AND ABNORMALITIES. Chart the diseases and abnormalities found subsequent to the date of the original examination. Circle the appropriate alpha-

betical designation when indicated. Use pencil for item 9 to permit erasures as dental treatment is completed.

A3.2.3. Item 10. SERVICES PROVIDED. Make all entries neat and legible. Entries may be typed when administrative support permits. The use of stamps is authorized. When stamps are used, they must be designed to fit within the lines of the SF603/603A, as if typed. Record these items and services:

A3.2.3.1. The date, all diagnoses made, the results of appropriate medical consultations and laboratory reports, all treatment and medication provided, the placement of sealants by tooth number, and the disposition of the patient. Begin all entries for treatment rendered to emergency patients seen during non-duty hours with a statement such as "Non-duty hours."

A3.2.3.2. The shade and mold of teeth on prostheses and the type of metal used in fixed restorations. For ceramo-metal fixed partial dentures, indicate whether any solder joints, and if they are pre- or post-porcelain application joints. Indicate any precious metal restorations removed from the mouth and given to the patient.

A3.2.3.3. Local anesthetic by brand name, strength, and whether it contains vasoconstrictor. Indicate the amount that the provider administered, either by ml or cc. Include brand names of restorative and prosthodontic materials (for example, amalgams, resins, casting alloys).

A3.2.3.4. Any treatment the patient receives at other than the base of assignment or record location, include the name of the military or civilian agencies where the patient received these services. Record treatment rendered in items 8 and 10 when copy of AF Form 644, Record of Dental Attendance, is received from facility that provided treatment.

A3.2.3.5. The first and middle initials, surname, and rank (pay grade for civilians) of the health care providers, including dentists, assistants, and technicians. The health care provider or technician who performed the service verifies and signs the entry in ink.

A3.2.3.6. Information on the treatment facility each time a patient changes facilities. Enter the patient's name and SSN in the appropriate blocks at the bottom of the page.

Attachment 4

INSTRUCTIONS FOR CHARTING MISSING TEETH AND EXISTING RESTORATIONS

A4.1. Edentulous Arch or Mouth. Inscribe two crossing lines, each running from the uppermost aspect of one third molar to the lowermost aspect of the third molar on the opposite side.

A4.2. Individual Missing Teeth. Draw an "X" on the root or roots of each missing natural tooth. Mark unerupted, extracted, or congenitally absent teeth, regardless of whether the patient has replaced them with fixed or removable partial dentures.

A4.3. Primary Teeth. Circle the appropriate alphabetical designation.

A4.4. Restorations. Draw the restoration in the diagram of the tooth. Show the approximate size, location, and shape. Identify restorative materials by following these procedures:

A4.4.1. Amalgam Restorations. Outline and block in solidly.

A4.4.2. Single Gold Restorations. Outline and inscribe horizontal parallel lines within the outline of the restoration.

A4.4.3. Nonmetallic (Porcelain, Resin, Glass Ionomer Restorations, Artificial Crowns, and Facings). Draw only the outline of the size, location, and shape of the restoration, crown, or facing.

A4.4.4. Pit and Fissure Sealants. Superimpose the letter "S" over the tooth number (permanent dentition) or letter (primary dentition), indicating that the tooth and or restoration margins have been sealed. Describe the surfaces sealed and type of sealant used in the narrative.

A4.4.5. Combination Restorations. Outline the area. Show the approximate overall size, location, and shape; show the partition at the junction of different restoration materials used. Indicate each type of material.

A4.4.6. Post Crown. Outline each nonmetallic material and show restorative metallic materials. Outline the approximate size and position of the post or posts.

A4.4.7. Root Canal Filling. Outline each canal filled and block in solidly.

A4.4.8. Apicoectomy. Draw a small triangle with the apex away from the crown and place a line at the approximate line of the root amputation.

A4.4.9. Overdenture Abutment. Draw a horizontal line at the approximate root length. Block in solidly to show the root canal filling. If amalgam restores the abutment, show the size and location by solidly blocking. Sketch the restoration and fill with horizontal lines to show precious metal coping.

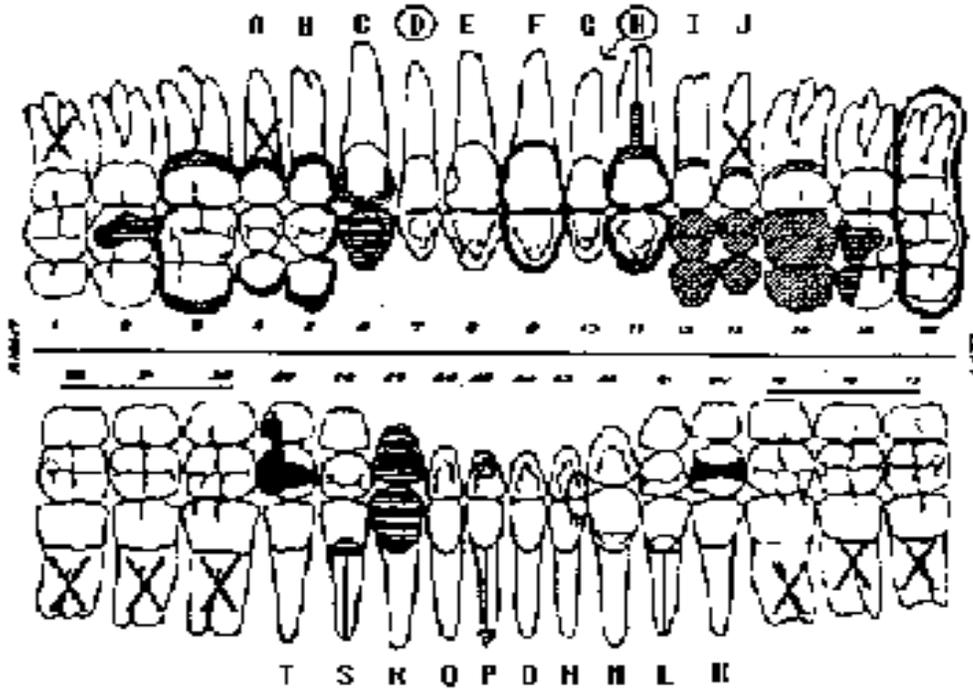
A4.4.10. Dentures. Place a horizontal line between the outline of the teeth and the numerals to designate teeth replaced by complete or removable partial dentures. In the "Remarks" section, describe complete and removable partial dentures. Indicate whether they are maxillary or mandibular and identify the type of restoration. State whether the denture is serviceable or unserviceable. Example: "Man RPD (Acrylic or gold, or Chrome-Cobalt) serviceable," or "Max Acr Com Dtr, unserviceable."

A4.4.11. Fixed Partial Dentures. Outline each aspect; include abutments and pontics. Show the partition at the junction of different restoration materials. Indicate each type of material. Inscribe diago-

nal parallel lines to show gold. Note defective fixed partial dentures in "Remarks" section. Example: Defective pontic #10 or defective Crown #11.

A4.4.12. Remarks. Add any other pertinent information that relates to missing teeth, implants, and existing restorations.

Figure A4.1. Instructions for Charting Missing Teeth and Existing Restorations.



- | | |
|---|---|
| #1 Missing tooth | #16 Impacted tooth |
| #2 Combination restoration, Am/Gold | #17-19, 30-32 Extracted, replaced by removable partial denture |
| #3-5 Ceramo-metal fixed partial denture, complete ceramic coverage | #20 Mesio-Occlusal-Distal amalgam (MOD) |
| #6 3/4 Gold Crown | #21 Root Canal and Overdenture with Gold Coping |
| #7 Primary tooth D present. If permanent 7 is impacted, circle as shown for #16 | #22 Facial nonmetallic restoration |
| #8 Distal nonmetallic restoration | #23 Disto-Incisal nonmetallic restoration with pins |
| #9 Nonmetallic Jacket Crown | #25 Root Canal, apicoectomy and lingual nonmetallic restoration |
| Retained primary cuspid H between 10 and 11 | #27 Complete Gold Crown |
| #11 Root Canal, Ceramo-metal crown complete ceramic coverage, Cast Gold Post and Core | #28 Root Canal and Overdenture Abutment with gold coping |
| #12-14 Ceramo-metal Fixed Partial Denture ceramo facings only | #29 Distal-Occlusal-Lingual amalgam restoration with pins |
| #15 Mesio-Occlusal-Lingual Gold Inlay | |

Attachment 5

INSTRUCTIONS FOR CHARTING DISEASES AND ABNORMALITIES

A5.1. Caries. Draw an outline of the carious portion on the diagram of the affected tooth. Show the approximate size, location, and shape. Block it in solidly.

A5.2. Extraction (Removal) Indicated. Draw two parallel vertical lines through all aspects of the involved tooth and roots. To indicate a retained tooth, draw two parallel lines in the direction of the long axis of the root through the part being retained.

A5.3. Periapical Radiolucency. Outline the approximate size, form, and location of the periapical radiolucency.

A5.4. Fistula. Draw a straight line from the involved area. End it in a small circle in a position on the chart that corresponds to the location of the tract orifice.

A5.5. Unerupted Tooth. Outline all aspects of the tooth with a single oval.

A5.6. Fractured Tooth. Trace a jagged fracture line in the relative position on the crown or roots.

A5.7. Periodontitis and Alveolar Resorption. Indicate gingival recession by drawing a continuous line across the roots to approximate the extent of involvement. Draw another continuous line at the proper level across the roots of the teeth to indicate the extent of alveolar resorption. Base this finding on clinical and radiographic findings.

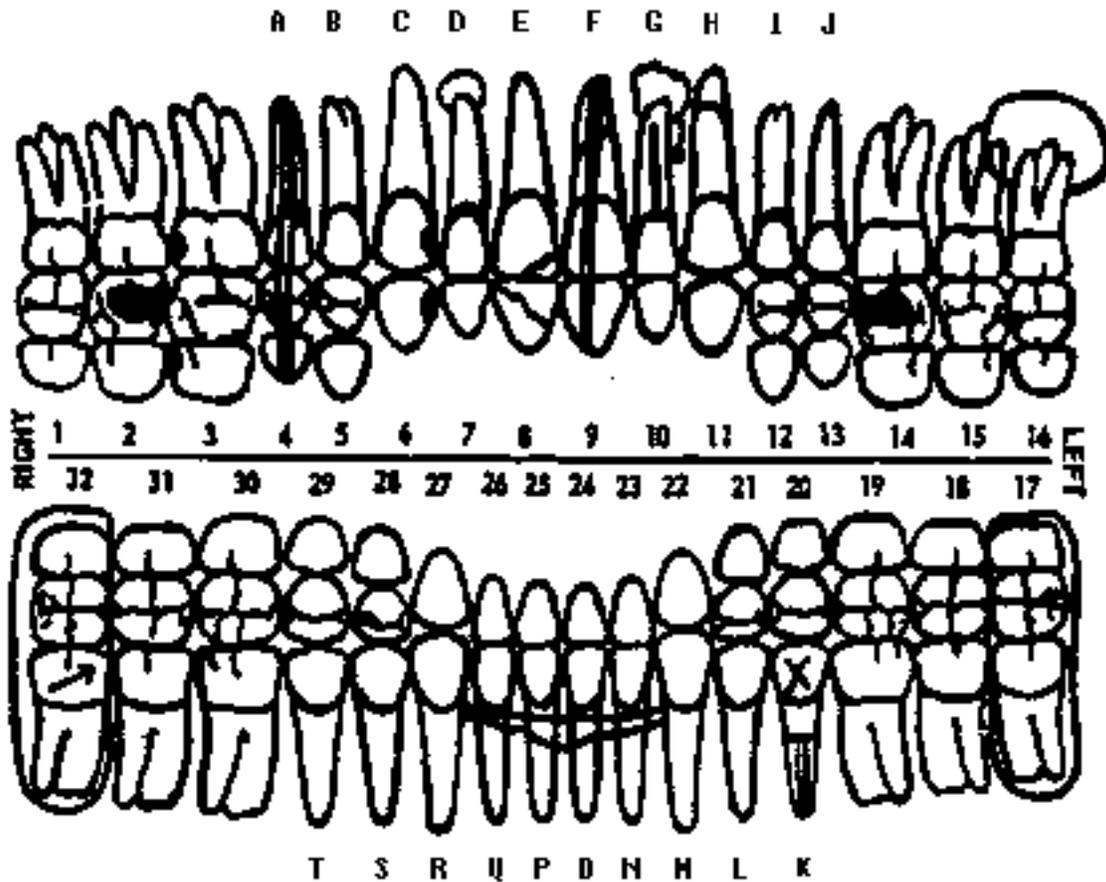
A5.8. Resorption of Root. Draw an even line that shows the extent of the root's resorption.

A5.9. Defective Restoration. Outline the defective restoration. Include the carious or otherwise defective area and block it in solidly.

A5.10. Inclination of Impacted Teeth. Draw an arrow that indicates the direction of the long axis of the tooth in the crown portion of the tooth form.

A5.11. Remarks. Include here any remarks about the patient's diseases and abnormalities, such as a history of therapeutic radiation to the oral or perioral structures. Also include here any special entries for identification. Examples are: erosion, abrasion, mottled enamel, hypoplasia, Hutchinson's teeth, presence of supernumerary teeth, abnormal interdental spaces, mucosal pigmentation, leukoplakia, diastema, torus palatinus or mandibularis, embedded foreign bodies, implants, and unusual restorations or appliances.

Figure A5.1. Instructions for Charting Diseases and Abnormalities.



- | | |
|---|---|
| #2 Mesio-Occlusal caries | #14 Defective restoration-outline area of restoration to be replaced and defective area |
| #3 Distal caries | #15 Periapical radiolucency involving 15 and 16 |
| #4 Extraction indicated | #17 Unerupted tooth. (If not visible in oral cavity, an "X" would appear on corresponding tooth on chart "Missing Teeth and Existing Restorations") |
| #6 Mesial caries | |
| #7 Periapical radiolucency | |
| #8 Fractured crown | |
| #9 Fractured root-extraction indicated | |
| #10 Periapical radiolucency and fistula, underfilled root canal filling | #20 Residual root requiring removal |
| #11 Resorbed root | #23-26 inclusive. Gingival crest-continuous line. Alveolar crest-continuous line. |
| | #32 Impacted tooth with mesial inclination |

Attachment 6

INSTRUCTIONS FOR COMPLETING AF FORM 935 PERIODONTAL DIAGNOSIS AND TREATMENT PLAN

A6.1. General. This form provides a basic periodontal examination, diagnosis and planning record for treating periodontal disease.

A6.1.1. The examining dentist must also make appropriate entries on the patient's SF 603 or 603A. Write in ink the patient's name, Social Security number, significant medical history, and blood pressure. Make all other notations in red, blue, or regular pencil. See [Figure A6.1.](#) for examples of how to chart the findings.

A6.2. Teeth:

A6.2.1. Missing Teeth, Unerupted Teeth and Teeth Replaced with Fixed Partial Denture. See [Attachment 4](#) for instructions.

A6.2.2. Diseases and Abnormalities Affecting Periodontal Treatment Plan. See [Attachment 5](#) for instructions.

A6.2.3. Malposition. Indicate by drawing an arrow pointing in the direction of tooth movement. Examples are:

Drifted Tooth. See #1 on [Figure A6.1.](#)

Extrusion. See #2

Intrusion. See #3.

Rotation. See #4.

A6.2.4. Interproximal Discrepancies. Indicate by drawing the appropriate symbol between the affected teeth. Examples are:

Open Contact. See #27-28.

Poor Contact. See #29-30.

