TECHNICAL BULLETIN

DENTAL RECORD ADMINISTRATION, RECORDING AND APPOINTMENT CONTROL

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HEADQUARTERS, DEPARTMENT OF THE ARMY

APRIL 2006
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SUMMARY OF CHANGE

TB MED 250
Dental Record Administration, Recording, and Appointment Control

This revision—

- Changes the title of TB MED 250 to Dental Record Administration, Recording, and Appointment Control.
- Constitutes a complete revision and update, superseding TB MED 250 dated 28 February 1990.
- Expands the appendixes on references, abbreviations, and glossary.
- Makes the addition of appendixes for Periodontal Screening and Recording (PSR), tobacco and caries risk, and blank forms found in or affecting the dental record.
- Changes appendix D, Quick Reference for Symbols, removing the page number references and adds a narrative to each symbol.
- Reduces the number of chapters from six to three by eliminating the redundant narrative entries and repetitious use of symbols.
- Improves on old figures and includes additional figures to clarify dental record administration.
- Includes references to automation advances that improve the efficiency of dental record administration and dental practice.
- Streamlines the TB MED 250, which makes it a quicker reference guide and a better teaching tool for dental care providers.

The information contained within this technical bulletin is current as of April 2006. Once the dental module of AHLTA (Armed Forces Longitudinal Technology Application) electronic health record is released, the TB will be updated. However, there will continue to be both paper and paperless dental records used for some period of time.
**DENTAL RECORD ADMINISTRATION, RECORDING, AND APPOINTMENT CONTROL**

You can help improve this manual. If you find any mistakes or if you know a way to improve procedures, please let us know. Mail your letter or DA Form 2028 (Recommended Changes to Publications and Blank Forms) directly to Academy of Health Sciences, Department of Dental Science, 3151 Scott Road Ste 1344, Fort Sam Houston, TX 78234-6134. A reply will be furnished directly to you.

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*This bulletin supersedes TB Med 250, dated 28 February 1990.*
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CHAPTER 1
INTRODUCTION

1-1. Purpose
This bulletin provides instructions for the uniform completion and maintenance of the Health Record—Dental, to include examples of forms that are found within or affecting the content of the record. Instructions are provided for the uniform recording of initial dental processing, dental examinations, diagnoses, and treatments in the SF 603 (Health Record—Dental) and SF 603A (Health Record—Dental—Continuation), as well as the recording of the patient health history. Current abbreviations and terms useful in completing the SF 603 and SF 603A are contained in the appendixes. The Terminal Digit Filing System (TDFS) and the dental record jacket (DA Forms 3444) are explained. A discussion of appointment control and workload reporting throughout the U.S. Army is also included. The dental health record is a permanent document designed to furnish a comprehensive dental history of each individual. Dental health record management serves as a critical element in the welfare of dental patients and the success of the U.S. Army Dental Corps in ensuring dental health and readiness of soldiers to fight and win in the battlefield. Excellence in record management requires a commitment to standardization in format and a persistent, diligent quest for accuracy and completeness. The dental record serves for treatment planning and documentation, forensic, legal, dental classification, and quality assurance purposes. All entries must be accurate, complete, and concise if the best interest of the patient, the Government, and the dental care provider are to be served. Effective professional communication and documentation via the dental health record accomplished by the conscientious use of the standardized format (see AR 40-66), represents a cornerstone of quality dental care. This document is designed to be a reference for dental care providers throughout the Army Medical Department (AMEDD) as well as an instruction manual for dental health providers newly accessed to the Army Dental Care System (ADCS).

1-2. References
Required and related publications and prescribed and referenced forms are listed in appendix A. See appendix A for manuals, forms, and web sites. See appendix B for abbreviations. See appendix C for pharmaceutical abbreviations. See appendix D for symbols used in diagnosis and treatment. See appendix F for information on Periodontal Screening and Reporting. See appendix G for information on tobacco and caries risk. See appendix H for examples of blank forms. See appendix I for Policy on Taping Dental Records. See Appendix J for example of Treatment Planning with DA Form 3984. See appendix K for HA Policy 02-11 Standardization of Oral Health and Readiness Classifications (04 Jun 2002).

1–3. General
a. The instructions for completing SF 603 and SF 603A are presented in the sequence that will normally be followed during the course of patient treatment. Administrative information for preparing dental health records is presented in chapter 2. Authorized symbols for charting the SF 603 and SF 603A are found in appendix D with approved abbreviations found in appendix B and appendix C. Recording treatment plans,
restorations, completed treatments, and services rendered are found in chapter 3. Information and guidance on automation including appointment control and workload reporting is contained in paragraph 2-7.

b. Instructions in this bulletin also apply to dental entries in other hospital and clinical records to the extent that they do not conflict with Army regulations pertaining to the preparation and maintenance of those records.

c. Instructions in this bulletin will not apply to the charting of dental conditions in DD Form 2808, Report of Medical Examination. These charts will continue to be completed in accordance with AR 40-501 and with instructions printed on the form.

d. All pertinent facts and information must be legibly recorded in SF 603 or SF 603A, block 10, using black ink.

e. All references in this bulletin to techniques or materials are used purely for illustration purposes. They do not constitute approval or endorsement by the U.S. Army or the dental profession.

f. All names and identification information are completely fictitious and are used solely for example. Any similarity between the names used in this bulletin and any actual person is purely coincidental.

1–4. Abbreviations and terms
Abbreviations and terms used in this bulletin are explained in the glossary.
2-1. Uses of the dental health records
   a. The Military Personnel Office initiates the soldiers’ dental health records. Dental health records serve several essential functions. Most important to the individual patient, the record serves to formalize and preserve the memory of dental and general health, treatment planning, and treatment rendered. This documentation often proves useful to subsequent providers, providing an historical perspective as to the type, timing, and relative success of past treatment. Accurate and complete dental records therefore represent a vital element of therapeutics.
   b. The dental health record constitutes a legal document. Health care providers must always place entries into the record with the anticipation that their input might someday be scrutinized in a court of law. The dental record documents workload and dental classification. Accurate workload reports provide essential information for resource allocation and justification.
   c. The dental health record is used in cases of insurance reimbursement to the government. In cases of automobile accidents that result in head and neck injuries, dental treatment may be required. In these cases, the military health maintenance organization (HMO), TRICARE, may seek reimbursement from insurance companies that cover those clients who are also military healthcare beneficiaries. The Department of Defense (DOD) offers the TRICARE Dental Program (TDP) through the TRICARE Management Activity (TMA). A third party insurance contractor administers and underwrites the TDP for the TMA. This plan offers a high quality, cost-effective dental care benefit for family members of all active duty Uniformed Service personnel and to Selected Reserve and Individual Ready Reserve (IRR) members and/or their families. The Uniformed Services include the Air Force, Army, Navy, Marine Corps, Coast Guard, National Oceanic Atmospheric Administration, and the Public Health Service. Retirees are provided dental benefits under the TRICARE Retiree Dental Program (TRDP) administered by a third party carrier. More information on these programs is found on the Web sites found in appendix E.
   d. Historically, the dental record with dental radiographs has played a major role in forensics. Although the Department of Defense (DOD) now officially relies upon DNA analysis to identify the remains of deceased soldiers, the dental record is useful in identification of the deceased, and may become important evidence in cases that involve bite-marks. Limitations in DNA technology affirm the importance of dental records.
   e. The dental record can occasionally provide justification for dental work to be completed elsewhere, such as within the Veterans Administration. Soldiers who retire from active duty can sometimes receive dental care from the VA for work which, was planned, but not completed, while the soldier was on active duty. In this instance, documentation within the dental record serves as the key to the access of care.
2-2. Custody of dental health records

a. The dental record is the property of the federal government and must remain in the dental clinic, in accordance with Department of Defense Instruction (DODI) 6040.43, and AR 40-66 chapter 1, section 1-5.

   (1) Army medical records, other than those of RCs will remain in the custody of the MTFs [DTFs] at all times. RC records will remain in the custody of the appointed HREC custodian. The medical records of special operations forces will also remain in the custody of the MTFs [DTFs] at all times. This record is the Government’s record of care rendered and must be protected. Upon request, the patient may be provided a copy of their record, but not the original record. Limit access to all open record storage areas and to electronic records to authorized personnel only.

   (2) The DODI 6040.43 does have a section that deals with exceptions to the “no hand-carrying guidance.” Procedures guidance 5.1.2.3.1 states “MTF commanders have the authority to set policy on exceptions to the ‘no hand-carrying guidance.’ Examples of exceptions could include circumstances in which the inconvenience to the beneficiary or break in continuity of care outweighs the record custody concerns.”

   (3) DENCOM fully understands that the continuity of care may be negatively impacted with the guidance as written. The Office of the Surgeon General’s (OTSG) interim guidance is as follows: “Advise releasing COPY of dental record (last two years of treatment) to service member upon PCS with either duplicate panograph and BWX or a statement on a separate 603 stating that the digital images are archived and accessible in the central radiograph repository.”

b. Soldiers who retire do not retain possession of their dental record, but may receive a copy of the contents.

c. Maintaining the dental records of patients in the clinic ensures that the records are readily available for therapeutics, dental readiness accountability, and forensic and legal purposes.

2–3 Treatment Record Jacket (DA Form 3444)
(Figure 2-1 shows a completed record jacket; blank forms are found in appendix H, DA Forms)

a. DA Form 3444, Treatment Record, provides the folder within which the dental record resides. Medical records use the four-part DA Form 8005 series. These are not used for dental records but may be encountered in a hospital setting. DA Form 3444 exists in ten, color coded variations that correlate to the next-to-last digit of the patient’s social security number (SSN). The last two digits of the SSN, the primary group, serves to position records in sequential order (Terminal Digits Filing System). Records of active duty personnel are filed separately from family member records. Retiree records are also filed in a distinct, separate location. When the size of an individual dental record requires the creation of another DA Form 3444-series or DA Form folder, the record jackets will be labeled “Vol. 1 of 2, Vol. 2 of 2,” and so forth. To ensure that multiple record jackets are kept together at all times, each treatment facility will guarantee that when one volume is removed from the file, all other volumes are removed as well. Upon discharge, release from active duty, retirement, death, or transfer from USAR to
b. The Terminal Digit Filing System (TDFS) is used to file dental records. DA Form 3444 series (Terminal Digit File for Treatment Record) is used for this purpose. Complete instructions for the use of this system are contained in AR 40-66.

c. The DA Form 3444 series folders come in 10 different colors.

(1) To complete the TDFS in dental treatment facilities, the following should be done:

(a) The sponsor’s social security number (SSN) is used to select the appropriately colored folder using the last two digits (primary group). See table 2-1 below.
Figure 2-1. Example DA Form 3444-6, Dental Record Jacket.
Table 2-1. Terminal Digit Filing System color coding

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<th>Primary Group</th>
<th>Color of folder</th>
<th>DA Form</th>
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<tr>
<td>00-09</td>
<td>Orange</td>
<td>3444</td>
</tr>
<tr>
<td>10-19</td>
<td>Light Green</td>
<td>3444-1</td>
</tr>
<tr>
<td>20-29</td>
<td>Yellow</td>
<td>3444-2</td>
</tr>
<tr>
<td>30-39</td>
<td>Grey</td>
<td>3444-3</td>
</tr>
<tr>
<td>40-49</td>
<td>Tan</td>
<td>3444-4</td>
</tr>
<tr>
<td>50-59</td>
<td>Light Blue</td>
<td>3444-5</td>
</tr>
<tr>
<td>60-69</td>
<td>White</td>
<td>3444-6</td>
</tr>
<tr>
<td>70-79</td>
<td>Brown</td>
<td>3444-7</td>
</tr>
<tr>
<td>80-89</td>
<td>Pink</td>
<td>3444-8</td>
</tr>
<tr>
<td>90-99</td>
<td>Red</td>
<td>3444-9</td>
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</table>

(b) For example, a patient with SSN 345-26-9809 is provided an orange colored dental record. This record is filed with all the other orange records of active duty personnel, and is sequentially placed after the record with SSN 298-376-5308.

(2) An identification label is placed in the “Patient’s Identification” block on the top right of the front cover of the record jacket. This label should contain the information listed below. All of this information is contained on the patient’s medical recording card. The patient’s recording card is prepared when the patient is first examined or treated in a troop medical clinic, health clinic, or MTF. The patient’s recording card is used to enter identifying data on forms filed in the outpatient treatment record (OTR), health record (HREC), and dental record (HREC-Dental). The medical card may be used to imprint a label for this block. If an imprinter is unavailable then only (a), (b), and (f) below should be written in on the label. The patient identification label in the top right corner and the patient’s name printed in block letters on the top left assure that the record can be identified at a glance. Today, many clinics are using bar code optical printers and readers to prepare and read these labels. The identifying barcode contains the patient’s SSN corresponding to that found on the back of the patient’s military identification card (see figure 2-2). This information is matched with information placed in the Corporate Dental Application and the Composite Health Care System (CHCS) upon in-processing or applies for healthcare benefits through TRICARE.

