



DEPARTMENT OF THE ARMY  
 ARMY ROTC DETACHMENT  
 UNIVERSITY OF NORTH GEORGIA  
 82 COLLEGE CIRCLE  
 DAHLONEGA, GA 30597

REPLY TO  
 ATTENTION OF:  
 ATCC-AAG-ANG

Date: \_\_\_\_\_

MEMORANDUM FOR THE COMMANDANT  
 DAHLONEGA CAMPUS

SUBJECT: Statement of Acknowledgement for Civilian Dental Records

**Excerpt from CC Pam 145-4:**

**2-55. Dental Exam Requirements**

b. Dental films for casualty identification purposes are required for all participants in the ROTC program who must use government-owned or government contracted transportation. The RMS is to ensure the Cadet's dental records contain descriptive information regarding the following:

1. ROTC Cadet's MDC. Provide name, address, and phone number or pager number and Sun & Moon days.

rays, orthodontic profiles or dental x-rays.

transmitted non-government owned or government contracted transportation they must have a dental record for identification purposes. In such circumstances these students must provide the name

dental records contain descriptive profiles, bite wings, x-rays, orthodontic profiles or dental x-rays

c. In addition to the above, DNA is obtained as part of the commissioning physical at IDAC.

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

**OR**

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

\*My appointment is scheduled for (Date) \_\_\_\_\_ (Time): \_\_\_\_\_

Dentist Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

(CADET PRINT NAME)

(CADET SIGNATURE)

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(DATE)