Marginal Ridge Discrepancy. See #31-32.

A6.2.5. Plunger Cusp. Indicate by drawing a broad red "V" or inverted "V" outlining the shape of the cusp. See #5 and #18.

A6.2.6. Pain or Percussion. Indicate by drawing a circled red "P" over the tooth involved. See #6.

A6.2.7. Food Impaction. Indicate by drawing a circled red "F" and arrow over the affected area. See #29-30.

A6.3. Periodontium:

A6.3.1. Gingival Form. Marginal Enlargement. See #7, Facial.

Soft Tissue Crater. Indicate by drawing a red "U" or inverted "U" between the appropriate teeth. See #8-9.

Papillary Enlargement. See #9-10.

A6.3.2. Probing Depths, Gingival Margin Location, Attachment Levels. *Probing depths are measured from the gingival margin to the base of the sulcus or pocket. Record findings in Row 1 boxes. The location of the gingival margin is measured from the cemento-enamel junction (CEJ). Record findings in Row 2 using a minus (-) number for gingival margins located coronal to the CEJ and a plus (+) number for margins located apical to the CEJ; i.e., marginal tissue recession. Add the numbers in Row 1 with the corresponding numbers in Row 2 to obtain the attachment levels. Record these findings in Row 3 boxes. Use blue pencil for showing probing depths up to 3mm and use red pencil for showing those greater than 3mm. Row 2 and Row 3 numbers may be recorded in pencil.*

A6.3.3. Bleeding Points. Place a red dot over probing in the areas involved. See #31.

A6.3.4. Frenum Pull. Outline the frenum. See #24-25.

A6.3.5. Furcation Invasion. Use these notations:

Class I. Show incipient invasion by drawing a red “V” over each affected furcation. See #14.

Class II. Show a cul-de-sac invasion by drawing an open red triangle. See #19.

Class III. Show a through-and-through invasion by drawing solid red triangles. See #30.

A6.3.6. Tooth Resection. Describe the structure designated for removal in the Surgical Plan blocks. After removal, color the removed area in solid blue. See #2 and #31.

A6.3.7. Mobility. Record the mobility on the facial or lingual surface. See #22-26. Use the Modified Mobility Index:

Mobility 1 = First perception of movement greater than normal.

Mobility 2 = Moderate movement, approximately 0.5 - 1.0 mm.

Mobility 3 = Marked movement (exceeding 1.0 mm) in any direction, including rotation or depression.

A6.4. Occlusal Findings:

A6.4.1. Centric Relation-Centric Occlusion (CR-CO). Circle in red pencil all teeth that contact in centric relation. If “CR” and “CO” coincide, don’t circle any teeth. Record the direction and distance of any slide in the box provided next to “CR-CO.”

A6.4.2. Right Lateral (RL) Circle the teeth contacting on the right side in blue pencil. Circle the teeth that contact on the left side (nonfunctional) in red.

A6.4.3. Left Lateral (LL). Circle the teeth contacting on the left side in blue pencil. Circle teeth that contact on the right side (nonfunctional) in red.

A6.4.4. Protrusive (PROT). Circle all teeth that contact during CO-PROT. Circle nonfunctional posterior contacts in red.

A6.4.5. Significant Temporomandibular Joint, Habits, and other Mandibular Movement Findings. Record in the box provided to the right.

A6.5. Miscellaneous:

A6.5.1. Surgical Plan Blocks. Record an abbreviated surgical plan.

A6.5.2. Blocks With Tooth Numbers Along the Right Margin. *Record "Dental Implant" when replacing missing tooth. May also provide additional information not described above.*

A6.5.3. Back of AF Form 935. Self-explanatory.

Figure A6.1. AF Form 935, Periodontal Diagnosis and Treatment Plan.

PERIODONTAL DIAGNOSIS AND TREATMENT PLAN

	3	333	834	433	323	323	333	333	225	525	523	434		333	334	578	3	1		
	2	-3-2-1	211	00-1	010	010	020	-1-3-1	-111	110	000	111			010	001	011	2	2	
	1	654	623	434	313	313	313	464	314	415	523	323			323	333	567	1	3	
F																				
O																				
L																				
	1	765	433	323	323	323	323	424	314	416	623	333			323	434	468	1	14	
	2	-3-2-2	-1-0	000	011	100	000	000	012	21-1	-100	-1-1-1			-10-1	000	0-1-1	2	15	
	3	443	323	323	334	423	323	424	326	625	523	222			222	434	457	3	16	
SURG PLAN		Flap #1-4, DISTAL WEDGE RESECT DF ROOT #2					Flap #6-11 Palatal Only					Flap #13-16, DISTAL WEDGE Ext #16								
PRE-OCCLUSAL ADJUSTMENT FINDINGS	CENTRIC RELATION	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	TMJ		
		32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17			
	CR CO																			
	RIGHT LATERAL	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	HABITS		
		32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	TONGUE		
	LEFT LATERAL	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	BRUXISM		
		32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	OTHER		
	PROTRUSIVE	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	OPENING - M.M.		
		32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17			
SURG PLAN		Flap #21-32, DISTAL WEDGE HEMISECT #30B					Flap #22-27, Frenectomy					Flap #17-20 Ext #17								
	3	444	554	544	434	434	424	535	546	634	534	444			323	233	344	556	3	17
	2	-101	121	111	111	121	111	111	121	121	111	121			010	020	001	10-1	2	18
	1	543	433	4B3	323	313	313	424	425	513	423	323			313	213	343	457	1	19
F																				
O																				
L																				
	1	653	434	694	413	323	323	434	426	644	423	323			323	323	354	578	1	30
	2	-1-1-1	-101	111	010	000	000	010	011	110	000	000			000	000	00-1	1-2-2	2	31
	3	542	335	705	423	323	323	444	437	754	423	323			323	323	353	456	3	32
		MAINTENANCE RECOMMENDATIONS																		
		BP _____ / _____																		

Attachment 7

INSTRUCTIONS FOR COMPLETING AF FORM 935A, PERIODONTAL MAINTENANCE RECORD

A7.1. General. Complete this form at least once a year for all periodontal maintenance patients. Enter all data concisely and accurately. Record these items in ink: the patient's name, social security number, the date of maintenance visit, and the name of therapist providing treatment.

A7.2. Marking the Chart. Mark the chart by following these instructions:

A7.2.1. Missing Teeth. Make an "X" through all of the squares to show a missing natural tooth.

A7.2.2. Probing. Make six measurements for each tooth: mesiofacial, mid-facial, distofacial, mesio-lingual, mid-lingual, and distolingual. Record measurements to the nearest millimeter. Record sulcular depths of 3mm or less in blue pencil and record depths greater than 3mm in red. Enter the readings in the squares immediately above or below the tooth number.

A7.2.3. Bleeding or Exudate Site. Designate these areas by placing a small "x" next to the pocket measurement that corresponds to the affected gingival area.

A7.2.4. Furcation Involvement. Indicate in the appropriate furcal area the symbols representing the degree of furcation involvement. *See A6.3.5.*

A7.2.5. Gingival Margin Location. *At each probing site record the distance in millimeters from the cemento-enamel junction (CEJ) to the free gingival margin. Enter the measurements in the squares marked "F" and "L" for the appropriate tooth in the section designated "Ging/Mar, F-L." Enter a minus (-) number for gingival margins located coronal to the CEJ and a plus (+) number for margins located apically.* Keeping this record allows you to determine attachment levels on a longitudinal basis for each involved area.

A7.2.6. Fremitus. Fremitus refers to a palpable or visible movement of tooth when subjected to occlusal forces. In the section marked "Fremitus" record any teeth that exhibit fremitus in centric occlusion closure, right and left lateral excursion, and protrusive movement.

A7.2.7. Tooth Mobility. Record in the circles. Use the Modified Mobility Index:

Mobility	1	= First perception of movement greater than normal.
Mobility	2	=Moderate movement (approximately 0.5-1.0 mm).
Mobility	3	= Marked movement (exceeding 1.0 mm) in any direction, including rotation or depression.

A7.2.8. X-Rays. Check the appropriate box to show which type of radiographs the dental providers administered to the patient (full mouth [FM], vertical bitewing [BW], periapical [PA]). Give the number of the tooth or teeth exposed by PA radiographs.

A7.2.9. Notes. Record any relevant findings in this area. *Record the location of "Dental Implants."*

A7.2.10. Micro CK. Check this square if the therapist has used some form of microbiological analysis. Specify the type of analysis in the he “Notes” section.

Figure A7.1. AF Form 935A, Periodontal Maintenance Record.

PERIODONTAL MAINTENANCE RECORD

NAME _____		X bleeding or exudate site Mobility: 1, 2, 3														Full Charting dt		
SSAN _____		Furcation V=incipient V=cul-de-sac V= thru & thru																
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	NOTES:
F MOBIL L		654	623	434	313	313	313	494	314	415	523	323		323	333	567		
		765	433	323	323	323	323	424	314	623	333	433		324	434	468		
rec	F L	100	010	020	010	010	020	010	110	010	010	011		110	020	101		
I U F DIM	F L	Y	Y	Y														
Therapist _____		Date _____																
Xrays: FM <input checked="" type="checkbox"/> BW <input type="checkbox"/> PA <input type="checkbox"/>		micro ck <input type="checkbox"/>																
Framitus: C B5 R #5 L P		Dr ck <input checked="" type="checkbox"/>																
rec	F L	001	100	000	111	111	000	000	010	000	020	011	111	111	101	001		
	F L	653	434	644	413	323	323	434	426	644	423	323	323	323	354	578		
F MOBIL L		543	433	483	323	313	313	424	435	513	423	323	313	213	343	457		
		32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	
F MOBIL L																		
rec	F L																	
I U F DIM	F L	Y	Y	Y														
Therapist _____		Date _____																
Xrays: FM <input type="checkbox"/> BW <input type="checkbox"/> PA <input type="checkbox"/>		micro ck <input type="checkbox"/>																
Framitus: C R L P		Dr ck <input type="checkbox"/>																
rec	F L																	
F MOBIL L																		
		32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	
F MOBIL L																		
rec	F L																	
I U F DIM	F L	Y	Y	Y														
Therapist _____		Date _____																
Xrays: FM <input type="checkbox"/> BW <input type="checkbox"/> PA <input type="checkbox"/>		micro ck <input type="checkbox"/>																
Framitus: C R L P		Dr ck <input type="checkbox"/>																
rec	F L																	
F MOBIL L																		
		32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	
F MOBIL L																		
rec	F L																	
I U F DIM	F L	Y	Y	Y														
Therapist _____		Date _____																
Xrays: FM <input type="checkbox"/> BW <input type="checkbox"/> PA <input type="checkbox"/>		micro ck <input type="checkbox"/>																
Framitus: C R L P		Dr ck <input type="checkbox"/>																
rec	F L																	
F MOBIL L																		
		32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	

Attachment 8

INSTRUCTIONS FOR COMPLETING AF FORM 935B, PLAQUE INDEX/BLEEDING POINT RECORD

A8.1. Recording Data. Record all data neatly and accurately. Enter the patient's name, social security number, and the date of each plaque score determination in ink. Make all other notations in red, blue, and regular pencil.

A8.2. Marking the Chart. Mark the chart by following these instructions:

A8.2.1. Missing Teeth. Draw a circle in the middle of the appropriate square for each missing natural tooth.

A8.2.2. Evaluating and Recording Plaque Percentage:

A8.2.2.1. The plaque control record gives the therapist a simple method of recording plaque accumulation on individual tooth surfaces (mesial, distal, facial, lingual). *It also serves as a motivational tool by allowing patients to visualize their progress in controlling plaque.*

A8.2.2.2. *At the initial plaque control appointment, disclose the plaque.*

A8.2.2.3. *After the patient has rinsed to wash out excess disclosant, the therapist uses a perio probe or explorer to examine each stained surface for soft plaque accumulations at the dentogingival junction. Record findings by placing a blue dot on the chart in the appropriate triangular area that designates a tooth surface. The outside triangular areas correspond to the facial tooth surfaces; the inside triangular areas correspond to the lingual surfaces.*

A8.2.2.3.1. *Do not record soft accumulations outside the dentogingival junction or attempt to differentiate among varying amounts of plaque on tooth surfaces.*

A8.2.2.4. After completing all plaque scoring, use the Modified O'Leary Plaque Index to record the percentage of clean tooth surfaces. Record this number to the right of the notation in the sector marked PLI.

A8.2.2.4.1. The original indexing method derived from T.J. O'Leary *Journal of Periodontics*, 43:83, 1972 (known as the O'Leary Plaque Index) expressed the percentage of tooth surfaces with plaque. The Modified O'Leary Plaque Index inverts this method by expressing the percentage of clean tooth surfaces.

A8.2.2.4.2. Example of how to calculate plaque percentage using the Modified O'Leary Plaque Index: The patient has 28 teeth, 112 surfaces, and 23 surfaces with plaque. Dividing 23 by 112 and multiplying by 100 gives you a figure of 21 percent. With the O'Leary Plaque Index you would interpret this figure as the percentage of surfaces with plaque. To derive the Modified O'Leary Plaque Index percentage, however, you subtract the 21 percent of the O'Leary Plaque Index from 100 to get the percentage of clean tooth surfaces (79 percent).

A8.2.2.5. Conduct this procedure at each subsequent appointment to determine the patient's progress in controlling plaque.

A8.2.2.6. Encourage patients to practice oral hygiene procedures that help them consistently achieve a Modified O'Leary Plaque Index of 80 percent.

A8.2.2.7. Conduct additional assessments during the course of active periodontal therapy and at each preventive maintenance visit.

A8.2.3. Stain. record the type of stains on teeth; i.e., coffee, tea, tobacco, etc..

A8.2.4. Comments. Use this section to record any information relevant to the specific appointment.

A8.2.5. Bleeding Site. Use a red dot to indicate the individual tooth surface (mesial, distal, facial, lingual) where light probing produces bleeding or where spontaneous bleeding occurs.

A8.2.6. Oral Hygiene Aids Recommended. *Record the date that any listed aid was recommended or given to the patient, along with any pertinent comments. Use the blank space at the bottom of the list to enter any additional aid recommended or given to the patient.*

A8.2.7. Plaque Index Graph. *Record the Modified O'Leary Plaque Percentage by placing a dot at the appropriate percentage level. Enter the date the index was made. Graph subsequent plaque scores and connect the dots. The graph should be used to demonstrate patient progress.*

Figure A8.1. AF Form 935B, Plaque Index/Bleeding Point Record.