(a) Family member prefix (FMP) and sponsor’s SSN. The use of the FMP (see table 2-2) identifies the patient, especially in cases where the clinic handles records for family members, retirees, etc. (usually eligible beneficiaries in OCONUS locations). The family member prefix codes designate the patient’s relationship to the sponsor (soldier), since the sponsor’s SSN is placed on all the dental records of the family members. These two numbers are also placed inside the two circles in the upper margin of the back cover, located in front of the SSN blocks.
Back of military ID card (Common Access Card).

Dental record patient ID label.

Figure 2-2. Military ID card (Common Access Card) and example, bar coded dental health record jacket patient ID label.
Table 2-2. Family member prefix

<table>
<thead>
<tr>
<th>Prefix</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>01-09</td>
<td>Children in order of birth</td>
</tr>
<tr>
<td>20</td>
<td>Sponsor</td>
</tr>
<tr>
<td>30</td>
<td>Spouse</td>
</tr>
<tr>
<td>40</td>
<td>Mother</td>
</tr>
<tr>
<td>45</td>
<td>Father</td>
</tr>
<tr>
<td>50</td>
<td>Mother-in-Law</td>
</tr>
<tr>
<td>55</td>
<td>Father-in-Law</td>
</tr>
<tr>
<td>60, 61, 62, etc.</td>
<td>Other relatives</td>
</tr>
<tr>
<td>00</td>
<td>Civilians and others not listed</td>
</tr>
</tbody>
</table>

(b) Patients name.
(c) Year of birth
(d) Sex.
(e) Status
(f) Sponsor’s grade and name.
(g) Patient’s organization

(3) The patient’s name is placed in the upper left-hand corner in block letters. This helps identify the patient and is useful in situations where records must be filed alphabetically.

(4) The patient must sign the privacy act requirements by completing DD Form 2005 (Privacy Act Statement—Health Care Records, see figure 2-3), located inside the back cover of the folder.

(5) The SSN is coded by covering the appropriate numbered blocks in both the right and top margins with ½ inch wide black tape.

(6) The rest of the SSN is entered inside the blocks provided in the upper margin of the back cover.

(7) The name of the clinic responsible for maintaining the folder is entered in the lower right of the front cover. This entry may be placed on a white adhesive label for legibility and ease of changing.

(8) For records of non-active duty personnel the “R” blocks in the right and top margins are covered with appropriately colored tape to indicate when the record is to be retired. These records are retired 2 years after the end of the year in which the last dental treatment was given; therefore, dental records begun in
Figure 2-3. Example, DA Form 2005, available as free form and inside back cover of dental record jacket.
1999 were retired on January 1, 2002 if no treatment had been given between those dates. The following chart should be utilized when block “R” is used. (Note: Active duty records are never retired.)

**Table 2-3. Retirement year tape codes**

<table>
<thead>
<tr>
<th>Records to be retired</th>
<th>Tape color</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>Yellow</td>
</tr>
<tr>
<td>2006</td>
<td>White</td>
</tr>
<tr>
<td>2007</td>
<td>Black</td>
</tr>
<tr>
<td>2008</td>
<td>Orange</td>
</tr>
<tr>
<td>2009</td>
<td>Red</td>
</tr>
<tr>
<td>2010</td>
<td>Blue</td>
</tr>
<tr>
<td>2011</td>
<td>Green</td>
</tr>
<tr>
<td>2012</td>
<td>Yellow</td>
</tr>
<tr>
<td>2013</td>
<td>White</td>
</tr>
<tr>
<td>2014</td>
<td>Black</td>
</tr>
<tr>
<td>2015</td>
<td>Orange</td>
</tr>
<tr>
<td>2016</td>
<td>Red</td>
</tr>
<tr>
<td>2017</td>
<td>Blue</td>
</tr>
<tr>
<td>2018</td>
<td>Green</td>
</tr>
</tbody>
</table>

(9) Block “S” in both the right and top margins is covered with appropriately colored tape to indicate the status of the patient. The colors to be used are:

**Table 2-4. Status tape codes**

<table>
<thead>
<tr>
<th>Active duty Military</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dependent (Family Member)</td>
<td>Black</td>
</tr>
<tr>
<td>Retiree</td>
<td>Green</td>
</tr>
</tbody>
</table>

(10) A color-coded tape placed just above the ‘0’ block on the upper, right side and left of the ‘0’ block on the top, left edge of the back of the record jacket designates the dental fitness classification of active duty. Dental fitness classification (AR 40-35) is performed at all examinations in which the dental record is present, to include screening examinations, preparation of replacements for oversea movement (POR) examinations, etc. and is recorded in the “Class” column of block 10 of SF 603 and SF 603A. Fitness classifications apply to active duty soldiers only. Tape is placed on the Treatment Record jacket to indicate the dental classification at a glance. Clinic management software supersedes records taping (appendix I).

Class 1 – Patients not requiring dental treatment or reevaluation within 13 months.

Class 2 – Patients who have oral conditions that, if not treated or followed up, have the potential but are not expected to result in dental emergencies within 13 months.
Class 3 – Patients who have oral conditions that, if not treated, are expected to result in dental emergencies within 13 months. Patients whose condition is in question as to whether they should be Class 2 or Class 3 should be placed in Class 3.

Class 4 – Patients requiring a dental exam, including those requiring annual or other required dental examinations and patients whose dental classifications are unknown.

Table 2-5. Coding the dental fitness classification

<table>
<thead>
<tr>
<th>Classification</th>
<th>Tape Color</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Blue</td>
</tr>
<tr>
<td>2</td>
<td>White</td>
</tr>
<tr>
<td>3</td>
<td>Red</td>
</tr>
<tr>
<td>4</td>
<td>Green</td>
</tr>
</tbody>
</table>

(11) The front of the folder is completed by marking the appropriate block under “Note to Physician” and “Type of Record.” Blocks for the Personnel Reliability Program and flight status are marked as appropriate. The “Health-Dental” Block is marked for active duty military and the “Dental (Non-Military)” for dependents. If the medical condition block is marked, a DA Label 162 (Emergency Medical Information Symbol, figure 2-4) must be affixed to the front of the patient’s dental health record.

(12) For non-active duty personnel, a card is prepared for the nominal index file. This file is required as a cross-reference for TDFS. As a minimum, the file should contain the patient’s name, FMP and sponsor’s SSN. This is a ready reference when only the patient’s name is available and it is necessary to locate their dental record. An imprint of the medical recording card may be used for this purpose.

(13) The Notification of Privacy Practices (NOPP) sticker is placed in the center on the rear of the Record (see figure 2-5). The patient signature on this sticker only acknowledges that they have received the Tri-Care NOPP pamphlet. The NOPP pamphlet describes how medical information about the patient may be disclosed and used and also how the patient can get access to this information. If the patient has not received the NOPP pamphlet they should be available at the reception desk and the patient is asked to review it carefully. If the patient refuses to sign the NOPP sticker, an MTF staff member will check the appropriate block and then initial.

2-4. Forms and documents of DD Form 3444
(See appendix H for examples of all forms). Most of the forms listed below are found at the Army Publishing Directorate’s Web site at http://www.apd.army.mil/index.html. These forms are also accessible and capable of being filled in the AMEDD Electronic Forms Support System (AEFSS) software found on AMEDD owned computers.
a. Right side of folder (topmost to bottommost form).

(1) DA Form 4515-Personnel Reliability Program (PRP) Record Identifier (AR 50-5 and AR 50-6) and DA Form 3180-Personnel Screening and Evaluation Record. With the reduction in nuclear weapons and the elimination of chemical weapons from the U.S. Army arsenal, this form is rarely used, with most usage in installations outside the continental United States (OCONUS). A DA Form 3180 is filed while DA Form 4515 is placed as the top document on the right side of the folder.

(2) SF 603-Health Record-Dental (Exception to SF 603, approved by GSA/IRMS 1-91). SF 603A-Health Record-Dental-Continuation is also filed here when needed for continuation of the dental record. This is the basic form used in the health record and dental health record to document oral status, oral health care, and oral or dental treatment provided in a DTF (Dental Treatment Facility) and MTF (Medical Treatment Facility). The initial SF 603 is placed with subsequent SF 603As on top of it in reverse chronological order. Other forms are placed behind these. These forms are used to
record all dental treatment. Section I, Block 4 or 5 of SF 603 must be completed if the patient doesn’t have and cannot get a panoramic radiograph. The patient’s administrative information should be recorded on the front of this form. On the back of SF 603 (SECTION II), part 9 is used to record the diagnosis and treatment plan, written in pencil and then erased as treatment is completed. Completed treatment is indicated graphically in pen in part 8. Services rendered, narrative entries of patient visits, failed appointments, and record audits are placed in part 10. The patient’s name and social security number should be written on the current side (page) of the 603. These forms are discussed in detail in chapter 3.

(3) DA Form 3984-Dental Treatment Plan (figure 2-6 and appendix J). This form is used for complex treatment plans to sequence referrals and care. It is removed when the treatment plan is complete or no longer valid but if periodontal charting or other essential information is entered, then this form is kept as a permanent part of the record. This is a mandatory form for use in complex treatment planning.

(4) SF 513-Medical Record-Consultation Sheet (figure 2-7). This form is used for medical and dental consultations and must be detailed and complete. Written consultation between clinicians represents a formal, documented communication concerning a therapeutic issue for a given patient, or a request for evaluation or treatment for a specific patient. If the requesting clinician indicates anything other than ‘Routine’ disposition, he should phone the clinician with whom the consult is requested.
**DENTAL TREATMENT PLAN**

For use of this form, see TB MED 260; responsible agency is Office of TSG.

1. CONSULTATION DESIRED  ☒ YES ☐ NO

(If yes, complete Section III, on reverse side)

**SECTION I - PLANNED TREATMENT AND SEQUENCE OF ACCOMPLISHMENT**

Check items in Column c to indicate treatment planned. If sequence of treatment is other than that printed in column b, use numbers (1 thru 10) in column c to show desired order.

<table>
<thead>
<tr>
<th>LINE CODE</th>
<th>TYPE TREATMENT</th>
<th>PLANNED SEQUENCE</th>
<th>ACCOMPLISHED</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 A</td>
<td>URGENT</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>3 B</td>
<td>PERIODONTAL</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>4 C</td>
<td>PROPHYLAXIS $\times$</td>
<td>$8$/2 PASTE</td>
<td>2</td>
</tr>
<tr>
<td>5 D</td>
<td>TOPICAL $8$/2 REPEAT AFTER $\underline{8}$ MONTHS</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>6 E</td>
<td>COUNSELING IN SELF CARE</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>7 F</td>
<td>OCCLUSION</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>9 H</td>
<td>RESTORATIONS</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>10 I</td>
<td>PROSTHESES</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>11 J</td>
<td>OTHER (specify)</td>
<td>8</td>
<td></td>
</tr>
</tbody>
</table>

**CHART**

Chart ONLY missing teeth and TREATMENT TO BE ACCOMPLISHED. Do NOT chart existing Pathology or Restorations.

Class 3: Oper #30, Endo #22, OS #32

---

13. DATE 04 APR 02
14. TREATMENT FACILITY RHOADES DENTAL CLINIC FSH, TX 78234
15. SIGNATURE OF DENTIST RECORDING TREATMENT PLAN
Mary A. Smith, DCP DC

**SECTION II - PATIENT IDENTIFICATION**

16. SEX M
17. RACE CAU
18. GRADE E-6
19. ORGANIZATION CCA, ACADEMY BN FSH, TX 78234

20. PATIENT'S LAST NAME - FIRST NAME - MIDDLE INITIAL DOE, JOHN D.

21. DATE OF BIRTH 28 DEC 70
22. IDENTIFICATION NUMBER 123-45-6769

DA FORM 3984, DEC 72 REPLACES DA FORM 8-276, 1 AUG 82 WHICH WILL BE USED

USAPA V1.01

---

**Figure 2-6.** Example, DA Form 3984, Dental Treatment Plan, filled by hand and using the AMEDD Electronic Forms Support System.
<table>
<thead>
<tr>
<th>CONSULTATION DESIRED</th>
<th>REMARKS (If appropriate)</th>
</tr>
</thead>
<tbody>
<tr>
<td>23 PROSTHODONTIC</td>
<td></td>
</tr>
<tr>
<td>24 X PERIODONTIC</td>
<td>PLEASE EVALUATE PERIODONTAL CONDITION. POCKETS NOTED IN MOLAR REGIONS.</td>
</tr>
<tr>
<td>25 X ORAL SURGERY</td>
<td>PLEASE EVALUATE 3RD MOLARS FOR EXTRATION UNDER CONSCIOUS SEDATION. HAVING DISCOMFORT #32 FOR PAST 6 MONTHS.</td>
</tr>
<tr>
<td>26 OPERATIVE</td>
<td></td>
</tr>
<tr>
<td>27 CROWN AND BRIDGE</td>
<td></td>
</tr>
<tr>
<td>28 OTHER (Specify)</td>
<td></td>
</tr>
</tbody>
</table>

**SECTION IV - CONSULTANT REMARKS AND RECOMMENDATIONS**

(Initial after each entry and identify entry by number)

---

*Figure 2-6, Continued: Side 2 of DA Form 3984, Dental Treatment Plan, filled using AMEDD Electronic Forms Support System.*
Figure 2-7. Example, SF513, Medical Record Consultation Sheet, filled using AMEDD Electronics Forms Support System.
(5) SF 515-Tissue Examination (AR 40-400). When any tissue specimen is sent to the lab for evaluation, a SF 515 is used and a copy is left in the chart until the lab report is returned.