(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974 - Use Blanket PAS - DD Form 2003)

PLAQUE INDEX/BLEEDING POINT RECORD	NAME <i>WEVET, JEROME D.</i> SSN <i>987-65-4321</i>
---	--

MISSING TOOTH BLUE DOT = PLAQUE RED DOT = BLEEDING SITE

1

Date: _____ PI: _____ Bleed: _____ Comments: _____

2

Date: _____ PI: _____ Bleed: _____ Comments: _____

3

Date: _____ PI: _____ Bleed: _____ Comments: _____

4

Date: _____ PI: _____ Bleed: _____ Comments: _____

5

Date: _____ PI: _____ Bleed: _____ Comments: _____

6

Date: _____ PI: _____ Bleed: _____ Comments: _____

7

Date: _____ PI: _____ Bleed: _____ Comments: _____

8

Date: _____ PI: _____ Bleed: _____ Comments: _____

9

Date: _____ PI: _____ Bleed: _____ Comments: _____

10

Date: _____ PI: _____ Bleed: _____ Comments: _____

11

Date: _____ PI: _____ Bleed: _____ Comments: _____

12

Date: _____ PI: _____ Bleed: _____ Comments: _____

ORAL HYGIENE AIDS RECOMMENDED					Frequency of Advice	Date of Advice	Comments
Device	Type	Freq.	Date	Date			
Hand Brush	<i>SOFT</i>	<i>1x/day</i>	<i>18 JAN</i>	<i>27 FEB</i>	<i>17 MAY</i>		
Electric Brush							
Floss	<i>TAPE</i>	<i>1x/day</i>	<i>18 JAN</i>	<i>27 FEB</i>	<i>17 MAY</i>	<i>DIFFICULT (L) Side</i>	
Disinfecting Table							
Floss Threader							
Floss Aid							
Garage							
Tooth							
Proxabrush							
Perio Aid							
Water Irrigator							
Rubber Tip							
Mirror							
Toothpaste	<i>Fluoride</i>	<i>1x/day</i>	<i>18 JAN</i>	<i>27 FEB</i>	<i>17 MAY</i>		
Fluoride Gel							
End-Tuft Brush							

Attachment 9

US AIR FORCE DENTAL READINESS CLASSIFICATION

A9.1. CLASS 1. World-wide deployable. Patients who won't require dental treatment or reevaluation within 12 months. Class 1 patients must meet these conditions:

- A9.1.1. No dental caries or defective restorations.
- A9.1.2. Arrested caries for which treatment is not indicated.
- A9.1.3. Healthy periodontium, no bleeding on probing; oral prophylaxis not indicated.
- A9.1.4. Replacement of missing teeth not indicated.
- A9.1.5. Unerupted, partially erupted, or malposed teeth that are without historical, clinical, or radiographic signs or symptoms of pathosis and are not recommended for prophylactic removal.
- A9.1.6. Absence of temporomandibular disorders; stable occlusion.

A9.2. CLASS 2. World-wide deployable. Patients who have oral conditions that the examining dentist doesn't expect to result in dental emergencies within 12 months if not treated. Designate patients as Class 2 when the examination reveals these findings:

- A9.2.1. Treatment or follow-up indicated for dental caries with minimal extension into dentin or minor defective restorations easily maintained by the patient where the condition does not cause definitive symptoms.
- A9.2.2. Interim restorations or prostheses that the patient can maintain for a 12-month period. (See note 1.) This includes teeth that have been restored with permanent restorative materials but for which protective coverage is indicated.
- A9.2.3. Edentulous areas requiring prostheses, but not immediately.
- A9.2.4. Periodontal disease or periodontium exhibiting:
 - A9.2.4.1. Requirement for oral prophylaxis.
 - A9.2.4.2. Requirement for maintenance therapy; this includes stable or nonprogressive mucogingival conditions requiring periodic evaluation
 - A9.2.4.3. Nonspecific gingivitis.
 - A9.2.4.4. Early or mild adult periodontitis.
 - A9.2.4.5. Supragingival or slight subgingival calculus.
- A9.2.5. Unerupted, partially erupted, or malposed teeth that have no historical, clinical, or radiographic signs or symptoms of pathosis, but which are recommended for prophylactic removal.
- A9.2.6. Active orthodontic treatment.
- A9.2.7. Temporomandibular disorder/myofascial pain dysfunction patients in maintenance therapy.

A9.3. CLASS 3. Not world-wide qualified until Class 3 condition treated. Patients who have oral conditions that the examining dentist expects to result in dental emergencies within 12 months if not treated. (See note 2.) Designate patients as Class 3 when the examination reveals these findings:

A9.3.1. Dental caries, tooth fractures, or defective restorations where the condition extends beyond the dentin-enamel junction and causes definitive symptoms; dental caries with moderate or advanced extension into dentin; and defective restorations that patients can't maintain.

A9.3.2. Interim restorations or prostheses that patients can't maintain for a 12-month period. (See note 1.) This includes teeth that have been restored with permanent restorative materials but for which protective coverage is indicated.

A9.3.3. Periodontal diseases or periodontium exhibiting:

A9.3.3.1. Acute gingivitis or pericoronitis.

A9.3.3.2. Active moderate to advanced periodontitis.

A9.3.3.3. Periodontal abscess.

A9.3.3.4. Progressive mucogingival condition.

A9.3.3.5. Periodontal manifestations of systemic disease or hormonal disturbances.

A9.3.3.6. Moderate to heavy subgingival calculus.

A9.3.4. Edentulous areas or teeth requiring immediate prosthodontic treatment for adequate mastication, communication, or acceptable esthetics.

A9.3.5. Unerupted, partially erupted, or malposed teeth with historical, clinical, or radiographic signs or symptoms of pathosis that are recommended for removal.

A9.3.6. Chronic oral infections or other pathologic lesions including:

A9.3.6.1. Pulpal or periapical pathology requiring treatment.

A9.3.6.2. Lesions requiring biopsy or awaiting biopsy report.

A9.3.7. Emergency situations requiring therapy to relieve pain, treat trauma, treat acute oral infections, or provide timely followup care (for example, drain or suture removal) until resolved.

A9.3.8. Temporomandibular disorders/myofascial pain dysfunction requiring active treatment.

A9.4. CLASS 4. Not world-wide qualified until dental condition is known. Patients who require dental examinations. Designate patients as Class 4 who require a periodic dental examination or whose dental readiness classification is unknown.

NOTES:

1. This step gives the provider the option of placing the patient in Class 2 or 3, depending on the anticipated serviceability of the permanent restoration.

2. Designate patients as Class 3 when the examination's findings leave questions about whether they belong in Class 2 or Class 3.

3. A patient becomes Class 4 on the last day of the thirteenth month following the previous dental examination that resulted in a change in dental readiness classification. Dentists are well advised to perform a Type 2 examination at the last appointment in a prolonged course of treatment.

Attachment 10

INSTRUCTIONS FOR COMPLETING PERIODONTAL SCREENING AND RECORDING (PSR) AND THE ORAL HYGIENE INDEX

A10.1. General. Periodontal Screening and Recording (PSR) is a rapid and effective method to screen patients for periodontal disease. Six sites around each tooth (mesiofacial, midfacial, distofacial, and corresponding lingual/palatal areas) are examined using a periodontal probe. A special color coded PSR probe is recommended but not a requirement in order to complete the screening examination. Implants are examined in the same manner as naturally occurring teeth.

A10.2. Procedures for Using Periodontal Screening and Recording. A dental officer, dental hygienist, or periodontal therapist screens each sextant for periodontal disease using one of the following Codes. For each sextant, only the highest PSR Code score is recorded in item 10 of SF 603 or 603A using a PSR label or similar stamp. (See [Figure A10.1.](#)) An X is recorded if the sextant is edentulous.

A10.2.1. Code 0: Colored area of the PSR probe (probing depth < 3.5mm) remains completely visible in the deepest crevice of the sextant. No calculus or defective margins are detected. Gingival tissues appear healthy with no bleeding on probing.

A10.2.2. Code 1: Colored area of the PSR probe (probing depth < 3.5mm) remains completely visible in the deepest probing depth in the sextant. No calculus or defective margins are detected. There is bleeding after probing.

A10.2.3. Code 2: Colored area of the PSR probe (probing depth < 3.5mm) remains completely visible in the deepest probing depth in the sextant. Supra- or subgingival calculus and/or defective margins are detected.

A10.2.4. Code 3: Colored area of the PSR probe remains partly visible (probing depth 3.5mm to 5.5mm) in the deepest probing depth in the sextant.

A10.2.5. Code 4: Colored area of the PSR probe completely disappears, indicating probing depth of greater than 5.5mm.

A10.2.6. Code * : an asterisk symbol (*) is added to the sextant code whenever clinical abnormalities exist such as furcation invasions, mobility, mucogingival problems, or marginal soft tissue recession.

A10.3. Guidelines for patient management according to sextant scores. Management of the patient according to sextant scores is at the discretion of the dental officer. Suggested guidelines are as follows:

A10.3.1. Code 0: Appropriate preventive care.

A10.3.2. Code 1: Oral hygiene instruction and appropriate therapy including subgingival plaque removal.

A10.3.3. Code 2: Oral hygiene instruction and appropriate therapy including subgingival plaque removal, removal of calculus, and correction of plaque-retentive margins of restorations as needed.

A10.3.4. Code 3: Oral hygiene instruction and appropriate therapy including subgingival plaque removal, removal of calculus, and correction of plaque-retentive margins of restorations as needed. After four weeks of healing, sextants should be re-scored. New or recurrent Code 3 score(s) warrant referral to a dental officer for a comprehensive periodontal examination and charting of the affected

sextant(s) to determine a treatment plan. Charting should include probing depths, furcation invasions, mucogingival problems, marginal soft tissue recession, and mobility. Appropriate radiographs are also indicated.

A10.3.5. Code 4: Referral to a dental officer for a comprehensive full mouth periodontal examination and charting to determine a treatment plan. Charting should include probing depths, furcation invasions, mucogingival problems, marginal soft tissue recession, and mobility. Appropriate radiographs are also indicated.

A10.3.6. Code * : If abnormality exists in presence of Codes 0, 1, or 2, referral to a dental officer for evaluation/treatment is warranted. If abnormality is associated with Code 3 or 4 scores, a comprehensive periodontal examination and charting by a dental officer is indicated.

A10.4. Procedures for using the Oral Hygiene (H) Index:

A10.4.1. The H index records the patient’s oral hygiene status. Dental personnel determine the H index by visual inspection, radiographic review, and tactile information and designate one of these ratings:

A10.4.1.1. H0 --No detectable plaque or calculus.

A10.4.1.2. H1 --Supragingival plaque; calculus detected.

A10.4.1.3. H2 --Subgingival calculus detected.

A10.4.2. Only a dentist, dental hygienist, periodontal therapist, or preventive dentistry technician may change the H index.

Figure A10.1. Suggested stamp design to record PSR.

Periodontal Screening & Recording

Sextant Scores

UPPPER RIGHT	UPPER ANTERIOR	UPPER LEFT
LOWER RIGHT	LOWER ANTERIOR	LOWER LEFT

Date _____

Attachment 11

INSTRUCTIONS FOR COMPLETING POSTMORTEM DENTAL RECORD, AF FORM 1801

A11.1. Postmortem Demographic Data

A11.1.1. ID Number: Enter the number or letter/number combination assigned to the remains by the person exercising legal jurisdiction over disposition of the remains.

A11.1.2. Name: Enter, *if known*, the last and first names and middle initial of the person the remains *are believed-to-be*.

A11.1.3. Sex, Estimated Age and Race: Self-explanatory.

A11.1.4. Date of Postmortem: Enter the date the dental examination is performed by entering the two-digit number of the day, the three-letter abbreviation of the month, and the last two digits of the year.

A11.2. Examination Findings - COMPUTER/DESCRIPTION CODES

A11.2.1. Data used to complete this form are gathered from both visual and radiographic examinations and entries should be amended where appropriate after review of the postmortem radiographs.

A11.2.2. Use authorized designations and abbreviations as found in AFI 47-101 [Attachment 2](#). Record the findings on the numbered line provided for each tooth. Additional descriptive comments may be added at the discretion of the recording officer.

A11.2.3. If the Computer Assisted Postmortem Identification (CAPMI) system is used, the CAPMI SYMBOLS listed on the Postmortem Dental Record will also be entered to describe the status of each tooth. Enter one or more primary codes as appropriate. Secondary codes may be entered following the primary codes as modifiers but may not be used without primary codes.

A11.3. Examination Findings - CHARTING OF RESTORATIONS, MISSING TEETH AND ABNORMALITIES

A11.3.1. Written and radiographic dental findings are charted on the tooth forms using conventional diagrammatic representations as found in AFI 47-101 [Attachment 4](#) and [Attachment 5](#).

A11.3.2. Postmortem avulsion of teeth from the alveolar process of the jaw is charted by inscribing an "X" over the entire missing tooth or teeth.

A11.3.3. A missing fragment of the alveolar process of the jaw is charted by inscribing an "X" over the area of the drawing that represents the missing fragment.

A11.4. Examination Findings, REMARKS

A11.4.1. Record any additional pertinent information or findings such as diastema, tori, tooth erosion or abrasion, supernumerary teeth, periapical pathology, etc.

A11.5. Radiography and Examiner Data

A11.5.1. Enter the types of radiographs taken and reviewed (e.g., full mouth periapical series, occlusal, bitewing, etc.) and the date on which they were exposed.

A11.5.2. Print the names of the examiner(s) performing the postmortem dental examination.

Figure A11.1. AF Form 1801, Postmortem Dental Record.

POSTMORTEM DENTAL RECORD											
I.D. NUMBER			LAST NAME				FIRST NAME			MI	SEX
A-99-3											<input checked="" type="checkbox"/> M <input type="checkbox"/> F
COMPUTER/DESCRIPTION CODES			ESTIMATED AGE			RACE (Check one)					
1.	X					C - Caucasoid		N - Negroid			
2.	OLS, FS		DATE OF POSTMORTEM			M - Mongoloid		X		U - Undetermined	
3.	MODLS		22 NOV 99								
4.	V		<p>R I G H T L E F T</p> <p>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16</p> <p>32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17</p>								
5.	OS, OS										
6.	/										
7.	/										
8.	/										
9.	/										
10.	/										
11.	/										
12.	V										
13.	CG, R, A										
14.	XP										
15.	CG										
16.	X										
17.	XA										
18.	MODL G		CAPMI SYMBOLS								
19.	CG		PRIMARY CODES				SECONDARY CODES				
20.	/		C	CROWN	A	ANOMALY, ROOT TIP.					
21.	/		D	DISTAL		ANY PATHOLOGY					
22.	/		F	FACIAL	B	PRIMARY TOOTH					
23.	/		L	LINGUAL	G	GOLD, CAST METAL.					
24.	/		M	MESIAL		STAINLESS STEEL					
25.	/		O	OCCUSAL/INCISAL	N	NON-METALLIC					
26.	/		U	UNERUPTED		RESTORATION					
27.	V		V	VIRGIN TOOTH	P	PONIC					
28.	DOG		X	MISSING TOOTH	R	ROOT CANAL FILLING					
29.	XT		J	JAW FRAGMENT	S	SILVER AMALGAM					
30.	XT			MISSING, NONRECOGNIZABLE.	T	REMOVABLE PROS					
31.	XT			FRRACTURED CROWN	Z	CARIES					
32.	MOG			TRAUMATIC AVULSION							
REMARKS			X-RAY TYPE				DATE				
Bilateral mandibular tori			10 PA, 2 BW				22 Nov 99				
#17 retained root tip			X-RAY TYPE				DATE				
#32 rotated			X-RAY TYPE				DATE				
			EXAMINERS								
			Longo, Paul A., Capt, USAF, DC								
			Pembel, Charles W., Col, USAF, DC								

Attachment 12**INSTRUCTIONS FOR COMPLETING ANTEMORTEM DENTAL RECORD, AF FORM 1802****A12.1. Antemortem Demographic Data**

A12.1.1. SSN, Name, Sex, Date of Birth/Estimated Age and Race: Self-explanatory

A12.1.2. Date of Reconstruction: Enter the date this form is completed by entering the two-digit number of the day, the three-letter abbreviation of the month, and the last two digits of the year.

A12.1.3. ID Number: the SSN is the preferred identification number. In the absence of a social security number, another unique identifier that was assigned to the person (such as driver's license number) or the person's dental record number may be recorded in this blank.

A12.2. Examination Findings - COMPUTER/DESCRIPTION CODES

A12.2.1. Data used to complete this form are gathered from all available antemortem written and radiographic records of dental treatment.

A12.2.2. Use authorized designations and abbreviations as found in AFI 47-101 [Attachment 2](#). Record the findings on the numbered line provided for each tooth. Additional descriptive comments may be added at the discretion of the recording officer.

A12.2.3. If the Computer Assisted Postmortem Identification (CAPMI) system is used, the CAPMI SYMBOLS listed on the Antemortem Dental Record will also be entered to describe the status of each tooth. Enter one or more primary codes as appropriate. Secondary codes may be entered following the primary codes as modifiers but may not be used without primary codes.

A12.3. Examination Findings - CHARTING OF RESTORATIONS, MISSING TEETH AND ABNORMALITIES

A12.3.1. Written and radiographic dental findings are charted on the tooth forms using conventional diagrammatic representations as found in AFI 47-101 [Attachment 4](#) and [Attachment 5](#).

A12.4. Examination Findings, REMARKS

A12.4.1. Record any additional pertinent information or findings such as diastema, tori, tooth erosion or abrasion, supernumerary teeth, periapical pathology, etc.

A12.5. Radiography and Examiner Data

A12.5.1. Enter the types of radiographs reviewed (e.g., panoramic, full mouth periapical series, occlusal, bitewing, etc.) and the date on which they were exposed.

A12.5.2. Print the names of the examiner(s) performing the antemortem dental record reconstruction.

Figure A12.1. AF Form 1802, Antemortem Dental Record.

ANTEMORTEM DENTAL RECORD													
SSN				LAST NAME				FIRST NAME				MI	SEX
123-45-6789				SMITH				JOHN				C	X M F
DATE OF BIRTH / ESTIMATED AGE				RACE (Check one)				COMPUTER/DESCRIPTION CODES					
38				<input checked="" type="checkbox"/> C - Caucasoid <input type="checkbox"/> M - Mongoloid <input type="checkbox"/> N - Negroid <input type="checkbox"/> U - Undetermined				1. U					
DATE OF RECONSTRUCTION				I.D. NUMBER				2. OLS, FS					
22 NOV 99								3. MOS, DOS					
CAPMI SYMBOLS													
PRIMARY CODES						SECONDARY CODES							
C CROWN D DISTAL F FACIAL L LINGUAL M MESIAL D OCCUSAL/INCISAL U UNERUPTED V VIRGIN TOOTH X MISSING TOOTH / JAW FRAGMENT MISSING, NONRECOGNIZABLE, FRACTURED CROWN, TRAUMATIC AVULSION						A ANOMALY, ROOT TIP, ANY PATHOLOGY B PRIMARY TOOTH G GOLD, CAST METAL, STAINLESS STEEL N NON METALLIC RESTORATION P PONTIC R ROOT CANAL FILLING S SILVER AMALGAM T REMOVABLE PROS Z CARIES							
X RAY TYPE				Full mouth PA				DATE 1994					
X RAY TYPE				Bitewings				DATE 1997					
X RAY TYPE								DATE					
EXAMINERS				Longo, Paul A. Capt, USAF, DC				REMARKS					
				Pemble, Charles W. Col, USAF, DC				Bilateral mandibular tori					

Attachment 13**INSTRUCTIONS FOR COMPLETING DENTAL IDENTIFICATION SUMMARY REPORT, AF FORM 1803****A13.1. Demographic Data**

A13.1.1. Name of Deceased and Body Number: Enter the name as recorded on the Antemortem Dental Record and the ID Number (Body Number) as recorded on the Postmortem Dental Record.

A13.1.2. Rank, Sex, Race, Age and SSN: Self-explanatory.

A13.1.3. Examiners: Print the name, rank, service and corps of the examiner(s) who complete and review this form.

A13.1.4. Date and Place: Enter the date and location in which the summary report is prepared.

A13.2. Comparison of Antemortem and Postmortem Records and Concordance

A13.2.1. On the numbered line provided for each tooth, enter the appropriate designations and abbreviations as found in AFI 47-101 [Attachment 2](#) for tooth conditions found to be concordant based on review of antemortem and postmortem dental records.

A13.2.2. Additional descriptive comments may be added at the discretion of the recording officer.

A13.3. Remarks

A13.3.1. Record any additional pertinent concordant information observed in the comparison of antemortem and postmortem dental records such as diastema, tori, tooth erosion or abrasion, supernumerary teeth, periapical pathology, etc.

A13.4. Findings

A13.4.1. Circle the appropriate classification as determined from comparison of antemortem and postmortem dental records.

A13.4.2. The following criteria are suggested for classification.

A13.4.2.1. Positive identification: reasonable scientific certainty that all other individuals are excluded. There can be no unresolved contradictory dental findings.

A13.4.2.2. Consistent with: it is highly probable that the postmortem remains are the individual named. There can be no unresolved or contradictory dental findings.

A13.4.2.3. Unidentified: there are insufficient or contradictory findings in comparison of antemortem and postmortem dental records to justify identification.

A13.5. Signature of Examiners

A13.5.1. Self-explanatory.

A13.6. Findings Confirmed By

A13.6.1. If, for mission related reasons, a dental team leader position has been created, he/she should sign this blank.

Figure A13.1. AF Form 1803, Dental Identification Summary Report.

DENTAL IDENTIFICATION SUMMARY REPORT									
NAME OF DECEASED (Last, First, MI) <i>Smith, John C.</i>							BODY NUMBER <i>A-99-3</i>		
RANK <i>Maj</i>	SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	RACE <input checked="" type="checkbox"/> C - Caucasoid <input type="checkbox"/> M - Mongoloid		<input type="checkbox"/> N - Negroid <input type="checkbox"/> U - Undetermined	AGE <i>38</i>	SSN <i>123-45-6789</i>			
EXAMINERS <i>Longo, Paul A., Capt, USAF, DC</i> <i>Pemble, Charles W., Col, USAF, DC</i>				DATE <i>22 Nov 99</i>	PLACE <i>Keesler AFB MS</i>				
COMPARISON OF ANTEMORTEM AND POSTMORTEM DENTAL RECORDS AND RADIOGRAPHS REVEAL CONCORDANCE ON TEETH NUMBER (DESCRIBE FEATURE).									
1.	—			17.	—				
2.	<i>OL S, FS</i>			18.	—				
3.	—			19.	—				
4.	<i>V</i>			20.	—				
5.	<i>OS, OS</i>			21.	—				
6.	—			22.	—				
7.	—			23.	—				
8.	—			24.	—				
9.	—			25.	—				
10.	—			26.	—				
11.	—			27.	<i>V</i>				
12.	<i>V</i>			28.	<i>DO G</i>				
13.	<i>C, R, A</i>			29.	<i>X T</i>				
14.	<i>X P</i>			30.	<i>X T</i>				
15.	<i>C G</i>			31.	<i>X T</i>				
16.	<i>X</i>			32.	<i>MO G</i>				
REMARKS <i>Bilateral mandibular tori noted. No unresolved contradictory findings. Teeth # 3, 18, 19 treated by civilian dentist in 1998; source is next of kin.</i>									
FINDINGS (CHECK ONE) <input checked="" type="checkbox"/> POSITIVE IDENTIFICATION				<input type="checkbox"/> CONSISTENT WITH			<input type="checkbox"/> UNIDENTIFIED		
SIGNATURE OF EXAMINER					SIGNATURE OF EXAMINER				
FINDINGS CONFIRMED BY (DENTAL TEAM LEADER)									

Attachment 14**INSTRUCTIONS FOR COMPLETING AF FORM 1417, SEDATION CLINICAL RECORD****A14.1. Section I. General Information:**

A14.1.1. Date. Enter the date of the sedation procedure.

A14.1.2. Patient Identification. Self explanatory.

A14.1.3. Procedures. Describe the patient's dental treatment or procedures.

A14.1.4. Venipuncture Information. Indicate the name of the person starting the I.V., device used, site and time started.

A14.1.5. Provider Information and Signature. Stamp or print the provider's name (use the provider code if the provider is a resident or student), rank, and SSN. The provider signs the form to verify that the information is accurate.

A14.1.6. Staff Information and Signature. Stamp or print the name, rank, and SSN of the staff member when the provider is a resident or has student status (noncredentialed). The credentialed staff member signs the form to verify that the case has a proctor and that the information is accurate.

A14.1.7. Monitor/Assitant. Print the name(s) and rank of the Monitor/Assistant(s).

A14.2. Section II. Sedation Data:

A14.2.1. Time. Enter the clock time on the vertical, in 15-minute intervals, for the period that the data covers.

A14.2.2. Agents/Drugs. Enter the name of the sedative drugs, the dosage form, and the method administered, for example, Diazepam mg, Meperidine mg, and so on. Enter dosage in the appropriate block depending upon time administered. You may overprint for a specific list of agents or drugs.

A14.2.3. Fluids. Enter the total amount of fluids administered.

A14.2.4. Percentage Nitrous Oxide. Enter the percentage of nitrous oxide administered in the corresponding time block.

A14.2.5. Percentage Oxygen. Enter the percentage of oxygen administered in the corresponding time block.

A14.2.6. Percentage Saturated Oxygen. Enter the percentage of oxygen saturation in the corresponding time block. Use this entry only when using a pulse oximeter as a monitor.

A14.2.7. Responsiveness. Responsiveness must be documented throughout the procedure in order to indicate that consciousness was maintained. Place a check mark in the box corresponding to the times when responsiveness was assessed during the procedure.

A14.2.8. ECG. Enter the basic rhythm observed, for example, Normal Sinus Rhythm (NSR), bigeminy, Ventricular Tachycardia (V-tach), and so on. Use this line only when using the electrocardiogram as a monitor.

A14.2.9. Totals. Enter the total amounts of all drugs and fluids administered during the sedation procedure. Enter the amount of each agent used for the procedure and the amount discarded. A witness

must initial next to the specific entry in the "Discarded" column indicating which agent and how much was discarded.

A14.2.10. Legend. Enter these symbols to indicate the patient's vital signs on the line corresponding to the time observed (if printout is not available):

A14.2.10.1. BP. Place at the systolic recording and at the diastolic recording.

A14.2.10.2. PULSE. Place at the number corresponding to the pulse rate.

A14.2.10.3. RESP. Place at the number corresponding to the respiration rate.

A14.2.11. Analgesia Equipment (Analg Equip) Tested. For inhalation equipment, check box after completing equipment tests in accordance with local directives.

A14.2.12. Sedation Start. Enter the time that the sedation began.

A14.2.13. Procedure Start. Enter the time that the procedure began.

A14.2.14. Procedure End. Enter the time that the procedure ended.

A14.2.15. Sedation End. Enter the time the last sedative drug was administered.

A14.2.16. Monitors. Mark the appropriate box. When the monitor has printout capability, attach the printed recordings to AF Form 1417. This may be done in lieu of marking vital signs directly onto the form.

A14.2.17. Remarks. Indicate any additional information that may be pertinent to the procedure.

A14.3. Section III. Discharge Data :

A14.3.1. Condition on Release. Self-explanatory. Check the appropriate box(es).

A14.3.2. Disposition. Mark the appropriate box that corresponds to the disposition of the patient following the sedation procedure. When marking the "Discharge to Care of" block, write the name of the person responsible for escorting the patient from the clinic.

A14.3.3. Post-Op Instructions. Mark the appropriate box to signify whether the patient or the escort received the post-operative instructions.

A14.3.4. Follow-Up Appt Date. Write in the date and time that you have scheduled the patient for follow-up care, if applicable.

A14.3.5. Time of Release. Enter the clock time that you released the patient.

A14.3.6. Aldrete Score. The Aldrete Score is a standard method of documenting a patient's level of recovery. Fill in (circle) each Aldrete Score category. Add the scores and indicate the total Aldrete Score in the box marked "Total Score".

Activity:	2--Able to move four extremities 1--Able to move two extremities 0--Not able to move any extremity
Respiration:	2--Able to breathe deeply and cough 1--Limited respiratory effort; dyspnea 0--No spontaneous respiratory effort
Circulation:	2--BP within 20% of pre sedation level 1--BP within 20-50% of pre sedation level 0--BP outside 50% of pre sedation level
Consciousness:	2--Fully awake; able to answer questions 1--Arousable on calling name 0--Not responding
Color:	2--Normal, pink 1--Pale, dusky, blotchy 0--Frank Cyanosis

A14.3.7. SaO₂ (Room air). Indicate post-operative oxygen saturation on room air. Comparing post-operative oxygen saturation on room air to pre-operative levels is a useful measure of recovery.

A14.4. Section IV. Preanesthetic Assessment for Conscious Sedation (on reverse side). [Figure A14.1.](#)

A14.4.1. General Guidance. An appropriate preanesthetic assessment is required to arrive at a treatment plan that is both safe and effective in controlling a patient's pain and anxiety. It relies largely on the patient's history. At a minimum, physical exam should consist of vital signs, oxygen saturation while breathing room air, and evaluation of airway, breathing and circulation. Additional physical examination may be indicated by findings in the history. Physician consultation should be made when the complexity of the patient's health findings exceed the dental officer's diagnostic abilities. For female patients, a reasonable effort to assess risk of pregnancy should be made by discussion with the patient, menstrual history, and laboratory testing when desired or indicated. When the preanesthetic evaluation does not immediately precede the conscious sedation procedure, an immediate preprocedure assessment is required to assure that there have not been significant health changes and that the patient has followed preoperative preparatory instructions.

A14.4.2. Completion of Preanesthetic Assessment for Conscious Sedation. Dental officers credentialed in use of conscious sedation use the Preanesthetic Assessment for Conscious Sedation form to assist in an organized preanesthetic evaluation using health history, physical exam findings.

A14.4.3. History.

A14.4.3.1. Age. Enter the patient's age.

A14.4.3.2. Height (Ht). Enter the patient's height in inches.

A14.4.3.3. Weight (Wt). Enter the patient's weight in kilograms.

A14.4.3.4. Date. Enter the date the preanesthetic assessment was done.

A14.4.3.5. AF form 696 Review. Indicate findings from Health History review and enter current information on allergies and current medications. Additional medications may be listed under "Remarks" at the bottom of the form.

A14.4.3.6. Family History. Indicate significant family history and patient's previous anesthesia experience, surgeries and complications.

A14.4.3.7. Habits. Indicate applicable habits and frequency.

A14.4.3.8. Review of Systems. Indicate conditions that apply. Use "Remarks" section if more space is needed.

A14.4.4. Physical Examination.

A14.4.4.1. Vital Signs. Enter pulse, BP, Respirations per minute, Temperature and Oxygen Saturation on room air.

A14.4.4.2. Systems Examinations. Complete Airway, breathing and circulation sections; complete other exam sections as indicated.

A14.4.4.3. ASA Classification. Indicate the American Society of Anesthesiology (ASA) patient risk factor.

A14.4.5. Preoperative Diagnosis. Indicate Anesthesia plan and reasons for choice of anesthesia.

A14.4.6. Informed Consent . Enter handwritten informed consent either on the AF form 1417 or on the SF 603/603A.

A14.4.7. Premedication. Indicate any premedication prescribed. If no premedication is given check box indicating "none."

A14.4.8. Provider Information. Provider should stamp information in the box indicated, sign full name where indicated and date when the preanesthetic assessment was performed.

A14.5. Immediate Preprocedure Assessment. This section must be completed when the complete preanesthetic assessment is not done the same day as the procedure.

A14.6. Lab Data. Enter any tests ordered, date and results.

A14.7. Patient Identification. Enter patient's name and social security number.

Figure A14.1. AF Form 1417, Sedation Clinical Record.