(6) SF 519 and SF 519A-Medical Record- Radiograph Report. (Use until stock is exhausted.)

(7) SF 519B-Radiologic Consultation Request/Report (Replaces SF 519 and SF 519A) is used when radiographs other than dental are requested.

(8) OF 522-Medical Record-Request for Administration of Anesthesia and for Performance of Operations and Other Procedures (Informed Consent) (figure 2-8).

(a) Common law provides that patients have the right to determine whether they desire the dental treatment offered. In order to make this decision; the patient must know the chances for success, potential for harm, alternative treatments, and the types of injury that may occur.

(b) The description of types of injury that may occur must include those things that are likely to be caused by the treatment. The patient must be told of any risk of death or serious bodily harm. Serious bodily harm is often defined as any condition that is permanent or cannot be adequately treated or reversed (such as permanent nerve damage or damage to an adjacent tooth).

(c) Well documented, informed consent can save the care provider the experience of a malpractice suit, and conserve resources necessary for care of other patients. Informed consent does not absolve the provider of the responsibility of providing treatment consistent with the standard of care. The patient cannot legally consent to negligence. A OF 522 must be completed at the beginning of each treatment plan or after a break in care, or change in care provider. All non-active duty patients must fill out the form (AR 40-3).

(d) For active duty personnel, this form is used for general anesthesia, sedation, or problem cases. Section B-1 documents treatment in lay terms. The procedures and possible complications must be explained to the patient, the patient must be offered the opportunity to ask questions about the procedure, and truthful answers must be given.

(e) The filling of this form must be documented in Section 10 of SF 603/603A. The form must be current, signed by the patient or guardian, witness, and doctor.

(9) DA Form 3365-Authorization for Medical Warning Tag (AR 40-66). This form is used to obtain a warning tag for patients who have permanent, defined medical conditions such as allergy to drugs,
Figure 2-8. Example, OF 522, Medical Record-Request for Administration of Anesthesia and for Performance of Operations and Other Procedures, also can be filled using the AMEDD Electronic Forms Support System.
sensitivity to biological products or immunizing agents, convulsive disorder, diabetes mellitus, sensitivity to insect stings, sickle cell disease, adrenal insufficiency, wearing contact lenses, or special medication requirements such as anticoagulants, anticonvulsants, corticosteroids, antihypertensive drugs, or Antabuse. DA 3365 must be completed in original and at least two copies. It is the responsibility of the dental officer to complete this form.

(10) DD Form 2005—Privacy Act Statement—Health Care Records (see figure 2-3). This form is required in all dental records. The DA 3444 series record jacket contains this form on the inside back cover and additional forms are available for temporary records and for other than active duty record updates.

b. Left side of folder.

(1) Medical history-DA Form 5570-Health Questionnaire for Dental Treatment (filled example figure 2-9). The patient’s health questionnaire stands as a critically important document. The patient’s medical condition can drastically modify his response to medication and treatment routinely performed in the dental clinic. The clinician must therefore always remain informed as to the patient’s medical condition, ensuring safe and optimum care is provided. The older versions of this form serve as an envelope for radiograph storage and has signature blocks for updating. The new form is for one time use only and is filled out entirely in ink.

(a) DA Form 5570 is the standard medical history form for use in dental records. Maintenance of locally prepared medical history forms within or as a part of the health record requires prior approval of the form by HQDA.

(b) Medical history forms, which are maintained as a part of the dental record, should be reaffirmed with the patient at each visit. A new form will be completed and placed on top of the left side of the jacket. The old histories may be placed in the x-ray storage envelope, which may be an old DA Form 5570 or a plain brown envelope.

(c) The patient must fill this form in ink. If the patient checks “Yes” to any of the questions or checks any of the systemic conditions in the “Conditions That Apply” section, then a narrative explanation addressing that response should be entered in the “Explain any unusual medical problems:” section. The “Doctor’s Remarks” block is also available for comments. If applicable, the patient may add additional comments to the back of the form.

(d) Medical conditions that have a significant potential impact on the delivery of care will also be annotated with pencil in the ‘Remarks’ section of block 8, SF 603. Further explanation of the condition may also be made in block 10. The date of entry should also be noted. Both the patient and the doctor shall initial all corrections. Blood Donor Ineligible V7262 indicates the patient has tested positive for HIV. The privacy of this information must be protected.

(e) The Health history shall be updated and signed by the patient and the doctor at least annually. Some local policy may require that this be done semi-annually. Regardless of local policy, the doctor should review the patient’s medical history on each visit and it is good practice to annotate “Medical History Reviewed” in the narrative section of the SF 603.

(f) Medical warning identification symbol: DA Label 162 (Emergency Medical Identification Symbol) will be affixed to the patient’s health record (DA Form 3444) when a patient’s medical condition meets the criteria established in AR 40-66. If the
patient has a specific condition which makes dental treatment unusually hazardous for the patient, such as a drug allergy, or needs antibiotic medication prior to dental treatment, then this label must be used (see figure 2-4).
**HEALTH QUESTIONNAIRE FOR DENTAL TREATMENT**

For use of this form, see AR40-66: the proponent agency is the Office of The Surgeon General

<table>
<thead>
<tr>
<th>NAME</th>
<th>Doe, John D.</th>
<th>SSN</th>
<th>123-45-6769</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>UNIT</th>
<th>HOME TELEPHONE</th>
<th>OFFICE TELEPHONE</th>
</tr>
</thead>
</table>

**PLACE A CHECK IN THE YES OR NO COLUMN**

1. Have you been under a physician's care in the last 2 years? **Y**
2. Have you had any serious illness, operation or hospitalization in the past? **Y**
3. Are you allergic to any drugs or medicines (novocain, penicillin, others)? **Y**
4. Are you presently taking any drugs or medicines (to include birth control pills)? **N**
5. Have you ever had hepatitis or yellow jaundice? **N**
6. Has there been a change in your health in the last 2 years? **N**
7. Do you smoke cigarettes? **N**
8. Do you drink alcoholic beverages? **Y**
9. Have you ever been sick because of dental treatments? **N**
10. Are you a "bleeder" or have you had excessive bleeding following dental treatment? **N**
11. Do you get short of breath after climbing 1 flight of stairs? **N**
12. (Female only) Are you pregnant? **N**

**CHECK CONDITIONS IF THEY APPLY TO YOU**

- Heart Trouble/Chest Pain
- Frequent Headaches
- Hives or Skin Rash
- Epilepsy
- Heart Murmur
- Thyroid Disease
- Asthma/Hay Fever
- Ulcer/Stomach
- High Blood Pressure
- Kidney Disease
- Sugar Diabetes
- Anemia (Thin Blood)
- Rheumatic Fever
- Liver Disease
- Arthritis/Rheumatism
- Venereal Disease (VD)
- Stroke
- Sinus Disease
- Tuberculosis (TB)
- Cancer

**Explain any unusual medical problems:**

3. *Penicillin Allergy*
8. *Socially on occasion*

**NEEDS SUB PROPHYLAXIS FOR HEART MURMUR**

<table>
<thead>
<tr>
<th>DATE</th>
<th>SIGNATURE OF PATIENT</th>
<th>SIGNATURE OF DOCTOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>28 Feb 01</td>
<td>John J. Doe</td>
<td>John J. Doe</td>
</tr>
<tr>
<td>04 Apr 02</td>
<td>Mary A. Smith, CPT, DC</td>
<td></td>
</tr>
</tbody>
</table>

**RECHECK**

<table>
<thead>
<tr>
<th>DATE</th>
<th>DOCTOR'S SIGNATURE</th>
<th>REMARKS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

DA FORM 5570, OCT 88

*Figure 2-9. Example DA Form 5570, Individual Health History.*
(2) Panoramic radiograph. Each soldier receives a panoramic and bitewing radiographs as their military dental health record is established. Any Soldier who does not have at least one panoramic radiographic in their record is automatically in dental fitness classification 4. One panoramic radiograph or its copy is required to be in the military dental record. It must be clearly identified, dated, be of adequate quality for forensic identification and reflect the Soldier’s current oral conditions. The age of the film is not a factor for retaking a panoramic radiograph if it meets the above requirements. Panoramic radiographs should be retaken when there is a new diagnostic requirement to identify disease or for patients with obtuse, confusing, or contradictory symptoms; or in the absence of a recent panoramic radiograph which would be required to initiate surgical or orthodontic treatment, orthognathic evaluations, or when the most current film in the record does not forensically reflect the Soldier’s current condition. Consult with the referral clinician on the minimum age requirement for the panoramic radiograph. Copies of digital radiographs may found in current records.

(3) Other radiographs kept in record. Bitewing x-rays, periapical x-rays, other intra-oral and extra-oral films are kept inside the DA Form 5570 envelope or behind the panoramic radiographs if they are too large to place in the envelope. Bitewing radiographs should be ordered on recall based on the patient’s prior caries experience and present caries activity and symptoms, or to assist in monitoring and managing periodontal disease. Patients who have never had proximal caries, maintain excellent oral hygiene, and have few if any risk factors for caries need not have bitewing radiographs more often than every 24 months. At the other extreme, highly caries active patients may need bitewings repeated often to assess ongoing treatment and the progression of new carious lesions.

(4) Other local use forms (for example, broken appointment policy, locally reproduced health history forms, specialty forms etc. if used).

c. Other common forms affecting the dental record and forms with dental entries
   (1) DD Form 2322-Prosthodontics Prescription and Consultation Request (TB MED 148) (figure 2-10). When requesting work from the Area Dental Laboratory, a DD Form 2322 is used to describe the work requested and it accompanies impressions etc. needed to complete the work. The type of metal used in the prosthesis must be recorded in block 10 of the SF 603 or SF 603A.
   (2) DD Form 1289-DOD Prescription (figure 2-11). Dental officers use their signature block stamp and their handwritten signature to authenticate the prescription form. The pharmacy on post will have a signature card on file for each dental officer. When a Schedule II drug is prescribed and it is being filled by a non-DOD pharmacy, the dental officer must use their Drug Enforcement Agency number (DEA). Prescriptions for drugs are entered electronically in most locations, while hand written prescription forms are still used in some locations. In every case, however, the clinician must always include the same information entered on the prescription in the narrative portion of the SF 603/603A (block 10). This includes the amount of the drug given, the strength of the drug, the form of the drug (for example, capsule, tablet, suspension), the dosage the patient must take and frequency, and the reason for giving the drug (for example, for SBE prophylaxis). At this time, most installations utilize the Composite Health Care System (CHCS) for electronic prescription writing purposes, eliminating the need for this form. All dental officers are given a Drug Enforcement Administration (DEA) number for
prescribing controlled substances.

(3) DD Form 689-Individual sick slip (AR 600-6) (figure 2-12). Quarters may be given as a result of dental treatment that requires a convalescence period following the procedure. In this case, the soldier is given an Individual Sick Slip that describes the reason for quarters, the duration, and the extension status if the patient is required to return to the clinic for follow-up care. In this case the patient is seen at the end of the quarters period and the return to duty status is documented in the SF 603/603A.

(4) DA Form 3982-Medical and Dental Appointment (figure 2-13). Service members remaining in Dental Class 2 or 3 after their dental appointment should have a dental appointment when leaving the dental clinic (if at all possible). A copy of this appointment may be placed on top of the right hand side of the Treatment Record for reference and removed at the next appointment. Clinic management software allows for making automated dental appointments, eliminating the need for this form.
FIGURE 2-10: DD Form 2322, Dental Laboratory Work Authorization

This case has been disinfected

Mary A. Smith, CPT, DC

DD Form 2322, 83 Oct

Replace DA Form 2668, Oct 64, which is obsolete.

(PRESS HARD IF HANDFILLED)
FIGURE 2-11: Example DD Form 1289, DOD Prescription
Figure 2-12. Example DD Form 689, Individual Sick Slip, filled using the AMEDD Electronic Forms Support System.

Figure 2-13. Example DA Form 3982, Medical and Dental Appointment Slip, filled using the AMEDD Electronic Forms.
(5) Medical Laboratory Forms. In some cases the clinician may order medical tests for a patient. This information must be recorded in block 10 of SF 603/603A as well as the results of the test when returned. Again, these tests may be ordered electronically using CHCS.

(6) DD Form 2808 - Standard Form 88 - Report of Medical Examination. This form is used when physical examinations are performed. The dental section of this form is used mainly on initial entry into the military and for the Reserve Officer Training Corps (ROTC), and military academy examinations.