SEDATION CLINICAL RECORD					DATE							
					19990120							
GENERAL INFORMATION												
PATIENT IDENTIFICATION John Doe 555-55-5555 SSgt Sleepy Hollow AFB					PROCEDURES: Surgical Removal of impacted teeth #17,32							
					Venipuncture Start By: Major Dentist or SrA Lewis		Time: 08:05					
					Device: 18 g. angiocath		Site: L hand					
Provider Information and Signature: James J. Dentist, Major 222-22-2222 <i>JJ Dentist</i>			Staff Information and Signature: Cheryl G. Farr, Col 333-33-3333 <i>CG Farr</i>			Monitor/Assistant Monica C. Lewis, SrA						
SEDATION DATA			TIME				TOTALS					
			08:10	08:15	08:30	08:45	09:00	09:15	09:30	09:45	USED	DISCARDED
AGENTS												
diazepam			5	2							8 mg	2 mg
fentanyl			0.1								0.1 mg	0 mg
dexamethasone			8								8 mg	0 mg
D5W											500 cc	
FLUIDS												
0 l/min 0 % N ₂ O												
3 l/min 100 % O ₂												
SaO ₂ %			98	99	98	97	98	98				
RESPONSIVENESS			✓	✓	✓	✓	✓	✓				
ECG			NA									
LEGEND							DISCHARGE DATA					
BP V ^ PULSE • RESP ○							CONDITION ON RELEASE (Check one or more) <input checked="" type="checkbox"/> Alert / Reactive Vital Signs Stable / Spontaneous Respirations Sedated But Arousable / Vital Signs Stable					
<input checked="" type="checkbox"/> Analg Equip Tested 08:10 Procedure Start Time 08:55 Procedure End Time							DISPOSITION (Check One) <input checked="" type="checkbox"/> Discharge to care of: Transfer to Recovery Room / APU / Observation Area Other:					
MONITORS (Check) <input checked="" type="checkbox"/> BP Cuff <input checked="" type="checkbox"/> Auto BP Cuff <input type="checkbox"/> Precordial Stethoscope <input type="checkbox"/> ECG <input checked="" type="checkbox"/> Pulse Oximeter <input checked="" type="checkbox"/> Visual <input type="checkbox"/> Other							POST-OP INSTRUCTIONS TO: <input checked="" type="checkbox"/> Patient Followup Appt <input checked="" type="checkbox"/> Escort Time of Release					
REMARKS: Patient tolerated procedure well; no operative or sedation complications. Responsive to verbal commands throughout procedure.							2 Feb 99 ALDRETE SCORE (Circle) Activity 0 1 (2) Respiration 0 1 (2) Circulation 0 1 (2) Consciousness 0 1 (2) Color 0 1 (2) TOTAL SCORE 10					
							SaO ₂ 98 % (Room Air)					

Figure A14.2. AF form 1417 (Reverse), Preanesthetic Assessment for Conscious Sedation.

PREANESTHETIC ASSESSMENT FOR CONSCIOUS SEDATION								
HISTORY		Age: 26	Height: 7'2	Weight: 175	Date: 19990118			
AF FORM 696, REVIEWED?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	ALLERGIES: <input type="checkbox"/> NKDA Penicillin rash, hives		CURRENT MEDICATIONS: <input checked="" type="checkbox"/> NONE			
FAMILY HISTORY		Anesthetic Complications <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		PREVIOUS ANESTHESIA OR SURGERY <input checked="" type="checkbox"/> None				
Major Illnesses: Father-insulin dep. diabetic, pt not diabetic								
HABITS		Tobacco: 1/2 ppd x5 years	Alcohol: occasional beer	Drugs: 0	Other: 0			
AIRWAY		RESPIRATORY		CARDIAC		OB-GYN		
Nasal	0	Asthma:	Childho	MI:	0	Does the Patient Deny Possibility of Pregnancy Now? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
Congestion:	0	Bronchitis:	0	HTN:	0			
Snoring:	0	Pneumonia:	0	Angina:	0			
Sleep Apnea:	0	Emphysema:	0	CHF:	0			
Neck Injury:	0			Murmur:	0	LMP: NA		
PHYSICAL EXAMINATION		Pulse: 70	BP: 110 / 78	Resp: 10	Temp: 98.6	O2 SAT -- Rm Air: 98		
AIRWAY		BREATHING		CIRCULATION		OTHER SYSTEM EXAM		
Tongue	<input checked="" type="checkbox"/> Normal	Pharynx	<input checked="" type="checkbox"/> Visible	Nasal Airway	<input checked="" type="checkbox"/> Clear	Resp Sounds	<input checked="" type="checkbox"/> Quiet	
	<input type="checkbox"/> Enlarged		<input type="checkbox"/> Hidden		<input type="checkbox"/> Obstructed	Resp Effort	<input checked="" type="checkbox"/> Easy	
						Noisy	<input type="checkbox"/> Labored	
						Color	<input checked="" type="checkbox"/> Normal	
						Pale	<input type="checkbox"/> Irregular	
						Dusky	<input type="checkbox"/> Pulse	
							<input checked="" type="checkbox"/> Regular	
Other Airway Exam		Other Pulmonary Exam		Other Cardiac Exam		ASA Classification		
NA		NA		NA		I		
PREOP DIAGNOSIS		ANESTHESIA PLAN		REASON FOR CHOICE OF ANESTHESIA				
		<input type="checkbox"/> N2O/O2 <input type="checkbox"/> Local Anes <input checked="" type="checkbox"/> Conscious Sedation <input type="checkbox"/> Physician Consult		<input type="checkbox"/> Patient Choice <input checked="" type="checkbox"/> Anxiety Control <input type="checkbox"/> Pain Control				
INFORMED CONSENT HANDWRITTEN STATEMENT		The patient and I have discussed the risks and potential complications of the procedure including post op pain, swelling, bleeding, damage to adjacent tooth, gums, bone, tongue, lips, nerves or adjacent structures including numbness, tingling or altered sensation of the lip or tongue that may be permanent. Risk of no treatment includes possible decay of adjacent teeth or long term damage to adjacent bone and gums, from infection. Patient consents to treatment: surgical removal of two lower wisdom teeth with local anesthesia and valium/fentanyl sedation.						
Premedication <input checked="" type="checkbox"/> NONE								
Provider Information				Provider Signature		Date		
James I. Dentist, Major, 222-22-222 3334th Dental Sq. Sleepy Hollow AFB TX						1918 01 19		
IMMEDIATE PREPROCEDURE ASSESSMENT		Date	Time	Pulse	Blood Pressure	Resp	Temp	O2 SAT -- Rm Air
		1999012	08:00	68	110 / 80	10	98.4	98
Interval Changes Since Preanesthetic Assessment:				<input checked="" type="checkbox"/> NO		Did Patient Take Required Premedication?		
<input type="checkbox"/> YES Explain:						<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		
Patient Has Been NPO		Does the Patient Deny Possibility of Pregnancy Now?		Are There Any Modifications to the Anesthetic or Surgical Plans?				
9 Hours		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
PATIENT IDENTIFICATION		Remarks:			Lab Data:			
Doe, John, SSgt 555-55-5555 3334th CE Sq Sleepy Hollow AFB TX		Patient given post operative care hand out. Post op care reviewed.			Test Date Result NA			

Attachment 15

INSTRUCTIONS FOR COMPLETING DD FORM 2322, DENTAL LABORATORY WORK
AUTHORIZATION**A15.1. Instructions for Completing Front Side:**

A15.1.1. Item 1. Local Case No. The base dental laboratory assigns the number.

A15.1.2. Item 2. Self-explanatory. NOTE: If case is sent to another fabricating laboratory, include 4-position base code in this block.

A15.1.3. Items 3 through 8 and 11 , Self Explanatory

A15.1.4. Item 9. Beneficiary Type . Enter the numerical beneficiary code according to AFCSM 47-226, *Dental Data System User/Computer Operation Manual*.

A15.1.5. Item 10. Organization, Duty and Home Telephone Numbers. For active duty personnel and their family members, enter the sponsor's military organization and duty and home telephone numbers. For nonactive duty personnel, enter the sponsor's home address and work and home telephone numbers.

A15.1.6. Item 12. Type of Prosthesis or Restoration. Use proper abbreviations to note the type of restoration requested.

A15.1.7. Item 13. Shade and Mold by Guide. Enter the requested shade and shade guide. Enter the appropriate manufacturer's shade guide and mold for artificial teeth.

A15.1.8. Item 15. Prosthesis Design. Shade in solidly the teeth that you plan to replace with a removable prosthesis or treat in a fixed restoration. Cross out with an "X" missing teeth that you don't plan to replace. Draw the design if it will help the laboratory better interpret the requested fabrication. Use brown shading for indicating metal, blue for resin, and red for porcelain.

A15.1.9. Items 16 through 25. Check all appropriate blocks.

A15.1.10. Item 26. Clinician's Remarks. Enter specific instructions or remarks essential for successfully fabricating the prosthesis or appliance. Place shade drawings and instructions for fixed restorations in this space. Use this space to justify requests for priority service. If you need additional space for instructions or explanations, use a separate sheet of paper. NOTE: Don't use the reverse side of DD Form 2322.

A15.1.11. Items 27 and 28. Self-explanatory.

A15.2. Instructions for Completing Reverse Side:

A15.2.1. Items 7, Laboratory Remarks, Instructions, or Consultation Report. Use to document local procedure accounting.

A15.2.2. All other items self-explanatory.

Figure A15.1. DD Form 2322, Dental Laboratory Work Authorization.

672		DET 1, 89 MED GP /SGD (AJXF) 260 Brookley Ave Ste 2-48 Bolling AFB DC 20332-5300 DSN 297-5402				3. ADL Case No.	
1. Local Case No.		2. Name of Treatment Facility, Mailing Address & Autovon No.				3. ADL Case No.	
4. Patient's Name (Last, First, Middle Initial) BRASHER, MICHAEL P.		5. SSN 123-45-6790		6. Grade SMS	7. Age 42	8. Date Initiated 3 DEC 93	
9. Beneficiary Type 12		10. Organization, Duty and Home Telephone Nos. 1100 AB4 2367 745-2029				11. Date Forwarded 9 DEC 93	
12. Type of Prosthesis or Restoration MAN RPD		13. Shade and Mold by Guide Bioform #69, 233M				14. Date Delivered	
15. Prosthesis Design							
<p>MAXILLARY</p>				<p>MANDIBULAR</p>			
Request(s) (Check appropriate box(es))		16. <input checked="" type="checkbox"/> Framework Only		17. <input type="checkbox"/> Set-up			
18. <input type="checkbox"/> Process		19. <input type="checkbox"/> Fully Fabricate		20. <input type="checkbox"/> Bisque Bake		21. <input type="checkbox"/> Consultation	
(Fold here)							
Included Items							
22. <input checked="" type="checkbox"/> Diagnostic Casts		23. <input type="checkbox"/> Jaw Relation Record		24. <input type="checkbox"/> Radiographs		25. <input type="checkbox"/> Other (See remarks)	
26. Clinician's Remarks/Instructions							

27. Typed Name and Grade of Dental Officer JANE E. DOE, Col	28. Signature <i>Jane E. Doe</i>
--	-------------------------------------

DD Form 2322, 83 Oct Replace AF Form 984, May 80, which will be used. Dental Laboratory Work Authorization

(PRESS HARD IF HANDFILLED)

Figure A15.1. Continued.

LABORATORY DATA								
1. Name of Dental Laboratory Bolling AFB								
2. Date Received	3. Date Completed	4. Teeth, Facings or Pontics						
		Location	Teeth Nos.	Shade	Guide	Mold		
15 DEC 93	19 DEC 93	Max Ant						
		Max Post						
		Men Ant						
		Men Post						
5. Articulator		6. Metals Voucher No:						
Number and Settings		Metals Used	Out		In		Used	
		Type	SWT	GR	SWT	GR	SWT	GR
		OLYMPIA	23.5		10.3		13.2	
		D176	9.3		6.0		3.3	
		PREPLATE	1.6		0.0		1.6	
7. Laboratory Remarks, Instructions, or Consultation Report								

8. Typed Name and Grade of Laboratory Officer BARRY C. CANTOR	9. Signature <i>Barry C. Cantor</i>
---	--

Attachment 16

INSTRUCTIONS FOR MANAGEMENT OF DENTAL READINESS CLASS 3 PATIENTS IN THE AIR NATIONAL GUARD AND COMPLETION OF AF FORM 422, PHYSICAL PROFILE SERIAL REPORT

A16.1. ANG Members (flying and non-flying) identified as dental readiness class 3 (not worldwide qualified) are profiled Serial P4T, IAW AFI 48-123 and NGB/CF Policy Letter dated 27 July 1998. The examining dental officer completes and signs AF form 422, “Physical Profile Serial Report” as shown in **Figure A16.1**. Ensure that all pertinent blocks are completed, to include the “release date”. The AF form 422 is then routed through the Physical Examination Section (PES), signed by both the PES Manager, and the Profiling Officer. A copy of the form 422 will be filed in the medical and dental record.

A16.1.1. Flying Personnel: An AF form 1042, “Medical Recommendations for Flying or Special Operational Duty”, will be accomplished. Flying personnel will be in “Duties Not Including Flying” (DNIF) status while in dental readiness class 3.

A16.2. Once profiled, member must be approved by State Air Surgeon (SAS) to attend Inactive Duty for Training (IDT).

A16.2.1. A memorandum will be generated and signed by member’s squadron commander, with a courtesy copy (cc:) to the Wing Commander. Reference sample memorandum at **Figure A16.2**.

A16.3. Dental readiness class 3 serial profiles, P-4T, are valid for one year only. During the one year period all dental readiness class 3 profiles are to be monitored, and tracked closely by the Medical Squadron (MDS). Upon expiration of the P-4T serial profile for failure to complete treatment, the following will be initiated by the MDS:

A16.3.1. Notify member, and member’s squadron commander/first sergeant of the 422 profile expiration. A courtesy copy (cc: will be sent to member’s Wing Commander. Reference sample memorandum at **Figure A16.3**.

A16.3.2. MDS will send a copy of the AF form 422, and the non-compliance memorandum (**Figure A16.4**), to ANG/SGSE, 3500 Fetchet Ave, Andrews AFB MD 20762-5157. Documents should be routed IAW local wing/state procedures.

A16.3.3. ANG/SGSE (Executive Services Branch) will review, and concur/non-concur, and forward to ANG/DPPSS (Personnel Management Branch). DPPSS will review, and generate memorandum addressed to member’s state Adjutant General (TAG) outlining and recommending administrative actions that should be taken.

Figure A16.1. AF Form 422, Physical Profile Serial Report.