(7) DA Form 3647-Inpatient Treatment Record Cover Sheet. In hospital settings this sheet is used to record both battle and non-battle injuries according to Tri-service Disease and Procedure ICD-9-CM Coding Guidelines.

(8) DA Form 3705-Receipt for Outpatient Treatment/Dental Records. This form is used to track the dental record when the patient or the patient’s parent or guardian must pick up their dental record from the dental treatment facility (DTF).

(9) DA Form 4186-Medical Recommendation for Flying Duty. (See Flying Status below)

(10) DA Form 4254-Request for Private Medical Information (without patient consent), DA Form 4876 -Request and Release of Medical Information to Communications Media (with patient consent), DA Form 5006 -Authorization for Disclosure of Information (with patient consent), and DD Form 877 are forms used to obtain medical and dental information for various reasons.

(11) DA Form 5008-Telephone Medical Advice/Consultation Record. Used to record medical advice or consultation given to a patient over the telephone.

(12) DA Form 5181-R-Screening Note of Acute Medical Care. May be seen in dental record when patient reported to their medical clinic for emergency care before being sent to the dental clinic.

(13) DA Form 5303-R-Volunteer Agreement Affidavit. Used to document voluntary participation in a clinical investigation program.

(14) DA Form 8006-Pediatric Dentistry Diagnostic Form. Used for the examination, diagnosis, and treatment planning of pediatric dentistry patients.

(15) DD Form 877-Request for Medical/Dental Records or Information. Used for requesting medical records from treatment facilities and the VA.

(16) DD Form 2569-Third Party Collection Program – Record or other Health Insurance. Used to collect from private insurers for medical care provided to the Military Treatment Facility (MTF) patient.

(17) Local forms include Broken Appointment Policies, locally produced specialty forms, and record audit forms.

(18) OF 275-Medical Record Report. Used for the transcription of dictated reports.

2-5. Special handling of records

a. **Temporary records.** When Army dental facilities provide dental care to a patient for whom the facility has no dental health record, the dental officer will record the treatment on SF 603A. The patient completes the information blocks on the SF 603A, the Privacy Act Statement, the medical and dental history form, and the consent for anesthesia form (non-active duty). These forms will be stored in a manila folder marked ‘Temporary Record’, rather than a DA Form 3444 series folder and the date the temporary record was
begun will be annotated on the folder. If a permanent dental health record is not recovered in 60 days, a new dental health record will be made using the forms contained in the temporary record. Further administrative guidance on this type of record can be found in AR 40-66. All informed consent, quality assurance, and medico-legal considerations must be addressed in temporary records.

b. **PRP-Personnel Reliability Program (Chemical and Nuclear Surety Programs).** Units provide Army dental clinics with nuclear and duty position rosters. Dental records for these personnel are maintained separately under secured storage. The purpose of the PRP is to assure the medical competency of personnel handling of nuclear weapons. The dental clinic must notify the patient’s unit telephonically or by hard copy report when any incident or condition might result in restriction from PRP duties or disqualification. These conditions or incidents include prescription of drugs, surgical or complex procedures, or other problems that would detract from the soldier’s ability to perform their assigned nuclear or chemical duties. This information must be recorded on SF 603/603A. AR 50-5, chapter 3, on the PRP provides definitive guidance and is supplemented by local regulations. AR 50-6 covers chemical surety but with the elimination of chemical weapons, this is rarely used.

c. **Flight Status (AR 40-8).** Dental personnel are an integral part of the total healthcare and overall readiness of U.S. Army aviation personnel. Dental officers must ground aviation personnel when appropriate and be aware of proper administration procedures to return aviation personnel to flying duty following dental treatment. AR 40-8 and 40-501, chapters 4 and 8 provide definitive guidance and are supplemented by aviation medicine policy letters and local regulations. A flight surgeon is usually involved, but local regulations dictate the handling of flight status.

   (1) A Category 1 Dental Patient requires no grounding because no medications were given and only minor procedures were performed.

   (2) A Category 2 Dental Patient is grounded for 12 hours due to the administration of local anesthesia and the performance of routine procedures. This grounding is self-imposed by the aviator.

   (3) A Category 3 Dental Patient requires a minimum of 24 hours grounding because of medications and the performance of major procedures. The dental officer completes a DD form 689. The flight surgeon completes DA Form 4186. At the end of the grounding period, the flight surgeon clears the aviator for return to duty (RTD).

2-6 **Record audit**

   a. Each clinician’s records and workload report are periodically reviewed as part of the DENTAC Quality Assurance Program. The record audit addresses administrative and professional issues and serves both to quantify DENTAC record management quality assurance as well as provide constructive feedback to individual clinicians. The records audit sheet (see example figure 2-14), usually a locally produced document, tabulates the specific items reviewed and grades the clinician’s performance in records management.
# RECORD AUDIT SHEET (SAMPLE)

<table>
<thead>
<tr>
<th>AUDIT ELEMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Records jacket filled out to include medical warning tag.</td>
</tr>
<tr>
<td>2. Medical history complete and signed by patient and doctor.</td>
</tr>
<tr>
<td>3. 603/603A patient info complete</td>
</tr>
<tr>
<td>4. Daily dental tx log filled out clearly and completely.</td>
</tr>
<tr>
<td>5. Contents of record in proper place and order.</td>
</tr>
<tr>
<td>6. Radiographs current and diagnostic.</td>
</tr>
<tr>
<td>7. 603/603A Charting box 9 updated.</td>
</tr>
<tr>
<td>8. 603/603A entries legible and complete.</td>
</tr>
<tr>
<td>9. 603/603A dental readiness annotated.</td>
</tr>
<tr>
<td>10. Dental tx log: appropriate codes / procedures / credit taken</td>
</tr>
<tr>
<td>11. Consent forms present and updated</td>
</tr>
<tr>
<td>12. DD Form 2005 Privacy Act signed.</td>
</tr>
<tr>
<td>13. Annual exam after tx completed.</td>
</tr>
<tr>
<td>14. Tx consistent with current accepted standard of care.</td>
</tr>
<tr>
<td>15. Drug and / or AB usage for</td>
</tr>
</tbody>
</table>

**FIGURE 2-14: Record Audit Sheet**
**DENTAL RECORD ESSENTIAL ELEMENT CHECKLIST**

<table>
<thead>
<tr>
<th>I. MEDICAL HISTORY</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Updated, signed by both dentist and patient?</td>
</tr>
<tr>
<td>2. Have the dentist or the patient completed a written explanation in the space provided for each 'yes' response or 'check' mark in the 'CONDITIONS' SECTION?</td>
</tr>
<tr>
<td>3. Is a medical warning tag placed on front of record jacket if patient has any condition which makes dental treatment unusually hazardous to the patient?</td>
</tr>
<tr>
<td>4. Is everything in the medical history (an important legal document) written in ink, except the patient's unit and phone number?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>II. PANOROGRAPHIC RADIOGRAPH</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Does the record have a diagnostic PANO? Has it been reviewed as part of the exam?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>III. PERIODIC ORAL EVALUATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Has the soldier updated and signed the medical history?</td>
</tr>
<tr>
<td>2. Has the soldier signed the privacy act inside the back cover?</td>
</tr>
<tr>
<td>3. Has the examination stamp been placed in part 10 of the SF 603/603A?</td>
</tr>
<tr>
<td>4. Has a screening blood pressure been recorded?</td>
</tr>
<tr>
<td>5. Has the PSR been performed and recorded?</td>
</tr>
<tr>
<td>6. Has tobacco usage and caries risk been noted?</td>
</tr>
<tr>
<td>7. Have the findings been correctly recorded in part 9, SF 603/603A?</td>
</tr>
<tr>
<td>8. Has the sequential treatment plan been penciled in that addresses class 3 conditions first?</td>
</tr>
<tr>
<td>9. Have the providers initials and date been written in the lower right corner of part 9?</td>
</tr>
<tr>
<td>10. Have the class 3 indications been written in pencil in part 9, REMARKS, and in ink in part 10 (in the narrative)?</td>
</tr>
<tr>
<td>11. Has the provider signed their name and rank on the lowest line of the narrative entry in part 10?</td>
</tr>
<tr>
<td>12. Has the dental classification for the patient been written in ink under CLASS?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>IV. IDENTIFICATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Does each 604 or 603A have the patient's name and SSN written on it so it can be identified if separated from the remainder of the record?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>V. PRIVACY ACT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Has the patient signed on the inside back cover of the record jacket?</td>
</tr>
</tbody>
</table>

*Figure 2-15. Dental Record Essential Element Checklist*
| VI. OF 522 | 1. OTAD: Has the patient signed the detailed 522 prior to any treatment?
2. AD: Has the patient signed the detailed 522 prior to any procedure which has a potential adverse sequela? |
|-----------|--------------------------------------------------------------|
| VII. NARRATIVE ENTRIES | 1. Did each entry begin with the date on the left side?
2. Did each narrative begin with the type of exam completed, if any?
3. When performing the Periodic Oral Examination, does the narrative so state?
4. If the patient is symptomatic, was the SOAP format used or was the diagnostic process and results otherwise place in a logical legible manner?
5. If applicable, was local anesthesia written "LA:" then record the type, amount, concentration, and concentration of vasoconstrictor of the local anesthetic used?
6. If a therapeutic procedure was performed, did the provider write the category, then the description of the procedure, to include the precise tooth and/or area involved?
7. Did the provider sign their name and rank on the lowest line of the narrative entry in block 10, then write the patient's dental classification on the far right side?
8. Was the completed treatment graphically recorded in ink in section 8 (SF 603 or SF 603A), and erased from section 9 (SF 603 or SF 603A)? |
| VIII. CLASS 3 DESIGNATION | 1. Are the class 3 conditions written clearly in pencil in REMARKS, section 9, and written in pen in the narrative, section 10?
2. Does the treatment plan first route the patient to the therapy which will remedy the class 3 condition? |
| IX. PRESCRIPTIONS | 1. Has the complete prescription, to include the drug, strength, amount, and regimen been recorded in the narrative? |
| X. INDIVIDUAL SICK SLIP | 1. Has the form been completed in detail and the information recorded in the narrative of the record? |
| XI. DAILY DENTAL TREATMENT LOG | 1. Does it agree precisely with the treatment as reflected in the patient's record? |

FIGURE 2-15, Continued: Dental Record Essential Element Checklist.
Once graded, the record audit sheet is returned to the clinician who will then correct any and corrective action serves to continually standardize and enhance records management overall.

b. Using the essential element checklist (see sample, figure 2-14) prompts attention to specific areas of the dental health record. The sample record audit sheet also assists in developing record management skills.

2-7. Workload reporting and appointment control

Advances in technology have made appointment control, workload reporting, career management, and ordering of medical tests and prescriptions much easier and efficient for the provider, MTF, and patient. Continued advances will change and improve these automation systems over time, increasing the services provided, saving time, improving data collection, saving resources and increasing convenience. The look of these systems will, no doubt, change but the basic premise remains the same.

a. Appointment control. Appointment control and documentation of time utilization is increasingly becoming a matter of interest for outside agencies evaluating the efficiency of military dental care delivery. Appointment records are also often involved in QA programs, resource management, and legal issues. The following recommendations are made to give standard guidance to the field concerning this important topic.

(1) Appointment control will be centralized within clinics to the greatest extent possible. Individual control of personal appointment books is generally left up to the individual after the overall clinic requirements are scheduled (such as sick call, officers’ call, and other scheduled activities). Specialists usually control their own appointments because of the variations in treatment complexities encountered but will consider centrally scheduled out of clinic requirements.

(2) In some cases certain parts of a provider’s day may yield themselves to centralized control, while the individual should control others. For example, dentists may be scheduled to provide sick-call services in the morning and schedule their own appointments in the afternoon.

(3) With the possible exceptions of examinations and oral hygiene appointments, the use of standard length appointments should be discouraged. The length of an appointment should be tailored to the procedure to be accomplished and the skill of the provider.

(4) A system should be used to allow appointments to be scheduled in multiple blocks of time, each block 10 to 15 minutes in length depending on clinic or provider requirements.

(5) Appointment books should be used which will allow for this kind of flexible appointment scheduling.

(6) All dental officers should be offered the opportunity, if facilities are sufficient, to schedule multiple operatories for patient care.

(7) Appointments for which patients do not present themselves should be noted on the appointment book and dental record.

(8) Each clinic should have a program to fill broken appointment time.

(a) A list of patients who can come to the clinic upon short notice should be maintained in order to provide a pool of patients to fill broken appointments.

(b) Each clinic should also have a program to allow patients to standby for care in case of open appointment time.

(c) Alternate methods of filling broken appointment time are extending care on the
patient presently in the chair, treating sick call, performing examinations, or treating standby patients. Unfilled appointment time should be accurately reported to assist management in controlling patient flow and compliance. Unfilled appointment time results when a clinician has scheduled appointment time which, for whatever reason, cannot be used. For example, if a clinician’s scheduled patient fails the appointment and the clinician is unable to obtain another patient for that time slot, unfilled appointment time results. An idle clinician that does not have patients scheduled, such as the clinician treating ‘walk-in’ exams and sick call, however, does not record any unfilled appointment time.