PHYSICAL PROFILE SERIAL REPORT									
PATIENT ID <i>(Use plastic card or type/print name)</i> JAYNE KLINE					GRADE MSGT		DATE 19990909		
					AFSC 4YOXX		SSN 123-45-6780		
					UNIT 1ST ANG UNIT				
					BASE ANDREWS AFB MD				
PROFILE	P	U	L	H	E	S	SUFFIX	BLOOD GROUP DATA	
PREVIOUS								TYPE AND RH	
REVISED TEMPORARY	4						T	G6PD	DEFICIENCY <input type="checkbox"/> NO <input type="checkbox"/> YES
REVISED PERMANENT								HEMOGLOBIN-S	SICKLE CELL TRAIT <input type="checkbox"/> NO <input type="checkbox"/> YES
RELEASE DATE OF TEMPORARY PROFILE OR DUTY RESTRICTION					WORLD-WIDE QUALIFIED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
INDIVIDUAL DEFECTS/RESTRICTIONS Individual found medically disqualified (dental readiness class 3) for worldwide duty until dental deficiencies are corrected to class 1 or 2 standards IAW AFI 47-101, Attachment 9.					PASSES COLOR VISION <input type="checkbox"/> YES <input type="checkbox"/> NO				
MEDICAL DEFECT/CONDITION REQUIRES MEB OR PEB PROCESSING. ASSIGNMENT AVAILABILITY CODE (AAC) 37 APPLIES.									
<i>As shown by examination or review of Health Record or current course of treatment, individual is cleared for</i>									
OVERSEAS ASSIGNMENT					RETIREMENT/SEPARATION WITHIN ONE (1) YEAR				
REMOTE/ISOLATED TOUR					OTHER <i>(Specify)</i>				
REMARKS Memorandum (AFI 47-101, figure 6.2) provided to member; member sign and date memo. Copy of memorandum provided to member's squadron commander. Squadron commander may request State Air Surgeon approval for member to attend IDT (ref. 47-101, attachment 16, figure A16.2). Member may not be placed on active duty orders while in P4T status. This profile is valid for one year, per the release date. Extensions after the one year period are not authorized. Regenerate new AF form 422 after expiration of original AF form 422 and during administrative actions. If member fails to correct dental deficiencies within one year, he/she may have administrative actions (i.e. discharge) taken IAW AFI 36-3209, Separation and Retirement Procedures for Air National Guard and Air Force Reserve Members, Chapter 3, para. 3.13.13. Copies of all memoranda and the AF form 422 will be filed in member's medical and dental records.									
TYPED OR PRINTED NAME AND GRADE OF HEALTH CARE PROVIDER RONALD TOURIGNY, COL					SIGNATURE				
TYPED OR PRINTED NAME AND GRADE OF PES MANAGER LEO MINSTER, AIC					SIGNATURE				
TYPED OR PRINTED NAME AND GRADE OF PROFILE OFFICER HARVEY FLIGHTDOC, COL					SIGNATURE				
DPMUO	DPMUM	DPMU(R)	DPMPD	DPMPD	DPMPD	DPMPD	DPMPD	DPMPD	DPMPD

Figure A16.2. SAMPLE INACTIVE DUTY FOR TRAINING (IDT) WAIVER REQUEST.

UNIT LETTERHEAD

MEMORANDUM FOR STATE AIR SURGEON (SAS) OFFICE SYMBOL

ATTN: COL S. TATE AIRDOC

FROM: 1ST AVIONICS MAINTENANCE SQUADRON1ST ANG UNIT

ANDREWS AFB MD

SUBJECT: Waiver Request to Attend Inactive Duty for Training (IDT)

Request that waiver be approved for (MSgt Jayne Kline/123-45-6789) to attend Inactive Duty for Training (IDT) during one year period in P4T status. Member will not be placed on Active Duty Orders or deployed during P4T status.

Member was examined (8 September 1999), and was found to be Dental Readiness Class 3. IAW Air National Guard (ANG) policy in AFI 47-101, Managing Air Force Dental Services, paragraph **6.8.11.**, ANG member's are required to be granted a waiver to attend IDT from the State Air Surgeon (SAS). Copy AF form 422, and member notification memorandum is attached.

I would appreciate your favorable consideration and approval of this waiver request. If you have any questions or require additional information, I may be reached at (DSN or commercial phone number and e-mail address).

I. M. DeBoss

I. M. DeBoss, COLONEL, USAF

Commander

1st Avionics Maintenance Squadron

Attachment:

AF form 422

Member Memorandum

Figure A16.3. Sample Notification of AF Form 422 - P4T Profile Expiration.

UNIT LETTERHEAD

date

MEMORANDUM FOR MEMBER'S SQUADRON (1st AMS)WING/CC (1st ANG/CC)UNIT DP (1st ANG/DP)

IN TURN

FROM: 1st MDS

1st ANG Unit

ANDREWS AFB MD

SUBJECT: Notification of AF Form 422 – P4T Profile Expiration

This is notification that the following ANG member's (MSgt Jayne Kline/123-45-6789) AF Form 422 expired on (10 September 2000). Member was profiled P4T on (09 September 1999). To date member has failed to comply with a dental requirement. A copy of AF form 422 is provided.

IAW with Air National Guard (ANG) policy in AFI 47-101, Managing Air Force Dental Services, ANG member's who are non-compliant after one year should be considered for administrative discharge. A failure to comply memorandum will be generated and forwarded to ANG/SG.

Please provide a copy of this memorandum to (MSgt Kline). If you have questions or require additional information, I may be reached at (DSN or commercial phone number and e-mail address).

Harvey Flightdoc

Harvey Flightdoc, COL, USAF, MC, FS

Commander

1st Aeromedical Squadron

Attachment:

AF form 422

Figure A16.4. Sample Failure to Comply Memorandum.

UNIT LETTERHEAD

date

MEMORANDUM FOR ANG/SGSE

OTHER COORD OFFICES

IN TURN

FROM: 1ST MDS1ST ANG UNIT

ANDREWS AFB MD

SUBJECT: Failure to Comply – MSgt Jayne Kline/123-45-6789

The following ANG member (MSgt Jayne Kline/123-45-6789) has failed to comply with a dental requirement, and should be processed administratively for discharge. A copy AF form 422 is provided.

If you have questions or require additional information, I may be reached at (DSN or commercial phone number and e-mail address).

Harvey Flightdoc

HARVEY FLIGHTDOC, Colonel, USAF, MC, FS

Commander

1st Aeromedical Squadron

Attachment:

AF form 422

Attachment 17**INTERIM CHANGE (IC) 00-1, TO AFI 47-101, MANAGING AIR FORCE DENTAL SERVICES****5 MAY 2000****SUMMARY OF REVISIONS**

This interim change (IC) 00-1 deletes one out of date specification for dental treatment room construction and allows more flexibility in the use of stamps in dental health records. It incorporates additional guidance on the management of after hours dental emergencies and management of AD orthodontic patients. This IC also changes conditions for space-available care for family members enrolled in the TRICARE Family Member Dental Program to conform to Title 10, U.S.C. An additional change provides clarification of Air Force Reserve and Air National Guard (ANG) policies for management of Reserve Component (RC) members identified as dental readiness class 3, or dental readiness class 4. Lastly, it corrects administrative and typographic errors both in the body and in Attachments and updates current guidance on AF forms 935, 935A, 1801, 1802, 1803 and DD form 2322 replacing outdated examples. This interim change 00-01 will be incorporated into AFI 47-101.

1.11.5. (amended). Base dental instructions (AD facilities only, if applicable)

4.4.2.1. (delete entire paragraph)

Renumber 4.4.2.2 to 4.4.3.

5.4. (amended) Documenting Dental Health Records. Dental personnel must document all services provided to patients in the proper health records in a clear, concise, and accurate manner. Typing of entries is encouraged when administrative support is available. Handwritten entries must be legible. Rubber stamps may be used to document repetitive treatment, i.e., exams, prophylaxis, etc. Stamps will use black ink only, and will be designed to fit neatly on the SF 603 and SF 603A. Use only authorized designations and abbreviations to document treatment information (see [Attachment 2](#)).

6.2.4.(amended) All others IAW AFI 41-115. Non-active duty beneficiaries may be treated on a space-available basis only, except for emergency dental and in situations further specified in [6.6.](#) and [6.7.](#)

6.4. (amended) After Hours Dental Emergencies. The DSC must establish local policies to provide for and manage dental emergencies for authorized beneficiaries after normal duty hours (AD facilities only.) When after hours emergency care is outsourced, prior arrangements are made so that patients are directed to a specific source of treatment. The DSC will develop a process to ensure that beneficiaries are able to access the outsourced after hours care in a timely manner, and will periodically evaluate its performance. AF members treated by a non-Federal dental practice after hours will be evaluated in the AF clinic following treatment to have their military dental records annotated and to ensure that all required notifications (i.e. PRP/SDP, DNIF/DNIC) have been made.

6.4.1. (added) Dentists will not treat patients in AF facilities after hours without a witness present. The assistant/technician may fill this requirement.

6.6.3. (amended) In OCONUS locations where routine dental care for family members is authorized by law and DoD policy.

6.6.4. (delete)

6.6.5. (delete)

6.6.6. (delete)

6.6.6.1. Renumber to 6.6.4

6.7. (amended) Dental Care Supporting Training Objectives.

6.7.1. (amended) Treatment may be provided to eligible non-AD beneficiaries to satisfy resident training objectives as follows:

6.7.1.1. AD Family members not enrolled in the FMDP

6.7.1.2. AD Family members enrolled in FMPD receiving services not covered by the FMDP or covered services when the annual cap has been met,

6.7.1.3. Retired beneficiaries and their family members.

6.7.2. (added) Non-AD Beneficiaries receiving treatment in Air Force dental facilities to satisfy training objectives must sign a Memorandum of Understanding (Training), see [Figure 6.1](#). The dentist apprises the patient of the specific treatment to be received and that it is to support a requirement for a teaching program.

6.7.3. (added) Every effort should be made to identify AD beneficiaries who require treatment that will support resident training objectives.

6.8.11.1. (amended) AF Reserve personnel identified as dental classification 3 (not worldwide qualified) for permanent (non-correctable) conditions will be profiled Serial P4T IAW definitions provided in AFI 48-123, *Medical Examinations and Standards*, Attachment 13. Personnel with nonpermanent (correctable) conditions, capable of performing all basic work commensurate with their grade and position, will be profiled Serial P3, with participation (UTA and annual tour) restricted to home station only. Local sortie flying may be allowed for rated members, at the discretion of the unit flight surgeon in consultation with the examining dental officer. AF Reserve personnel in dental classification 3 who fail to correct dental deficiencies in a timely manner will be profiled P3, participation not authorized, and the member's commander notified for appropriate administrative action. HQ ARPC Physical Standards should additionally be notified for IMAs failing to correct dental deficiencies in a timely manner. AF Reserve members identified as dental readiness class 4 have 90 days to have a Type 2 dental examination completed.

6.8.11.2. (amended) ANG Members (flying and non-flying) identified as dental readiness class 3 (not worldwide qualified) are profiled Serial P4T, IAW AFI 48-123 and NGB/CF Policy Letter dated 27 July 1998. Follow procedures outlined in [Attachment 16](#) for management of dental readiness class 3 (non-deployable) patients in the ANG. ANG members identified as dental readiness class 4 have 90 days to have a Type 2 dental examination completed. Member's (flying/non-flying) in dental readiness class 4 for longer than 90 days are managed according to procedures outlined for class 3 patients in [Attachment 16](#).

Figure 6.2. (amended) ARC PATIENT LETTER OF DENTAL READINESS CLASSIFICATION (SAMPLE)**UNIT LETTERHEAD**

(DATE) _____

MEMORANDUM FOR (Individual's Name)

FROM: Base Dental Clinic

SUBJECT: Dental Evaluation/Classification

1. Your recent dental examination revealed deficiencies. According to Department of Defense (DoD) standards and AFI 47-101, *Managing Air Force Dental Services, (attachment 9)* these deficiencies identify you to be in Dental Readiness Class _____.
2. The deficiencies identified on the dental chart, (shown on reverse) should be evaluated by your personal dentist as soon as possible. As a member of the Air Reserve Component, (ARC), it is your responsibility to meet the standards for worldwide deployment and military service. As specified, "Each Air Reserve Forces Ready-and Standby-Reserve member must be medically qualified for worldwide duty under the provisions of AFI 47-101." Members of the Air Reserve Component not currently on extended active duty status (both Air National Guard and Air Force Reserve) must assume the personal and financial responsibility of meeting these standards for continued participation in the Reserve Forces.
3. Although deployable, personnel in dental readiness classification 2 should correct their dental deficiencies to prevent further decline in dental readiness, or a dental emergency, thereby placing them in dental readiness classification 3.
4. AF Reserve personnel in dental readiness classification 3 have 120 calendar days to correct deficiencies. Failure to correct disqualifying dental conditions may result in a P4T profile (non-deployable) status and referral to a Medical Evaluation Board (MEB) that may lead to discharge IAW AFI 48-123, *Medical Examinations and Standards*.
5. ANG personnel in dental readiness classification 3 are immediately profiled on P4T (non-deployable) status IAW NGB/CF Policy letter dated 27 July 1998. While on profile, ANG members may not be placed on active duty orders and require authorization from the State Air Surgeon to attend Inactive Duty for Training (IDT). Failure to upgrade this profile within one year may lead to discharge IAW AFI 36-3209, *Separation and Retirement Procedures for Air National Guard and Air Force Reserve Members*".
6. A copy of this signed letter will be maintained with your dental record. Please contact me at the clinic if I may be of assistance in advising you regarding your military dental problems.

Dental Squadron Commander or Equivalent

DATE _____

1st Ind,

I have read and understand the contents of this letter and the responsibilities I have to meet DoD standards.

Member Signature**6.22.1.2. (amended)** Dentists issuing prescriptions for controlled substances follow the procedures listed in paragraph **5.4.9**.**6.24.2.6. (amended)** The dentist may remove and replace active appliances with suitable retention appliances if an active duty member undergoing active treatment is selected for a permanent change of station (PCS) location where no military orthodontic treatment is available. If civilian orthodontic treatment is available at the gaining location, the patient may elect to have the appliance left on with an inactive wire prior to PCS. The patient must sign a statement in the dental treatment record acknowledging that he/she

has elected to PCS with appliances in place and accepts full financial responsibility for completion of treatment with a civilian orthodontist. The fact that continuation of treatment may be partially paid for through a supplemental care program does not remove the patient's responsibility for payment of any expenses not covered. The transferring orthodontist completes and signs a transfer summary and provides the patient with copies of all pretreatment and inter-treatment records that the gaining orthodontist will need to complete the case. The transferring orthodontist should make every attempt to notify the nearest military dental facility to determine whether civilian orthodontic care is available near the gaining base. When the patient elects to have appliances removed, treatment may resume after the patient returns to an area with military orthodontic capability provided he/she is still eligible for treatment in military dental facilities. All other eligibility criteria under [6.24](#) still apply.

Figure 6.4. Orthodontic Statement of Understanding (Amended).

MEMORANDUM OF UNDERSTANDING-ORTHODONTIC

Before starting orthodontic care for my family members or myself, I verify that the requirements in AFI 47-101, *Managing Air Force Dental Services*, relating to Air Force orthodontic services have been explained to me. I understand that orthodontic services are not available at all Air Force installations and that as an Air Force member I will not be assigned, reassigned or transferred in order that I (or my family member) can receive or continue to receive orthodontic treatment. I also understand that if the Air Force restricts, suspends, or terminates orthodontic services at any Air Force installation or if I receive Permanent Change of Station (PCS) orders to a location where military orthodontic treatment is not available, I must assume the financial responsibility for continuing or completing this treatment. In the case of interceptive orthodontics (minor tooth movement), I understand that the Air Force is not obligated to provide care at a later date. Orthodontic care is generally not available in deployed locations. If I am selected for deployment, I understand that active orthodontic treatment will be temporarily suspended.

If I separate from active duty before my orthodontic treatment is complete, I may elect to maintain my orthodontic appliances and continue treatment with a civilian orthodontist. I understand that my new civilian orthodontist and oral surgeon (surgical cases) will charge their customary fee -- the payment for which the US Air Force will in no way be responsible. If I desire not to continue treatment with a civilian orthodontist after separating from the military or upon PCS to a location where military orthodontic treatment is not available, I may elect to have my orthodontic appliances removed. I understand that relapse will occur after this removal. It has been explained to me that orthodontic treatment should be continued to completion, especially in situations involving extraction of permanent teeth or orthognathic surgery.