(d) Automated Appointments. The Composite Health Care System and the Corporate Dental Application are the current computer systems being used to automate appointments. These systems are under constant upgrade and change as advances are made in technology.

(e) Automated Prescription Writing. Using CHCS. As mentioned in paragraph 2-4, prescription writing is possible using the Composite Health Care System (CHCS). Using this system improves efficiency for the dentist, patient, and the pharmacy. Each provider with prescription writing privileges attends a class on CHCS and is given an access code and verify code upon completion of the class. The use of CHCS to write prescription is described in the Composite Health Care System (CHCS) Provider Outpatient Order Entry Quick Reference Guide that is provided during the CHCS class.

b. Workload reporting.

(1) Workload reporting captures data necessary to allocate resources. Each clinician should understand that they are responsible for the accurate completion of workload reporting into an automated reporting system, even though delegation of this duty to dental assistants is common.

(2) In some locations, an automated dental record on a laptop computer is used to capture workload data. This usually occurs when dentists are quickly deployed into an area before Internet connections have been established. In this case, the data is saved to disks and forwarded to the dental officer’s home base Dental Activity. Once Internet connections are established, data is downloaded into the CDA directly.

2-8. Other electronic resources
Below is an incomplete list of Internet sources of interest to Army dental health providers.

a. Internet connections have opened a wealth of information and resources to assist dental personnel in issues from career management, dental issues, Army news, DENCOM news, etc.

b. The DENCOM homepage at http://www.dencom.army.mil (or https://www.dencom.army.mil) is an excellent source of information for dental officers with links to other military and dental sites as well as the gateway to the CDA.

c. The Army Knowledge Online page at https://www.us.army.mil/portal/portal_home.jhtml serves as a source of Army information, career management, Command acceptance, and continuing military education. All soldiers must register on this page.

d. The Army Homepage at http://www.army.mil provides links to other organizations and can help with assignment area information upon reassignment.
e. The Graduate Dental Education and Training Office can be accessed for information about short courses and long courses (residencies) offered by going to http://www.cs.amedd.army.mil/dhet/start.htm

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CHAPTER 3
SF 603 AND SF 603A

The Standard Form 603 (SF 603) is the basic form used in the HREC and dental record to document the oral status, oral health care, and oral or dental treatment provided in a DTF and MTF (see appendix H, DA Forms, for blank forms). SF 603A (Health Record--Dental Continuation) is the related form used as a continuation sheet when space on SF 603 is full. Symbols used in filling out these forms are found in appendix D and approved abbreviations are found in appendix B.

3-1. General information
The front side of the SF 603 is used to initiate a dental record. It contains complete patient identification information and a series of dental charts, the use of which will be discussed below. The backside of the SF 603 is the same as the SF 603A. The SF 603 and SF 603A are used to record dental treatment and simple treatment plans.

3-2. Identification of teeth and surfaces
   a. The authorized number will identify individual teeth in dental records. When a record or form includes a chart on which the teeth are numbered, all references to tooth numbers on that record or form will conform to the numbering system on the chart. In other records and general correspondence the numbers in figure 3-1 are used.
   b. The letter of the tooth shown in figure 3-1 preceded by the pound sign will identify the deciduous dentition (#).
Figure 3-1. Identification of Teeth
c. The abbreviations in Table 3-1 below designate individual tooth surfaces. These abbreviations are used in combination to indicate multiple surfaces (for example, MO designates a combination of the mesial and occlusal; MF indicates the mesio-facial).

Table 3-1. Abbreviations for tooth surfaces

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>D</td>
<td>Distal</td>
</tr>
<tr>
<td>B</td>
<td>Buccal</td>
</tr>
<tr>
<td>F</td>
<td>Facial</td>
</tr>
<tr>
<td>I</td>
<td>Incisal</td>
</tr>
<tr>
<td>L</td>
<td>Lingual</td>
</tr>
<tr>
<td>M</td>
<td>Mesial</td>
</tr>
<tr>
<td>O</td>
<td>Occlusal</td>
</tr>
</tbody>
</table>

3-3. SF 603, Section I

a. Section I, Presenting Dental Status, is used to record missing teeth, existing restorations, diseases and abnormalities when initiating a dental record. Part 4 of Section I is for the recording of existing restoration while Part 5 of Section I may be used to chart initial treatment needs. If a panographic x-ray is present, the only part of side 1 of the SF 603 that is required to be filled in is the Patient’s Identification section.

(1) Under Section I, item 2 Type of Exam, check the appropriate examination type block as defined:
Type 1—Comprehensive examination performed by a dentist; corresponds to American Dental Association, Current Dental Terminology 3 code number 00150-comprehensive oral evaluation.
Type 2—Periodic oral examination performed by a dentist; corresponds to code number 00120-periodic oral evaluation or 00110-initial oral evaluation/identification charting.
Type 3—Other examination performed by a dentist, (that is, limited oral evaluation-problem focused); corresponds to 00140-limited oral evaluation-problem focused and to 00145-emergency visit. If this is an initial screening evaluation during training performed by a dentist, the patient may be assigned dental readiness classification 2 or 3 only.
Type 4—Screening survey evaluation, used by ancillary dental providers (that is, preventive dentistry technicians/hygienists). No CDT-3 equivalent.

b. Part 4 of Section I is charted in ink, using the symbols in appendix D of this bulletin, whenever initial dental processing is performed and there is no panographic radiograph capability. A panograph must be added to the record at the earliest possible time. When a panograph is present, parts 4 and 5 do not need completion. Any abnormalities which cannot be charted using the graphic chart and symbols discussed in this bulletin will be noted in the “Remarks” section.

c. The entry will be dated, place of examination recorded, and signed by the dental officer doing the examination in item 7. Since this chart may have to be used for forensic
identification purposes, restorations drawn in this section must accurately portray the
restoration in the mouth.

3-4. **SF 603, Section I, Patient’s Identification**
   
a. Permanent entries (see figures 3-2 to 3-3). The Patient’s Identification section on
side 1 of the SF 603 is identical to the Patient’s Identification section on side 1 of the SF
603A and the Patient’s Identification sections of side 2 of the SF 603 and SF 603A are
also identical. The following entries are made by the military personnel officer or by the
dental treatment facility. Entries will be typewritten or printed in permanent black ink or
the patient’s recording card may be used to imprint the information in the space provided.
   
   (1) Patient’s name and date of birth (DOB). Self-explanatory.
   
   (2) Sex. Enter M for male or F for female.
   
   (3) Component or Branch. The applicable entry from the list below will be recorded.
   
   (a) Army members on active duty (including Army Reservists and National Guard
   on extended active duty)—Army.
   
   (b) National Oceanic and Atmospheric Administration—NOAA.
   
   (c) Other U.S. Army Reserve—USAR.
   
   (d) Other Army National Guard—ARNG.
   
   (e) U.S. Navy—USN.
   
   (f) U.S. Marine Corps—USMC.
   
   (g) U.S. Air Force—USAF.
   
   (h) U.S. Coast Guard—USCG.
   
   (i) U.S. Public Health Service—PHS.
   
   (j) U.S. Military Academy Cadets—USMA.
   
   (k) U.S. Naval Academy Midshipman—USNA.
   
   (l) U.S. Air Force Academy Cadets—USAFA.
   
   (m) Reserve Officers’ Training Corps—ROTC.
   
   (n) Civilian employees of Federal agencies; indicate the Federal department.
   
   (o) Foreign military—indicate the armed force.
   
   (4) Service, Dept, or Agency. Enter Army, Navy, Air Force, etc., or whatever
   service, department, or agency to which the sponsor belongs.
   
   (5) Identification No. (item 14). Enter the SSN of military personnel (active and
   retired). For family members, enter the FMP followed by the sponsor’s SSN.
FIGURE 3-2: Side 1 of SF 603, indicating permanent and temporary entries.
Figure 3-3. Side 2 of SF 603.
b. Temporary entries. The following entries in Section II will be made in no. 1 or no. 2 pencil by the military personnel officer or by the dental treatment facility. The dental record custodian will make changes as they occur.
   (1) Grade, Rating, or Position (item 8).
      (a) Active duty personnel: Enter rank. Examples: PV1, SSG, MAJ.
      (b) Retired personnel. Enter “RET/rank” (for example, RET/SGM).
      (c) Family member: Identify relationship to sponsor followed by sponsor’s rank, first name, and middle initial. Example: Son/SFC John L.
   (2) Organization Unit (item 9). Enter the unit of active duty military personnel and/or sponsor.
   (3) Separation from the service. It is often extremely useful for dental personnel to know the expiration term of service (ETS), or the date eligible to return from overseas (DEROS) of the individual undergoing treatment. A penciled entry of this date will be made in the right hand corner of the space containing the patient’s name. Examples:
      (a) Expiration term of service, July 2008 “(ETS 7/08).”
      (b) Relief from active duty, September 2005 “(REFRAD 9/05).”
      (c) Relief from active duty for training, October, 2005 “(REFRADT 10/05).”
      (d) Retire August 2005 “(RET 8/05.)”
      (e) Date eligible to return from overseas, December 2010 “(DEROS 12/10).”

3-5. SF 603 and SF 603A, Section II
(See figure 3-4 for a partially filled SF 603A with legend) (Note the forms shown are for demonstration in filling out the SF603 and SF603A and carrying treatment forward. Normally, with such complex treatment, a DA FORM 3984 would be used).

   a. Block 8.
      (1) This part of the SF 603 and SF 603A is used to record restorations and treatment of defects performed after the initial dental processing.
      (2) Entries are made in black ink.
      (3) Remarks block—Normally this space requires no entries. It should be annotated, however, to reflect that there is a significant item in the medical history.

   b. Block 9.
      (1) This part of the SF 603 and SF 603A is an examination chart. It is used to record those defects discovered at the time of initial and subsequent examinations.
      (2) Entries are made in pencil and individual entries are erased as each related treatment is completed and appropriate entries are made in block 8.
      (3) Remarks block—Indicate in pencil the date of examination. If the patient is dental class 3, indicate the reason for this classification. The dentist to sequence simple treatment plans may also use this space.

   c. Entries in block 10—Services Rendered (see figure 3-4 and figure 3-5).
      (1) All entries will be made legibly in black ink.
      (2) Entries will include all treatments as well as major steps involved in multi-visit treatments.
      (3) Date column—Enter the current year on the first line. Subsequent dates on the following lines will include only the day and month of each treatment visit. When the year changes enter the new year on the next line.
      (4) Symptoms, Diagnosis, Treatment, Provider, Treatment Facility column.
Treatments should be entered in chronological order as performed during the appointment. Whenever possible, a tabular format for treatments performed should be used. This format greatly aids searching for data about a specific tooth, or area, and speeds record audits. The basic format for the entry is as follows:

(a) Examination Stamp. (See figure 3-6 and paragraph 3-8 for explanation of the stamp.)

(b) Chief complaint (if appropriate).

(c) Patient preparation procedures.

(d) Tooth number(s).

(e) Diagnosis (if appropriate).

(f) Treatment(s).

(5) DOD dental classification (Class Column) per AR 40-35 and HA Policy 02-011 (appendix K).

(a) The Department of Defense (DOD) has established criteria by which the dental fitness of soldiers is classified. This classification system, the main feature of the Oral Health Fitness Program (OHFP), seeks to reduce dental emergencies and improve dental health by quantifying relative risk for individual patients and cohorts of patients (Army units). The structure of the OHFP provides expedite treatment for those soldiers deemed to be at greater risk.

(b) Indicate the date of examination in pencil in the Remarks portion of block 9. For Class 3 patients, the reason(s) for placing the patient in Class 3 should be indicated in descending order of clinical importance (see figures 3-4, 3-5, 3-7, and 3-8).

(6) Operator and dental facility.

(a) The name of the facility will be shown in block 10 for the first entry made at that facility.

(b) The operator’s name, rank, and corps, occupation or degree will be shown for each treatment. Expanded duty assistants, DTA or PDS (91EX2), must also show the name of the supervising dentist on the last line of entry.

(c) Examples:

1. Military dental officer: Paul A. Smith, LTC, DC.

2. Civilian providers: Paul S. Jones, DDS or Suzie Smith, RDH.

3. 91EX2: John D. Filler, SSG, PDS/Paul A. Smith, LTC, DC.


(7) Authentication of entries. The care provider will sign or initial all entries and be responsible for the accuracy and completeness of all entries. Entries transcribed from records received from civilian or foreign military facilities will carry the name and signature (or initials) of the person making the transcription.
Figure 3-4. Permanent and Temporary Entries on SF 603 and SF 603A at examination.
Figure 3-5. Entries on SF 603 and SF 603A as treatment is rendered.
<table>
<thead>
<tr>
<th>PERIODIC ORAL EVALUATION</th>
<th>PSR</th>
</tr>
</thead>
<tbody>
<tr>
<td>BP _<em><strong><strong><strong><strong>/</strong></strong></strong></strong></em></td>
<td></td>
</tr>
<tr>
<td>BWX _______ PAX _______ PANX _______</td>
<td></td>
</tr>
<tr>
<td>SOFT TISSUE WNL: YES / NO</td>
<td></td>
</tr>
<tr>
<td>CARIES RISK: LOW MOD HIGH</td>
<td></td>
</tr>
<tr>
<td>TOBACCO: NO SMOKE CHEW BOTH</td>
<td></td>
</tr>
</tbody>
</table>

Figure 3-6, Periodic Oral Examination Stamp
Figure 3-7. Continuation and transfer of remaining treatment plan onto another page of SF 603A.
Figure 3-8. Continued documentation of treatment onto SF 603A.
3-6. SF 603A, Continuation sheet (see figure 3-7 and figure 3-8)
   a. SF 603A is used as a continuation sheet for SF 603 and will be added to the dental record when there is not enough space for recording treatment or when accumulated entries in the charts of Section II, SF 603, become confusing. Entries are made on SF 603A in the same manner as on SF 603. For convenience, any remaining entries in block 9 on the original SF 603 may be carried over to SF 603A (See figure 3-7 showing remaining treatment carried over and figure 3-8 for treatment continuation). When initiating a new SF 603A, the patient’s last name, first name, middle initial, and identification number must filled in on the bottom of the form.
   b. Occasionally a new SF 603A with treatment entries will be added to a record before the previous SF 603 or SF 603A has been filled. In this instance the empty portion of block 10 on the old form must be rendered unusable so that the proper chronology of the record will be maintained. This is done by drawing a diagonal line from corner to corner through the unused portion of the two large columns in block 10.

3-7. Treatment plans
Depending upon the complexity of the proposed treatment, the treatment plan itself may be very simple and be easily recorded and tracked in the remarks section of block 9 or may require the use of DA Form 3984.
   a. Temporary entries. Treatment plans are essential to establishing appropriate standards of care and eligibility for care for people who have separated from service. Treatment planning entries in the remarks space of block 9 are erased and DA Form 3984 is discarded following completion, or change, in the plan.
      (1) Treatment plans must record required steps in adequate detail to be understood by a third party.
      (2) All treatment plans must indicate the identity of the dental officer who made the plan. The appropriate location is the right side of block 9. The date and the dentist’s initials are entered above and below the line separating the 'Remarks' section from the chart in block 9.
      (3) All treatment plans are dated.
   b. Permanent entries. Failure to permanently document counseling provided to patients undergoing long-term care (that is, periodontal or orthodontic treatment) can lead to misunderstanding of, and false expectations toward, the possibility of continuing care upon permanent change of station (PCS) to a new duty station. For example, if a patient undergoing active orthodontic therapy is moved to a post where such care is not available through the dental facilities located there, the patient will be liable for the expense of continuing care in the civilian sector. This kind of information must be presented to the patient and permanently documented in the dental record before the initiation of care. The most appropriate place for this documentation is in block 10 of the SF 603 or SF 603A. The kind of things related to treatment planning that must be permanently documented in the SF 603 or SF603A are as follows:
      (1) Anatomic or physiologic abnormalities or conditions, which may be pathologic or impact on future care.
      (2) Critical sequencing or staging of treatment.
      (3) Expected time for completion of complex cases or cases of extremely long
duration (that is, full banded orthodontic treatment).

(4) Possible follow-up care that may be required at a later date.

(5) The fact that such care may or may not be available at the post where the patient may be stationed at that time and that the patient may be liable for the expense for such follow-up care.

3-8. Recording examinations—general information

The findings and documentation of dental examinations constitutes an essential element of therapeutics and dental readiness classification, and thus assumes immense importance. Prioritization and timing of interceptive care, established by dental examination, and likewise represents vital processes for the soldier, the soldier’s unit, and the Army Dental Care System (ADCS). Refer to the American Dental Association Current Dental Terminology and Department of Defense Laboratory Codes for a complete description of clinical oral evaluations.

a. Periodic Oral Evaluation: The periodic oral evaluation provides the basis and structure from which the soldier receives periodic screening for hypertension and oral cancer. The patient also receives health promotion information, especially in regard to tobacco use. Finally, the patient undergoes a clinical and radiographic (new radiographs may not be indicated for each exam) assessment of the hard and soft tissues of the oral cavity. The examination stamp (figure 3-6) is used whenever a periodic examination is performed. The stamp has spaces for the five components of a periodic oral examination: blood pressure assessment as required by AR 600-63; caries risk assessment; tobacco risk assessment; the Periodontal Screening and Recording (PSR); and an oral cancer screening. This stamp has a table to record the PSR, the mandatory, standard soft tissue index adopted by the ADCS; the Periodontal Screening and Recording, assists in the diagnosis of the soldier’s periodontal condition. The periodontium is coded from 0 (only preventive care required) to 4 (requiring comprehensive periodontal examination and treatment planning). The PSR is done quickly utilizing three easy steps:

(1) Examine at least six sites on each tooth (see figure 3-9),

(2) Walk the probe around the gingival crevice.

(3) Record the highest score in each sextant. The dentist should go to the next sextant whenever Code 4 is recorded and the * symbol is added whenever findings indicate clinical abnormalities like a furcation involvement.

b. (1) Code 0: Colored area of probe remains completely visible in the deepest crevice in the sextant. No calculus or defective margins are detected and gingival tissues are healthy with no bleeding on probing.

(2) Code 1: Colored area of probe remains completely visible in the deepest probing depth in the sextant. No calculus or margins are detected. There is bleeding after gentle probing.

(3) Code 2: Colored area of probe remains completely visible in the deepest probing depth in the sextant. Supra- or sub-gingival calculus and/or defective margins are detected.

(4) Code 3: Colored area of probe remains partly visible in the deepest probing depth in the sextant.

(5) Code 4: Colored area of probe completely disappears, indicating probing depth of greater than 5.5mm.
c. The patient’s blood pressure is recorded in the space provided on the stamp. Radiographs that are ordered by the dentist are noted. The health of the soft tissue is recorded after a cancer-screening exam. Caries risk and tobacco usage are noted (see appendix G for a description of these entries).

d. Each soldier is required to have an annual periodic oral evaluation, and will convert to dental class 4 at the end of the 13th month following the last periodic oral evaluation. The periodic oral evaluation should be renewed at the end of each treatment regimen (completion of treatment plan). It should be renewed at any convenient opportunity prior to the 13th month deadline to preclude conversion to class 4; an adverse administrative burden is best avoided. Examination findings are recorded in block 9 of SF 603 and SF 603A in pencil. The narrative entry is noted in block 10 in ink. A sequential treatment plan is written in the ‘Remarks’ area of part 9, and the dentist’s initials and date are written on the right side (date above and initials below the horizontal line), all in pencil.

e. Class 3 Conditions. Class 3 conditions are specifically written in pencil above the treatment plan, which in most cases should first route the patient to that therapy which addresses the class 3 condition. Asymptomatic class 3 conditions should be treated as soon as practical. Each clinic should devise and utilize an appointment system, which insures that patients with asymptomatic class 3 conditions receive high priority care as soon as practical. Conditions concomitant with painful symptoms and/or pathological signs such as swelling, elevated body temperature, dysfunction, etc. describe emergent and are considered Class 3 conditions; these should be treated as soon as possible. Class 3 conditions should also be written in ink in the narrative so that a permanent entry of the conditions is preserved (Note classification change in figure 3-8).

Figure 3-9. Sextants for PSR score recording.
Each entry in section 10 of SF 603A (narrative) must be preceded by the current date on the far left side. Begin the narrative with the type of exam performed, if any. Include any concerns or symptoms in the narrative that the patient may relate to as well as a description of signs, clinical appearance, and results of diagnostic tests performed.

**g. Sick call visit.** If the patient has visited the clinic for the express purpose of addressing a symptomatic condition (‘sick call visit’), the use of SOAP or other organized, logical, diagnostic / documentary pathway which leads to a definitive or differential diagnosis. The format used should be clear, logical, and include subjective and objective findings and results of diagnostic tests. Consultation with other dentists (if any) should be reflected in the narrative, along with the referring dentist’s diagnosis and treatment, proposed treatment, or next step in the treatment process.

**h. Scheduled appointment.** After writing the type of exam, if any, and any information that the patient has initially related prior to beginning treatment, and document the use of local anesthetic, if any. On a separate line, begin with the abbreviation for local anesthetic, “LA”. As with all medications, record the amount, strength, and be certain to also include the type and strength of the vasoconstrictor in the local anesthetic.

**i.** On the next line, first write the abbreviation for the category or type of treatment provided, such as oper (operative), OS (oral surgery), pros (prosthodontics), etc. Next, write the tooth number, then the diagnosis or reason for performing the procedure, followed by a description of the procedure. Use the terminology found in the references. Use the standard abbreviations or write out the words entirely. In writing prescriptions, always record in the narrative the name, strength, amount, and regimen for each drug. If quarters are recommended or other restriction of duty, always record in the narrative precisely what is written on the Individual Sick Slip.

**j.** Once treatment has been completed on individual teeth, erase the proposed treatment from section 9 and enter the completed treatment in ink in section 8. If the class 3 conditions have been definitively addressed by the treatment, erase the class 3 note in section 9, remarks.

**k.** The dentist must always sign their names on the last line of the narrative and enter the correct dental fitness classification. Make sure the patient understands the procedure for obtaining subsequent or follow-up appointments.

### 3-9. Recording dental treatment and services

**a.** The SF 603 and SF 603A are permanent documents designed to furnish a comprehensive dental history of each individual. This record will serve for treatment documentation, forensic, legal, and quality assurance purposes. All entries must be accurate, complete, and concise if the best interest of the patient, the Government, and the dental care provider are to be served.

**b.** All treatments performed and other pertinent facts and information must be legibly recorded in SF 603 or SF 603A, blocks 8 and 10, using black ink.

**c.** Advances in dental materials have created the situation where dental material incompatibility can influence the outcome of the treatment. In all cases where the choice of material could effect successive treatment by bond failure, galvanism, soldering failure, etc., the brand name of the material will be specified. In all cases returned from the dental laboratory, where a material, or materials, are specified by name, that name will be entered into the record.
(1) Generic type or brand name should be recorded for both bases and varnishes.

(2) When a resin restoration is being recorded, the brand name of the resin restorative material should be substituted for the abbreviation when the type of material could influence future replacement or repair.

(3) Cast restorations must include the brand name (preferable) or generic type of metal used in fabrication.

(4) Recording of implants must include the brand name and any other specific information regarding size or composition, which could influence the future prosthetic or surgical management of the case.

(5) Recording of local anesthetic administration must include the number of milliliters or number of carpules administered, the generic or brand name, and the type and ratio of vasoconstrictor used. In accordance with the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) guidelines, the term “cc” and cubic centimeters should not be used.

3-10. Refusal of treatment
The procedures contained in AR 600-20 will be used when an active duty member refuses treatment. For a family member or retired member, the refusal of treatment will be recorded in a dated statement in block 10 and will include the following:

a. The condition for which treatment is recommended.

b. The fact that the dentist has counseled the patient of the possible complications that can develop by refusing treatment.

c. The fact that neither the dentist, the dental facility, nor the Army will be liable for any complication that may develop as a result of the refusal.

d. The fact that the patient refused treatment. The patient, the dentist, and at least one witness will sign this statement. If the patient refuses to sign, this fact will also be included and the dentist and at least one witness will sign the statement.

3-11. Return of prosthesis

a. When a restoration or prosthesis containing precious metal is removed as a single piece, or in segments, from a patient’s mouth, it will be offered to him or her. The patient’s acceptance or non-acceptance of the prosthesis will be recorded in a dated entry, which includes a brief description identifying the prosthesis, followed by the patient’s signature.

b. If the patient does not accept the precious metal contained in a restoration or appliance, it will be disposed of.

3-12. Referral to quarters
Referral to quarters will be recorded on SF 603 or SF 603A. Specific notations will include reason for referral, estimated duration, and extension of such status. The patient must be seen at the end of a quarters period if post operative treatment is required and an entry made when the individual is returned to duty per AR 600–6.

3-13. Discovery of undocumented treatment
Any previously unrecorded restorations or treatment received after initial dental processing will be described in appropriate written entries in block 10 when discovered.
Restorations and treatments recorded will include treatment from both military facilities and those received from nonmilitary facilities after entry on active duty. Information obtained from the patient or from other sources, which does not permit personal verification by the dental officer, will be so designated in written entries.

3-14. Hospitalized patients
Dental examinations for hospitalized patients need not be recorded on SF 603 if they are recorded on any other hospital clinical records. However, any major dental treatment provided to a hospitalized patient will be summarized on the SF 603 or SF 603A. Lengthy treatment of a single condition (for example, fracture) need not be recorded in detail. In most cases, a very short summary of the diagnosis, general treatment, and results will suffice, except that extractions, permanent restorations, and other treatment normally charted in Section III, SF 603 or SF 603A, will be properly charted and recorded to maintain accuracy of the dental health record for identification purposes.