ORTHODONTIC POLICIES

1. Broken appointments--Broken appointments could justify termination of treatment.
2. Lost or broken appliance may justify termination of treatment. It is the patient's responsibility to safeguard the appliance. If lost or broken, you must contact the dental clinic for a replacement.
3. Lack of patient cooperation in any of the following categories may justify termination of orthodontic treatment:
 - 3.1. Poor oral hygiene
 - 3.2. Failure to wear retainers, removable appliances, headgear, elastics, or other items deemed necessary for treatment.
 - 3.3. Tardiness for appointments

 Patient Name (Printed)

 Patient Signature Date

 Sponsor Signature Date

 Dentist Signature Date

Attachment 3

A3.2.3.5.(amended) The first and middle initials, surname, and rank (pay grade for civilians) of the health care providers, including dentists, assistants, and technicians. The health care provider or technician who performed the service verifies and signs the entry in ink.

Attachment 6. Replace **Figure A6.1.**

Attachment 7. Replace **Figure A7.1.**

Attachment 11. Replace entire attachment (text and **Figure A11.1.** AF form 1801, Postmortem Dental Record)

Attachment 12. Replace entire attachment (text and **Figure A12.1.** AF form 1802, Antemortem Dental Record)

Attachment 13. Replace entire attachment (text and **Figure A13.1.** AF form 1803, Dental Identification Summary Report)

Attachment 15

A15.1.3. (amended) Items 3 through 8 and 11, Self Explanatory

A15.1.4. (amended) Item 9. Beneficiary Type. Enter the numerical beneficiary code according to AFCSM 47-226, *Dental Data System User/Computer Operation Manual*.

A15.1.5. (amended) Item 10. Organization, Duty and Home Telephone Numbers. For active duty personnel and their family members, enter the sponsor's military organization and duty and home telephone numbers. For nonactive duty personnel, enter the sponsor's home address and work and home telephone numbers.

A15.1.6. (amended) Item 12. Type of Prosthesis or Restoration. Use proper abbreviations to note the type of restoration requested.

A15.1.7. (amended) Item 13. Shade and Mold by Guide. Enter the requested shade and shade guide. Enter the appropriate manufacturer's shade guide and mold for artificial teeth.

A15.1.8. (amended) Item 15. Prosthesis Design. Shade in solidly the teeth that you plan to replace with a removable prosthesis or treat in a fixed restoration. Cross out with an "X" missing teeth that you don't plan to replace. Draw the design if it will help the laboratory better interpret the requested fabrication. Use brown shading for indicating metal, blue for resin, and red for porcelain.

A15.1.9. (amended) Items 16 through 25. Check all appropriate blocks.

A15.1.10. (amended) Item 26. Clinician's Remarks. Enter specific instructions or remarks essential for successfully fabricating the prosthesis or appliance. Place shade drawings and instructions for fixed restorations in this space. Use this space to justify requests for priority service. If you need additional space for instructions or explanations, use a separate sheet of paper. NOTE: Don't use the reverse side of DD Form 2322.

A15.1.11. (amended) Items 27 and 28. Self-explanatory.

A15.2.1. (amended) Items 7, Laboratory Remarks, Instructions, or Consultation Report. Use to document local procedure accounting.

A15.2.2. (amended) All other items self-explanatory.

Attachments:

Atch 6 – Replace Figure A6.1. AF Form 935

Atch 7 – Replace Figure A7.1. AF Form 935A

Atch 11 – Replace Text and Figure A11.1. AF Form 1801

Atch 12 – Replace Text and Figure A12.1. AF Form 1802

Atch 13 – Replace Text and Figure A13.1. AF Form 1803

Atch 16 – (Added) Text and Figure A16.1.(AF Form 422), **Figure A16.2.** (Sample Letter: Waiver IDT Request), **Figure A16.3.** (Sample Letter: Notification Memo) and **Figure A16.4.** (Sample Letter: Non-compliance Memo)

Figure A.6.1. AF Form 935, Periodontal Diagnosis and Treatment Plan.

PERIODONTAL DIAGNOSIS AND TREATMENT PLAN

	3	333	834	433	323	323	333	333	225	525	523	434		333	334	578	3	1																																																																																																																																																																	
	2	-3-2-1	211	00-1	010	010	020	-1-3-1	-111	110	000	111	X	010	001	011		2																																																																																																																																																																	
	1	654	623	434	313	313	313	464	314	415	523	323	X	323	333	567		3																																																																																																																																																																	
F																																																																																																																																																																																			
O																																																																																																																																																																																			
L																																																																																																																																																																																			
S	1	765	433	323	323	323	323	424	314	416	623	333	X	323	434	468		14																																																																																																																																																																	
	2	-3-2-2	-1-0	000	011	100	000	000	012	21-1	-100	-1-1	X	-10-1	000	0-1-1		15																																																																																																																																																																	
	3	443	323	323	334	423	323	424	326	625	523	222	X	222	434	457		16																																																																																																																																																																	
SURG PLAN		Flap # 1-4, DISTAL WEDGE RESECT DF ROOT #2					Flap # 6-11 Palatal Only					Flap # 13-16, DISTAL WEDGE EXT #16					Exam Date	NAME (Last, First, Middle Initial)																																																																																																																																																																	
PRE-OCCLUSAL ADJUSTMENT FINDINGS		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;">CENTRIC RELATION</td> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td> </tr> <tr> <td></td> <td>32</td><td>31</td><td>30</td><td>29</td><td>28</td><td>27</td><td>26</td><td>25</td><td>24</td><td>23</td><td>22</td><td>21</td><td>20</td><td>19</td><td>18</td><td>17</td> </tr> <tr> <td style="text-align: center;">GR</td> <td colspan="2">CO</td> <td colspan="14"></td> </tr> <tr> <td style="text-align: center;">RIGHT LATERAL</td> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td> </tr> <tr> <td></td> <td>32</td><td>31</td><td>30</td><td>29</td><td>28</td><td>27</td><td>26</td><td>25</td><td>24</td><td>23</td><td>22</td><td>21</td><td>20</td><td>19</td><td>18</td><td>17</td> </tr> <tr> <td style="text-align: center;">LEFT LATERAL</td> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td> </tr> <tr> <td></td> <td>32</td><td>31</td><td>30</td><td>29</td><td>28</td><td>27</td><td>26</td><td>25</td><td>24</td><td>23</td><td>22</td><td>21</td><td>20</td><td>19</td><td>18</td><td>17</td> </tr> <tr> <td style="text-align: center;">PROTRUSIVE</td> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td> </tr> <tr> <td></td> <td>32</td><td>31</td><td>30</td><td>29</td><td>28</td><td>27</td><td>26</td><td>25</td><td>24</td><td>23</td><td>22</td><td>21</td><td>20</td><td>19</td><td>18</td><td>17</td> </tr> </table>																CENTRIC RELATION	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16		32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	GR	CO																RIGHT LATERAL	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16		32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	LEFT LATERAL	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16		32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	PROTRUSIVE	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16		32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	TMJ	HABITS	TONGUE	BRUXISM	OTHER	OPENING - M.M.	1. Probing Details	2. Occlusal Margin Location	3. Attachment Levels
CENTRIC RELATION	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16																																																																																																																																																																			
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17																																																																																																																																																																			
GR	CO																																																																																																																																																																																		
RIGHT LATERAL	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16																																																																																																																																																																			
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17																																																																																																																																																																			
LEFT LATERAL	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16																																																																																																																																																																			
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17																																																																																																																																																																			
PROTRUSIVE	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16																																																																																																																																																																			
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17																																																																																																																																																																			
SURG PLAN		Flap # 21-32, DISTAL WEDGE HEMISECT #30B					Flap # 22-27, Frenectomy					Flap # 17-20 EXT #17																																																																																																																																																																							
S	3	444	554	594	434	434	424	535	546	634	534	444	X	323	233	344	556		17																																																																																																																																																																
	2	-10-1	121	111	111	121	111	111	121	121	111	121	X	010	020	001	10-1		18																																																																																																																																																																
	1	543	433	483	323	313	313	424	425	513	423	323	X	313	213	343	457		19																																																																																																																																																																
F																																																																																																																																																																																			
O																																																																																																																																																																																			
L																																																																																																																																																																																			
S	1	653	434	694	413	323	323	434	426	644	423	323	X	323	323	354	578		30																																																																																																																																																																
	2	-1-1-1	-10-1	111	010	000	000	010	011	110	000	000	X	000	000	00-1	-1-2-2		31																																																																																																																																																																
	3	542	335	705	423	323	323	444	437	754	423	323	X	323	323	353	456		32																																																																																																																																																																

MAINTENANCE RECOMMENDATIONS

Figure A7.1. AF Form 935A, Periodontal Maintenance Record.

PERIODONTAL MAINTENANCE RECORD

NAME		X bleeding or exudate site Mobility: 1, 2, 3														Full Charting dt		
SSAN		Furcation V=incipient ▽=cul-de-sac ▽=thru & thru																
F	MOBIL	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	NOTES:
	L	654	623	434	313	313	313	494	314	415	523	323	323	323	333	567		
F	rec	100	010	00-	010	010	020	010	110	010	010	011	110	000	-101			NOTES:
	L	-101	00-	-10-	-11-	-11-	010	-10-	01-	-10-	000	-101	100	00-	-100			
I	U	Therapist: _____ Date: _____														NOTES:		
	DM	Xrays: FM <input checked="" type="checkbox"/> BW <input type="checkbox"/> PA <input type="checkbox"/> micro ck <input type="checkbox"/>																
F	rec	Framitus: C BS R #S L P Dr ck <input checked="" type="checkbox"/>														NOTES:		
	L	001	100	000	111	111	000	000	010	000	020	011	111	111	101		00-	
F	MOBIL	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	NOTES:
	L	653	434	644	413	323	323	434	426	644	423	323	323	323	354	578		
F	rec	001	100	000	111	111	000	000	010	000	020	011	111	111	101	00-		NOTES:
	L	001	111	000	010	020	010	000	010	021	010	000	010	110	010	00-		
I	U	Therapist: _____ Date: _____														NOTES:		
	DM	Xrays: FM <input type="checkbox"/> BW <input type="checkbox"/> PA <input type="checkbox"/> micro ck <input type="checkbox"/>																
F	rec	Framitus: C R L P Dr ck <input type="checkbox"/>														NOTES:		
	L	001	100	000	111	111	000	000	010	000	020	011	111	111	101		00-	
F	MOBIL	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	NOTES:
	L	543	433	483	323	313	313	424	425	513	423	323	313	313	343	457		
I	U	Therapist: _____ Date: _____														NOTES:		
	DM	Xrays: FM <input type="checkbox"/> BW <input type="checkbox"/> PA <input type="checkbox"/> micro ck <input type="checkbox"/>																
F	rec	Framitus: C R L P Dr ck <input type="checkbox"/>														NOTES:		
	L	001	100	000	111	111	000	000	010	000	020	011	111	111	101		00-	
F	MOBIL	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	NOTES:
	L																	
F	rec																	NOTES:
	L																	
I	U	Therapist: _____ Date: _____														NOTES:		
	DM	Xrays: FM <input type="checkbox"/> BW <input type="checkbox"/> PA <input type="checkbox"/> micro ck <input type="checkbox"/>																
F	rec	Framitus: C R L P Dr ck <input type="checkbox"/>														NOTES:		
	L																	
F	MOBIL	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	NOTES:
	L																	
F	rec																	NOTES:
	L																	
I	U	Therapist: _____ Date: _____														NOTES:		
	DM	Xrays: FM <input type="checkbox"/> BW <input type="checkbox"/> PA <input type="checkbox"/> micro ck <input type="checkbox"/>																
F	rec	Framitus: C R L P Dr ck <input type="checkbox"/>														NOTES:		
	L																	
F	MOBIL	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	NOTES:
	L																	
F	rec																	NOTES:
	L																	
I	U	Therapist: _____ Date: _____														NOTES:		
	DM	Xrays: FM <input type="checkbox"/> BW <input type="checkbox"/> PA <input type="checkbox"/> micro ck <input type="checkbox"/>																
F	rec	Framitus: C R L P Dr ck <input type="checkbox"/>														NOTES:		
	L																	

Attachment 11

INSTRUCTIONS FOR COMPLETING POSTMORTEM DENTAL RECORD, AF FORM 1801

A11.1. Postmortem Demographic Data

A11.1.1. ID Number: Enter the number or letter/number combination assigned to the remains by the person exercising legal jurisdiction over disposition of the remains.

A11.1.2. Name: Enter, *if known*, the last and first names and middle initial of the person the remains *are believed-to-be*.

A11.1.3. Sex, Estimated Age and Race: Self-explanatory.

A11.1.4. Date of Postmortem: Enter the date the dental examination is performed by entering the two-digit number of the day, the three-letter abbreviation of the month, and the last two digits of the year.

A11.2. Examination Findings - COMPUTER/DESCRIPTION CODES

A11.2.1. Data used to complete this form are gathered from both visual and radiographic examinations and entries should be amended where appropriate after review of the postmortem radiographs.

A11.2.2. Use authorized designations and abbreviations as found in AFI 47-101 [Attachment 2](#). Record the findings on the numbered line provided for each tooth. Additional descriptive comments may be added at the discretion of the recording officer.

A11.2.3. If the Computer Assisted Postmortem Identification (CAPMI) system is used, the CAPMI SYMBOLS listed on the Postmortem Dental Record will also be entered to describe the status of each tooth. Enter one or more primary codes as appropriate. Secondary codes may be entered following the primary codes as modifiers but may not be used without primary codes.

A11.3. Examination Findings - CHARTING OF RESTORATIONS, MISSING TEETH AND ABNORMALITIES

A11.3.1. Written and radiographic dental findings are charted on the tooth forms using conventional diagrammatic representations as found in AFI 47-101 [Attachment 4](#) and [Attachment 5](#).

A11.3.2. Postmortem avulsion of teeth from the alveolar process of the jaw is charted by inscribing an "X" over the entire missing tooth or teeth.

A11.3.3. A missing fragment of the alveolar process of the jaw is charted by inscribing an "X" over the area of the drawing that represents the missing fragment.

A11.4. Examination Findings, REMARKS

A11.4.1. Record any additional pertinent information or findings such as diastema, tori, tooth erosion or abrasion, supernumerary teeth, periapical pathology, etc.

A11.5. Radiography and Examiner Data

A11.5.1. Enter the types of radiographs taken and reviewed (e.g., full mouth periapical series, occlusal, bitewing, etc.) and the date on which they were exposed.

A11.5.2. Print the names of the examiner(s) performing the postmortem dental examination.

Figure A11.1. AF Form 1801, Postmortem Dental Record.

Attachment 12**INSTRUCTIONS FOR COMPLETING ANTEMORTEM DENTAL RECORD, AF FORM 1802****A12.1. Antemortem Demographic Data**

A12.1.1. SSN, Name, Sex, Date of Birth/Estimated Age and Race: Self-explanatory

A12.1.2. Date of Reconstruction: Enter the date this form is completed by entering the two-digit number of the day, the three-letter abbreviation of the month, and the last two digits of the year.

A12.1.3. ID Number: the SSN is the preferred identification number. In the absence of a social security number, another unique identifier that was assigned to the person (such as driver's license number) or the person's dental record number may be recorded in this blank.

A12.2. Examination Findings - COMPUTER/DESCRIPTION CODES

A12.2.1. Data used to complete this form are gathered from all available antemortem written and radiographic records of dental treatment.

A12.2.2. Use authorized designations and abbreviations as found in AFI 47-101 [Attachment 2](#). Record the findings on the numbered line provided for each tooth. Additional descriptive comments may be added at the discretion of the recording officer.

A12.2.3. If the Computer Assisted Postmortem Identification (CAPMI) system is used, the CAPMI SYMBOLS listed on the Antemortem Dental Record will also be entered to describe the status of each tooth. Enter one or more primary codes as appropriate. Secondary codes may be entered following the primary codes as modifiers but may not be used without primary codes.

A12.3. Examination Findings - CHARTING OF RESTORATIONS, MISSING TEETH AND ABNORMALITIES

A12.3.1. Written and radiographic dental findings are charted on the tooth forms using conventional diagrammatic representations as found in AFI 47-101 [Attachment 4](#) and [Attachment 5](#).

A12.4. Examination Findings, REMARKS

A12.4.1. Record any additional pertinent information or findings such as diastema, tori, tooth erosion or abrasion, supernumerary teeth, periapical pathology, etc.

A12.5. Radiography and Examiner Data

A12.5.1. Enter the types of radiographs reviewed (e.g., panoramic, full mouth periapical series, occlusal, bitewing, etc.) and the date on which they were exposed.

A12.2.2. Print the names of the examiner(s) performing the antemortem dental record reconstruction.

Figure A12.1. AF Form 1802, Antemortem Dental Record.

ANTEMORTEM DENTAL RECORD													
SSN				LAST NAME				FIRST NAME				MI	SEX
123-45-6789				SMITH				JOHN				C	X M F
DATE OF BIRTH / ESTIMATED AGE				RACE (Check one)				COMPUTER/DESCRIPTION CODES					
38				<input checked="" type="checkbox"/> C - Caucasoid <input type="checkbox"/> M - Mongoloid <input type="checkbox"/> N - Negroid <input type="checkbox"/> U - Undetermined				1. U					
DATE OF RECONSTRUCTION				I.D. NUMBER				2. OLS, FS					
22 NOV 99								3. MOS, DOS					
CAPMI SYMBOLS													
PRIMARY CODES						SECONDARY CODES							
C CROWN D DISTAL F FACIAL L LINGUAL M MESIAL D OCCUSAL/INCISAL U UNERUPTED V VIRGIN TOOTH X MISSING TOOTH / JAW FRAGMENT MISSING, NONRECOGNIZABLE, FRACTURED CROWN, TRAUMATIC AVULSION						A ANOMALY, ROOT TIP, ANY PATHOLOGY B PRIMARY TOOTH G GOLD, CAST METAL, STAINLESS STEEL N NON METALLIC RESTORATION P PONTIC R ROOT CANAL FILLING S SILVER AMALGAM T REMOVABLE PROS Z CARIES							
X RAY TYPE				Full mouth PA				DATE 1994					
X RAY TYPE				Bitewings				DATE 1997					
X RAY TYPE								DATE					
EXAMINERS													
Longo, Paul A. Capt, USAF, DC													
Pemble, Charles W. Col, USAF, DC													
REMARKS													
Bilateral mandibular tori													

Attachment 13**INSTRUCTIONS FOR COMPLETING DENTAL IDENTIFICATION SUMMARY REPORT
AF FORM 1803****A13.1. Demographic Data**

A13.1.1. Name of Deceased and Body Number: Enter the name as recorded on the Antemortem Dental Record and the ID Number (Body Number) as recorded on the Postmortem Dental Record.

A13.1.2. Rank, Sex, Race, Age and SSN: Self-explanatory.

A13.1.3. Examiners: Print the name, rank, service and corps of the examiner(s) who complete and review this form.

A13.1.4. Date and Place: Enter the date and location in which the summary report is prepared.

A13.2. Comparison of Antemortem and Postmortem Records and Concordance

A13.2.1. On the numbered line provided for each tooth, enter the appropriate designations and abbreviations as found in AFI 47-101 [Attachment 2](#) for tooth conditions found to be concordant based on review of antemortem and postmortem dental records.

A13.2.2. Additional descriptive comments may be added at the discretion of the recording officer.

A13.3. Remarks

A13.3.1. Record any additional pertinent concordant information observed in the comparison of antemortem and postmortem dental records such as diastema, tori, tooth erosion or abrasion, supernumerary teeth, periapical pathology, etc.

A13.4. Findings

A13.4.1. Circle the appropriate classification as determined from comparison of antemortem and postmortem dental records.

A13.4.2. The following criteria are suggested for classification.

A13.4.2.1. Positive identification: reasonable scientific certainty that all other individuals are excluded. There can be no unresolved contradictory dental findings.

A13.4.2.2. Consistent with: it is highly probable that the postmortem remains are the individual named. There can be no unresolved or contradictory dental findings.

A13.4.2.3. Unidentified: there are insufficient or contradictory findings in comparison of antemortem and postmortem dental records to justify identification.

A13.5. Signature of Examiners

A13.5.1. Self-explanatory.

A13.6. Findings Confirmed By

A13.6.1. If, for mission related reasons, a dental team leader position has been created, he/she should sign this blank.

Figure A13.1. AF Form 1803, Dental Identification Summary Report.

DENTAL IDENTIFICATION SUMMARY REPORT									
NAME OF DECEASED (Last, First, MI) Smith, John C.							BODY NUMBER A-99-3		
RANK Maj	SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	RACE <input checked="" type="checkbox"/> C - Caucasoid <input type="checkbox"/> M - Mongoloid		N - Negroid U - Undetermined		AGE 38	SSN 123-45-6789		
EXAMINERS Longo, Paul A., Capt, USAF, DC Pemble, Charles W., Col, USAF, DC				DATE 22 Nov 99		PLACE Keesler AFB MS			
COMPARISON OF ANTEMORTEM AND POSTMORTEM DENTAL RECORDS AND RADIOGRAPHS REVEAL CONCORDANCE ON TEETH NUMBER (DESCRIBE FEATURE).									
1.	-			17.	-				
2.	OL S, FS			18.	-				
3.	-			19.	-				
4.	V			20.	-				
5.	OS, OS			21.	-				
6.	-			22.	-				
7.	-			23.	-				
8.	-			24.	-				
9.	-			25.	-				
10.	-			26.	-				
11.	-			27.	V				
12.	V			28.	DO G				
13.	C, R, A			29.	X T				
14.	X P			30.	X T				
15.	C G			31.	X T				
16.	X			32.	MO G				
REMARKS Bilateral mandibular tori noted. No unresolved contradictory findings. Teeth # 3, 18, 19 treated by civilian dentist in 1998; source is next of kin.									
FINDINGS (CHECK ONE) <input checked="" type="checkbox"/> POSITIVE IDENTIFICATION				CONSISTENT WITH			UNIDENTIFIED		
SIGNATURE OF EXAMINER					SIGNATURE OF EXAMINER				
FINDINGS CONFIRMED BY (DENTAL TEAM LEADER)									

Attachment 16 (added)**INSTRUCTIONS FOR MANAGEMENT OF DENTAL READINESS CLASS 3 PATIENTS IN THE AIR NATIONAL GUARD AND COMPLETION OF AF FORM 422-PHYSICAL PROFILE SERIAL REPORT**

A16.1. ANG Members (flying and non-flying) identified as dental readiness class 3 (not worldwide qualified) are profiled Serial P4T, IAW AFI 48-123 and NGB/CF Policy Letter dated 27 July 1998. The examining dental officer completes and signs AF form 422, “Physical Profile Serial Report” as shown in **Figure A16.1**. Ensure that all pertinent blocks are completed, to include the “release date”. The AF form 422 is then routed through the Physical Examination Section (PES), signed by both the PES Manager, and the Profiling Officer. A copy of the form 422 will be filed in the medical and dental record.

A16.1.1. Flying Personnel: An AF form 1042, “Medical Recommendations for Flying or Special Operational Duty”, will be accomplished. Flying personnel will be in “Duties Not Including Flying” (DNIF) status while in dental readiness class 3.

A16.2. Once profiled, member must be approved by State Air Surgeon (SAS) to attend Inactive Duty for Training (IDT).

A16.2.1. A memorandum will be generated and signed by member’s squadron commander, with a courtesy copy (cc:) to the Wing Commander. Reference sample memorandum at **Figure A16.2**.

A16.3. Dental readiness class 3 serial profiles, P-4T, are valid for one year only. During the one year period all dental readiness class 3 profiles are to be monitored, and tracked closely by the Medical Squadron (MDS). Upon expiration of the P-4T serial profile for failure to complete treatment, the following will be initiated by the MDS:

A16.3.1. Notify member, and member’s squadron commander/first sergeant of the 422 profile expiration. A courtesy copy (cc: will be sent to member’s Wing Commander. Reference sample memorandum at **Figure A16.3**.

A16.3.2. MDS will send a copy of the AF form 422, and the non-compliance memorandum (**Figure A16.4**), to ANG/SGSE, 3500 Fetchet Ave, Andrews AFB MD 20762-5157. Documents should be routed IAW local wing/state procedures.

A16.3.3. ANG/SGSE (Executive Services Branch) will review, and concur/non-concur, and forward to ANG/DPPSS (Personnel Management Branch). DPPSS will review, and generate memorandum addressed to member’s state Adjutant General (TAG) outlining and recommending administrative actions that should be taken.

Figure A16.1. AF Form 422, Physical Profile Serial Report.

PHYSICAL PROFILE SERIAL REPORT									
PATIENT ID <i>(Use plastic card or type/print name)</i> JAYNE KLINE					GRADE MSGT		DATE 19990909		
					AFSC 4YOXX		SSN 123-45-6780		
					UNIT 1ST ANG UNIT				
					BASE ANDREWS AFB MD				
PROFILE	P	U	L	H	E	S	SUFFIX	BLOOD GROUP DATA	
PREVIOUS								TYPE AND RH	
REVISED TEMPORARY	4						T	G6PD	DEFICIENCY NO <input type="checkbox"/> YES <input type="checkbox"/>
REVISED PERMANENT								HEMOGLOBIN-S	SICKLE CELL TRAIT NO <input type="checkbox"/> YES <input type="checkbox"/>
RELEASE DATE OF TEMPORARY PROFILE OR DUTY RESTRICTION					WORLD-WIDE QUALIFIED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
INDIVIDUAL DEFECTS/RESTRICTIONS Individual found medically disqualified (dental readiness class 3) for worldwide duty until dental deficiencies are corrected to class 1 or 2 standards IAW AFI 47-101, Attachment 9.					PASSES COLOR VISION <input type="checkbox"/> YES <input type="checkbox"/> NO				
MEDICAL DEFECT/CONDITION REQUIRES MEB OR PEB PROCESSING. ASSIGNMENT AVAILABILITY CODE (AAC) 37 APPLIES.									
<i>As shown by examination or review of Health Record or current course of treatment, individual is cleared for</i>									
OVERSEAS ASSIGNMENT					RETIREMENT/SEPARATION WITHIN ONE (1) YEAR				
REMOTE/ISOLATED TOUR					OTHER <i>(Specify)</i>				
REMARKS Memorandum (AFI 47-101, figure 6.2) provided to member; member sign and date memo. Copy of memorandum provided to member's squadron commander. Squadron commander may request State Air Surgeon approval for member to attend IDT (ref. 47-101, attachment 16, figure A16.2). Member may not be placed on active duty orders while in P4T status. This profile is valid for one year, per the release date. Extensions after the one year period are not authorized. Regenerate new AF form 422 after expiration of original AF form 422 and during administrative actions. If member fails to correct dental deficiencies within one year, he/she may have administrative actions (i.e. discharge) taken IAW AFI 36-3209, Separation and Retirement Procedures for Air National Guard and Air Force Reserve Members, Chapter 3, para. 3.13.13. Copies of all memoranda and the AF form 422 will be filed in member's medical and dental records.									
TYPED OR PRINTED NAME AND GRADE OF HEALTH CARE PROVIDER RONALD TOURIGNY, COL					SIGNATURE				
TYPED OR PRINTED NAME AND GRADE OF PES MANAGER LEO MINSTER, AIC					SIGNATURE				
TYPED OR PRINTED NAME AND GRADE OF PROFILE OFFICER HARVEY FLIGHTDOC, COL					SIGNATURE				
DPMUO	DPMUM	DPMU(R)	DPMPC	DPMAR					

Figure A16.2. SAMPLE INACTIVE DUTY FOR TRAINING (IDT) WAIVER REQUEST

UNIT LETTERHEAD

MEMORANDUM FOR STATE AIR SURGEON (SAS) OFFICE SYMBOL

ATTN: COL S. TATE AIRDOC

FROM: 1ST AVIONICS MAINTENANCE SQUADRON1ST ANG UNIT

ANDREWS AFB MD

SUBJECT: Waiver Request to Attend Inactive Duty for Training (IDT)

Request that waiver be approved for (MSgt Jayne Kline/123-45-6789) to attend Inactive Duty for Training (IDT) during one year period in P4T status. Member will not be placed on Active Duty Orders or deployed during P4T status.

Member was examined (8 September 1999), and was found to be Dental Readiness Class 3. IAW Air National Guard (ANG) policy in AFI 47-101, Managing Air Force Dental Services, paragraph **6.8.11.**, ANG member's are required to be granted a waiver to attend IDT from the State Air Surgeon (SAS). Copy AF form 422, and member notification memorandum is attached.

I would appreciate your favorable consideration and approval of this waiver request. If you have any questions or require additional information, I may be reached at (DSN or commercial phone number and e-mail address).

I. M. DeBoss

I. M. DeBoss, COLONEL, USAF

Commander

1st Avionics Maintenance Squadron

Attachment:

AF form 422

Member Memorandum

Figure A16.3. Sample Notification of AF Form 422 - P4T Profile Expiration.

UNIT LETTERHEAD

date

MEMORANDUM FOR MEMBER'S SQUADRON (1st AMS)WING/CC (1st ANG/CC)UNIT DP (1st ANG/DP)

IN TURN

FROM: 1st MDS

1st ANG Unit

ANDREWS AFB MD

SUBJECT: Notification of AF Form 422 – P4T Profile Expiration

This is notification that the following ANG member's (MSgt Jayne Kline/123-45-6789) AF Form 422 expired on (10 September 2000). Member was profiled P4T on (09 September 1999). To date member has failed to comply with a dental requirement. A copy of AF form 422 is provided.

IAW with Air National Guard (ANG) policy in AFI 47-101, Managing Air Force Dental Services, ANG member's who are non-compliant after one year should be considered for administrative discharge. A failure to comply memorandum will be generated and forwarded to ANG/SG.

Please provide a copy of this memorandum to (MSgt Kline). If you have questions or require additional information, I may be reached at (DSN or commercial phone number and e-mail address).

Harvey Flightdoc

Harvey Flightdoc, COL, USAF, MC, FS

Commander

1st Aeromedical Squadron

Attachment:

AF form 422

Figure A16.4 Sample Failure to Comply Memorandum.

UNIT LETTERHEAD

date

MEMORANDUM FOR ANG/SGSE

OTHER COORD OFFICES

IN TURN

FROM: 1ST MDS

1ST ANG UNIT

ANDREWS AFB MD

SUBJECT: Failure to Comply – MSgt Jayne Kline/123-45-6789

The following ANG member (MSgt Jayne Kline/123-45-6789) has failed to comply with a dental requirement, and should be processed administratively for discharge. A copy AF form 422 is provided.

If you have questions or require additional information, I may be reached at (DSN or commercial phone number and e-mail address).

Harvey Flightdoc

HARVEY FLIGHTDOC, Colonel, USAF, MC, FS

Commander

1st Aeromedical Squadron

Attachment:

AF form 422