3-15. Errors
Erasures, liquid paper, or correction tape will not be used to correct erroneous entries. The incorrect entry will be deleted by drawing a single line through the entry and will be dated and initialed at the right-hand edge of the line by the person making the correction. Correct data will be entered on the next available blank line and properly authenticated. If required, block 8 will be altered, as indicated, to reflect the correction when a charted restoration is involved.
Appendix A
References

Section I. Required Publications

This section contains no entries.

Section II. Related Publications

AR 40-3
Medical, Dental, and Veterinary Care

AR 40-8
Temporary Flying Restrictions due to Exogenous Factors

AR 40-35
Dental Readiness and Community Oral Health Protection

AR 40-38
Clinical Investigation Program

AR 40-66
Medical Record Administration and Health Care Documentation

AR 40-400
Patient Administration

AR 40-501
Standards of Medical Fitness

AR 50-5
Nuclear Surety

AR 50-6
Nuclear and Chemical Weapons and Material – Chemical Surety

AR 600-6
Individual Sick Slip (DD Form 689)

AR 600-8-101
Personnel Processing (In-, Out-, Soldier Readiness, Mobilization)

AR 600-8-104
Military Personnel Information Management Records
TB MED 250

AR 600-20
Army Command Policy

AR 600-63
Army Health Promotion

DOD 6015.1-M
Glossary of Healthcare Terminology, 1999

DODI 6040.43
Custody and Control of Outpatient Medical Records

TB MED 148
Area Dental Laboratory Prosthodontic Service

CDT-3
American Dental Association, Current Dental Terminology (CDT-3) Users Manual and DOD Laboratory Codes

Unnumbered Publications

Composite Health Care System (CHCS) Provider Outpatient Order Entry Quick Reference Guide, Brooke Army Medical Center


Section III
Prescribed Forms

DA Form 3984
Dental Treatment Plan. (Prescribed in para 2-4a(3).)

Section IV
Referenced Forms

American Board of Periodontology
Case Report Record

DA Label 162
Emergency Medical Identification Symbol
DA Form 3180
Personnel Screening and Evaluation Record

DA Form 3365
Authorization for Medical Warning Tag

DA Form 3444-6
Terminal Digit File for Treatment Record

DA Form 3647
Inpatient Treatment Record Cover Sheet

DA Form 3705
Receipt for Outpatient Treatment/Dental Records

DA Form 3982
Medical and Dental Appointment

DA Form 3984
Dental Treatment Plan

DA Form 4186
Medical Recommendation for Flying Duty

DA Form 4254
Request for Private Medical Information

DA Form 4515
Personnel Reliability Program Record Identifier

DA Form 4876
Request and Release of Medical Information to Communications Media

DA Form 5008
Telephone Medical Advice/Consultation Record

DA Form 5181
Screening Note of Acute Medical Care

DA Form 5303-R
Volunteer Agreement Affidavit

DA Form 5570
Health Questionnaire for Dental Treatment
TB MED 250

DA Form 8006
Pediatric Dentistry Diagnostic Form

DD Form 689
Individual Sick Slip

DD Form 877
Request for Medical/Dental Records or Information

DD Form 1289
DOD Prescription

DD Form 2005
Privacy Act Statement—Health Care Records

DD Form 2161
Referral for Civilian Medical Care

DD Form 2322
Prosthodontics Prescription and Consultation Request

DD Form 2569
Third Party Collection Program – Record of Other Health Insurance

DD Form 2808
Report of Medical Examination

DD Form 2870
Authorization for Disclosure of Medical or Dental Information

OF 275
Medical Record Report

OF 522
Medical Record-Request for Administration of Anesthesia and for Performance of Operations and Other Procedures

SF 513
Medical Record—Consultation Sheet

SF 515
Tissue Examination

SF 519B
Radiologic Consultation Request/Report
SF 557
Medical Laboratory Slip

SF 603
Health Record—Dental

SF 603A
Health Record—Dental—Continuation
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## APPENDIX B
### COMMON DENTAL CORPS ABBREVIATIONS

### B-1. General
The use of standardized abbreviations is encouraged as long as clarity of the information in the dental record is not compromised. Below is a list of commonly accepted dental abbreviations.

### B-2. Noninclusive list
This list is not meant to be all-inclusive. Other standard Army, medical, or dental abbreviations may be used. If there is any doubt as to the meaning of what needs to be recorded, as in difficult or problem cases, do not abbreviate any more than absolutely necessary. Avoid making up abbreviations for your particular practice since they are not commonly known, can compromise treatment, and cause medico-legal problems.

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
</tr>
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<tbody>
<tr>
<td>acute bacterial endocarditis</td>
<td>ABE</td>
</tr>
<tr>
<td>Abrasion</td>
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<tr>
<td>abscess</td>
<td>absc</td>
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<td>abs</td>
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<td>abutment</td>
<td>abut(s)</td>
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<tr>
<td>acid etch</td>
<td>etch, AE</td>
</tr>
<tr>
<td>acidulated phosphate fluoride</td>
<td>APF</td>
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<tr>
<td>acrylic resin</td>
<td>acr res</td>
</tr>
<tr>
<td>adjoining</td>
<td>adj</td>
</tr>
<tr>
<td>adjust(ed) (ment)</td>
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<tr>
<td>AMEDD Electronic Forms Support System</td>
<td>AEFSS</td>
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<td>alveolar</td>
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<td>Amox</td>
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<td>as needed</td>
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<td>assessment, plan</td>
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<td>biopsy</td>
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<td>bitewing(s) x-rays</td>
<td>BWX</td>
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black silk suture
bleeding index
blood; bleeding
blood pressure
bracket
bridge
broken appointment
buccal surface
bupivacaine
calcium hydroxide
calculus
cancel(lation)
cardiopulmonary resuscitation
caries
caries prevention treatment acidulated phosphate fluoride
caries prevention treatment sodium fluoride
caries prevention treatment stannous fluoride
carpules
Caucasian
Celsius or centigrade
cement
centimeter
centric occlusion
centric relation occlusion
centric relation
centric jaw relation
cephalometric
cerebrovascular accident
cervical
check
Chief Complaint
Citric acid
chronic
class
cleansing and shaping
complete
complete denture
complaint of
composite resin
computerized tomography
concentration
congestive failure
consult(ation)
coronary artery bypass graft
cranio-facial analysis
crown

BSS
BI
bl; bld
BP
bk
br
BA
B
bupiv
CaOH
cal
canc
CPR
car
car prev tx APF
car prev tx NaF
car prev tx SnF
carp
Cau
C
cem
cm
CO
CRO
CR
CJR
ceph
CVA
cerv
ch
CC
cit acid
chr
Cl
C/S
comp
CD
c/o
comp res
CT
conc
CHF
cons
CABG
CFA
crn
cubic inch (s)  cu in
s cubic millimeter (s)  cu mm
culture and sensitivity  C&S
curettage  cur
dark gray  DG
dark yellow  DY
date of birth  DOB
dated  dtd
deciduous  def
defective; deficiency  def
demonstration  demo
dental record  dent rec
dental treatment facility  DTF
denture  dtr
development  dev
diabetes mellitus  DM
diagnosis (diagnostic)  Dx
direct pulp cap  DPC
directions  Sig
discontinue  dc
distal surface  D
double  dbl
drain  drn
dressing  drs
duplicate(d)  dup
each  ea
edentulous  eden
elastics  elas
electric pulp test  EPT
emergency medical service  EMS
emergency room  ER
endodontic(s)  endo
endodontic interim treatment  endo inter tx
endotracheal tube  ET
epinephrine  epi
equilibrating  equil
erophymycin  E-mycin
especially  esp
estimated  est
ethyl alcohol  ETOH
eugenol  eug
evaluate(ation)  eval
examination  exam
exposure  exp
extra oral x-ray  Ext
antero-posterior  EX(AP)
lateral  EX(LAT)
temporomandibular joint  EX(TMJ)
facial (in context)  F
facing  fac
family history  F Hx
family member prefix  FMP
Fahrenheit (in context)  F
female (in context)  F
frequent; frequency  freq
fixed  fxd
fixed partial denture  FPD
fluid  Fl; fl
follow-up  F/U
formocresol  fc
fracture  Fx
framework  fmwk
free gingival graft (free soft tissue autograft)  FGG
free gingival margin  FGM
frenectomy  frenmy
full cast crown  FCC
full gold crown  FGC
full mouth  FM
full mouth x-ray  FMX
gargle  garg
general(ized)  gen
gingival(itis)  ging
gingivectomy  gtmy
gingivoplasty  gplasy
gingivitis  gitis
glass ionomer cement  GIC
gram  gm
gray  G
group oral health counseling  GOHC
gutta-percha  GP
hard acrylic occlusal splint  HAOS
headache  HA or H/A
health care instructions  HCI
hemorrhage  hemo
heavy  hvy
high blood pressure  HBP
history  hx
history of  H/O
history of present illness  HPI
hospital; hospitalization  Hosp
human immunodeficiency virus  HIV
<table>
<thead>
<tr>
<th>Term</th>
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<td>L</td>
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<tr>
<td>liter</td>
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<tr>
<td>local anesthesia</td>
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<td>localized juvenile periodontitis</td>
<td>LJP</td>
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<tr>
<td>loss of consciousness</td>
<td>LOC</td>
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<tr>
<td>lower left</td>
<td>LL</td>
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<tr>
<td>lower lingual arch</td>
<td>LLA</td>
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<td>lower right</td>
<td>LR</td>
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<td>medical evaluation board</td>
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<td>mucosal</td>
<td>muc</td>
</tr>
<tr>
<td>myocardial infarction</td>
<td>MI</td>
</tr>
<tr>
<td>myofacial pain dysfunction</td>
<td>MPD</td>
</tr>
<tr>
<td>necrotizing ulcerative gingivitis</td>
<td>NUG</td>
</tr>
<tr>
<td>negative</td>
<td>neg</td>
</tr>
<tr>
<td>next visit</td>
<td>nv</td>
</tr>
<tr>
<td>nitrous oxide</td>
<td>N2O</td>
</tr>
<tr>
<td>no complaint</td>
<td>N/C</td>
</tr>
<tr>
<td>non-insulin-dependent diabetes mellitus</td>
<td>NIDDM</td>
</tr>
<tr>
<td>non-restorable caries</td>
<td>NRC</td>
</tr>
<tr>
<td>normal, normal limits</td>
<td>norm; nl</td>
</tr>
<tr>
<td>not applicable</td>
<td>N/A</td>
</tr>
<tr>
<td>not later than</td>
<td>NLT</td>
</tr>
<tr>
<td>number</td>
<td># or No.</td>
</tr>
<tr>
<td>objective (from SOAP)</td>
<td>O</td>
</tr>
<tr>
<td>objective</td>
<td>obj</td>
</tr>
<tr>
<td>occlusal surface</td>
<td>O</td>
</tr>
</tbody>
</table>
occlusion (occlusal)
open flap curettage
operating room
operative
oral hygiene
oral hygiene instructions
oral surgery
oral/maxillofacial surgery
orthodontics
other
ounce
over the counter
palpation
panoramic radiograph
partial
partial veneer crown
past history
past medical history
pathology
patient
pediatric dentistry
pedodontic
percussion
periapical
pericoronitis
periodontic(s) (periodontal)
periodontal screening and reporting
periodontitis
permanent
Personnel Reliability Program
pharmacy; pharmaceutical
physical examination
Physician’s Desk Reference
pit and fissure sealant
plaque
plaque and tissue indices
plan (from SOAP)
polish
polycarboxylic acid
porcelain
porcelain fused to metal
positive
post and core
post operative
post operative instructions
post operative treatment
occ
OFC
OR
oper
OH
OHI
OS
OMFS
ortho
oth
oz
OTC
palp
panx
pr
pr ven crn
PH
PMH
path
pt
ped dent
pedo
perc
PA
pecor
perio
PSR
pedoni
perm
PRP
pharm; phar
PE
PDR
PFS
plq
PTI
P
pol
PCA
porc
PFM
pos
P&C
post op or PO
POI
POT
posterior
post surgical treatment
pound(s)
power chain
pregnant; pregnancy
preliminary
premedicate; premedication
preoperative
prepared(ation)
prescription
prevention
preventive dentistry counseling
primary
prisoner of war
prognosis
prophylaxis
prosthodontics
(fixed)
(removable)
pulpcap
pulpectomy
pulpitis
pulpotomy
quadrant
quarters
range of motion
rapid palatal expander
reappoint(ment)
rebase
recement(ed)
recommend
reconstructed
red blood cells
reduce(d) (tion)
refer(red)
reference
regional
rehabilitation
reinforced acrylic resin pontic
reline
removable
removable partial denture
remove(al) (able)
repair(ed)
replace(d) (ing)
require; requirement
respiration
resin
restoration
retained
return to clinic
right
root canal
root canal filling
root canal treatment
root plane(ing)
rubber dam
rule out
scaling
screen (ed) (ing)
second; secondary
sedation(ed) (ative)
service member
sextant
sexually transmitted disease
shade
shortness of breath
significant
slight
small
social security number
sodium fluoride
soft vinyl occlusal splint
space available
stainless steel crown
stannous fluoride
streptococcus
subacute bacterial endocarditis
subgingival
subjective (from SOAP)
subjective, objective, assessment, plan
supernumerary
surface
surgery
suture
symptoms; signs
temperature
temperature pulse and respiration
temporary
temporary treatment
temporomandibular disorders
temporomandibular joint

resp
res
rest
RTC
rt or R
RC
RCF
RCT
RP
RD
R/O
scal, SC
scrn
sec
sed
SM
sxt
STD
sh
SOB
signif
slt
sm
SSN
NaF
SVOS
space A
SSC
SnF
strep
SBE
subging
S
SOAP
supernum
sur
Surg
su
sx
temp or T
TPR
tem
TT
TMD
TMJ
thermal pulp test  TPT
times X
topical anesthetic  top anes
topical fluoride application  TFA
training tng
transitional trans
treatment (s) tx
treatment plan tx pl
unerupted uner
unknown UNK or unk
unservicable Unsve
upper left UL
upper lingual arch ULA
upper right UR
varnish var
vasoconstrictor vasoc
veneer ven
venereal disease VD
vital signs VS
vitamin vit
water H20
week (s) wk(s)
weight wt
well developed, well nourished  black female WD/WN/BF
well developed, well nourished  black male WD/WN/BM
well developed, well nourished  white female WD/WN/WF
well developed, well nourished  white male WD/WN/WM
with w/ or c
within normal limits wnl or WNL
workup W/U
wounded in action WIA
xylocaine Xylo
year yr
year old y/o
yellow Y
zinc oxide ZnO
zinc oxide and eugenol ZOE
zinc phosphate ZnPO4

Note:
1. The abbreviation for micrograms is not acceptable as it has been confused with the abbreviation for milligrams. The word "micrograms" should be spelled out or the abbreviation "mcg" may be used.
2. The abbreviation "cc" should not be used and is substituted with the acceptable abbreviation of "ml" or milliliters written out.
C-1. General
This appendix provides guidance on common pharmaceutical abbreviations.

C-2. List
A list of common pharmaceutical abbreviations appears below.

ac  before meals
bid  twice daily
caps  capsules
Disp  dispense
gt; gtt  drop; drops
h  hours
hr  hour
hs  at bedtime
npo  nothing by mouth
Pc  after meals
po  by mouth
prn  if needed
sig  label as or write as
STAT  immediately and once only
Tab(s)  tablet(s)
tid  three times a day
tsp  teaspoon

Special Note: Per Joint Council on Accreditation of Hospital Organizations (JCAHO) recommendation.
1. The abbreviation "QD" or any variation is not acceptable for "daily"; the word "daily" should be written out.
2. The abbreviation for micrograms is not acceptable as it has been confused with the abbreviation for milligrams. The word "micrograms" should be spelled out or the abbreviation "mcg" may be used.
3. The abbreviation "cc" should not be used and is substituted with the acceptable abbreviation of "ml" or milliliters written out.
4. The symbol @ is on the do not use list with the requirement that "at" be spelled out.
APPENDIX D
QUICK REFERENCE FOR SYMBOLS

D-1. General
This appendix provides a quick reference for symbols for various dental conditions.

D-2. Symbols
A list of symbols for various dental conditions appears as figure D-1 Symbols below.
SYMBOL

Amalgam Restorations
(MODFL #2, MO #4, DO#5, L#14, OL#15: all in ink Block 8)

Apicoectomy
(#27, mesial root #19: in ink Block 8; pencil Block 9)

Apicoectomy with retrofilling
(#8 and MB root #14: in ink Block 8 after treatment, in pencil Block 9 before tx)

Caries
(MO #19, D #25, M #26, DO #28, MO #29 B #30 in pencil Block 9)

Complete dentures
(Maxillary arch; missing teeth in pencil Block 9 w/solid line indicating denture needed, no line if denture present and new denture not needed; Block 8 solid line only, after denture completed)

Deciduous teeth
(#K retained, permanent #20 present both tooth numbers circled w/#K marked for ext by parallel lines through tooth #; #T retained w/tooth number circled, #29 missing w/ an X through the number)

Figure D-1. Symbols
**SYMBOL**

Defective ............................................
(In pencil in Block 9 letters DEF at root apex of each involved)

Diastema ..............................................
(3mm diastema -29 in pencil in Block)

Drifted ..................................................
(In pencil in Block 9. Mesial drift #2 and )

Endodontic .............................................
(#22 and 30. Needed tx in pencil in Block 9; completed RCF in ink, Block)

Extracted (missing) ...............................
(#1, 4, 13, and 16. Missing teeth in pencil Block 9; extracted teeth in ink Block 8 after extraction)

Extraction indicated ..............................
(#17 and #32 in pencil Block)

*Figure D-1, Continued. Symbols*
SYMBOL
Fixed partial dentures with porcelain
Veneer facing ............................................
3 unit bridge replacing #3 and Cantilever
bridge replacing #10.  Block 9
in pencil w/ X on roots of #3 and 10.
Block 8 in ink w/ solid lines lingual of tooth
numbers 3 & 10 showing teeth replaced)
Fractured tooth or root.............................
(#27 and 28 in pencil Block 9)
Free gingival margin ................................
(#4-8 in pencil Block 9)
Full cast crown..........................................
(#19 and 30 in pencil Block 9 and ink
Block 8 after tx)
Furcation involvement ...............................
(In pencil Block 9.  #2 soft tissue defect w/
no bony involvement, #3 bony defect but
not through and through, #14 bony defect
w/through and through invasion)
Implants ..................................................
(#20 and 31 charted by implant type. In
pencil Block 9 and ink Block 8)

Figure D-1, Continued. Symbols
**SYMBOL**

Inlay..............................................................
(#3 and 14; restoration outlined w/stripes drawn within; pencil Block 9; ink Block 8 after tx)

Missing teeth.................................................
(In pencil Block 9)

Mobility ........................................................
(In pencil Block 9; #6 Class 1-lateral movement 0.5-1mm; #3 Class 2-lateral movement >1mm; #2 Class 3-depressable; indicated by circle in crown with class)

Mucogingival junction ...................................
(In pencil Block 9 dashed line #27- #22; Used with free gingival margin)

Non-metalic permanent restorations..........
(In pencil in Block 9, outline only; in ink Block 8 after tx)

Partial veneer crown .................................
(In pencil Block 9 outline w/stripes within restoration; in ink Block 8 after tx)

*Figure D-1, Continued. Symbols*
SYMBOL
Periodontal pocket charting ..................
(In pencil Block 9; actual probing depth charted in 3 buccal and 3 lingual locations)

Post and core .......................................
(In pencil Block 9 wide solid line in tooth half way down root; in ink Block 8 after tx)

Radiolucent lesions ................................
(In pencil in Block 9 outlining shape of lesion)

Radiopaque lesions ................................
(In pencil in Block 9 outlining shape of lesion and filled in solid)

Removable partial dentures ....................
(In pencil Block 9 with X on root of missing teeth-if partial present solid line on lingual of teeth being replaced; in ink Block 8 with solid line on lingual of teeth replaced after tx)

Root Resorption
(In pencil Block 9; jagged line with X through resorbed portion of root)

Figure D-1, Continued. Symbols
SYMBOL
Retained root ............................................
(In pencil Block 9 #3 and 13 w/jagged line
in areas of resorption and an X in crowns)

Root canal filling ........................................
(See endodontic treatment-in pencil Block
9 indicating need and ink in Block 8 after
tx complete)

Space maintainer, simple fixed....................
(In pencil Block 9 showing outline of wire;
in ink Block 8 after placed on teeth)

Stainless steel crown.................................
(In pencil Block 9 indicating need-outline
crown of involved tooth with letters SSC
written a root apex; in ink Block 8 after
tx completed)

Supernumerary teeth.................................
(In pencil Block 9 w/drawing of super-
numerary tracing its location)

Temporary or sedative treatment..............
(In pencil Block 9 with restoration
outlined and filled in solid and symbol
TT written at root apex indicating
temporary treatment)

Figure D-1, Continued. Symbols
SYMBOL
Temporary restoration .............................
(In pencil Block 9. #3 outline of temporary restoration filled in solid with TT at apex of root. #10 outlined but not filled indicating temp resin crown with TT at apex)

Tooth removal or extraction ........................
(In ink Block 8 an X is placed in the roots of teeth extracted in treatment plan)

Unerupted or impacted teeth ....................... 
(In pencil Block 9. Teeth are encircled, indicating impaction or non-eruption with an arrow in each crown showing the direction of eruption)

Watch .....................................................
(In pencil Block 9, when incipient caries is discovered but not intended for tx at the present time. A line is drawn from the area of caries and a “W” is placed indicating to keep an eye on this area at each subsequent visit)

Figure D-1, Continued. Symbols
APPENDIX E
ONLINE REFERENCES

E-1. General
This appendix provides guidance on useful references for the dental community.

E-2. References
A list of online references and Web sites appears below.


Joint Council on Accreditation of Healthcare Organizations (JCAHO) http://www.jcaho.org/


Official Department of the Army Administration Publications 40_Series_Collection http://www.army.mil/usapa/epubs/40_Series_Collection_1.html


APPENDIX F
PERIODONTAL SCREENING
AND RECORDING (PSR)

Periodontal Screening and Recording (PSR) is a rapid and effective way to screen patients for periodontal diseases and summarizes necessary information with minimum documentation. PSR is an adaptation of the Community Periodontal Index of Treatment Needs (CPITN), which is endorsed by the World Health Organization (WHO) and the Federation Dentaire Internationale (FDI) for periodontal screening. The American Dental Association and the American Academy of Periodontology recommend that PSR be conducted by dentists for all patients as an integral part of oral examinations.

F-1. Benefits
   a. Early detection: PSR includes evaluation of all sites at periodontal risk. For this reason, it is a highly sensitive technique for detecting deviations from periodontal health and a uniquely appropriate screening tool for periodontal diseases that are, by nature, site specific and episodic.
   b. Speed: Once learned, PSR takes only a few minutes to conduct for each patient. It can be readily incorporated into routine oral examinations without lengthening appointment time.
   c. Simplicity: PSR is easy to administer and comprehend. The simplicity of the scoring system aids in monitoring patients and helps patients understand their periodontal status.
   d. Cost-effectiveness: PSR utilizes a simple periodontal probe designed specifically for use with this screening system. It does not require the use of expensive equipment.
   e. Recording ease: Documentation for PSR requires the recording of six numerical scores, one for each sextant of the mouth. It does not require extensive charting or lengthy narrative explanation.
   f. Risk management: Proper, consistent, and documented use of PSR shows that the dentist is evaluating a patient's periodontal status and satisfies dental-legal requirements in the area of monitoring and record keeping.

F-2. Limitations
   a. PSR is a screening system designed to detect periodontal diseases. It is not intended to replace a comprehensive periodontal examination when indicated. Patients who have been treated for periodontal diseases and are in a maintenance phase of therapy require periodic comprehensive periodontal examinations. In addition, PSR is designed primarily for use with adult patients, age 18 and older, and has limited utility in screening children and adolescents. However, valuable information can be obtained in screening children and adolescents, giving due attention to pseudo-pocketing.
   b. The objective of this screening system is to examine every tooth individually. Implants are examined in the same manner as naturally occurring teeth. For screening, the dentition is divided into sextants as shown in figure:
   c. The use of a periodontal probe is mandatory. The recommended probe has a ball end 0.5mm in diameter. A color-coded area extends from 3.5 to 5.5mm. A gentle probing force should be used.
d. The probe tip is gently inserted into the gingival crevice until resistance is met. The depth of insertion is read against the color-coding. The total extent of the crevice should be explored by "walking" the probe around the crevice. At least six areas in each tooth should be examined: mesiofacial, midfacial, distofacial, and the corresponding lingual/palatal areas.

e. For each sextant with one or more teeth or implants, only the highest score is recorded. An X is recorded if the sextant is edentulous. A simple box chart is used to record the scores for each sextant.

f. The examiner may pass to the next sextant whenever Code 4 is recorded or the sextant is completely examined.

g. In addition to these scores, the symbol * should be added to the sextant score whenever individual findings indicate clinical abnormalities.

h. The management of patients according to their sextant scores should be at the discretion of the examining dentist. The practitioner's clinical judgment will determine the need for consultation with a periodontist. The guidelines for patient management for each code are suggested with the code descriptions.

i. The American Dental Association and the American Academy of Periodontology recommend the use of this screening system by dentists to meet the public's need for early diagnosis of periodontal disease in a convenient and cost-effective manner.

F-3. Periodontal Screening and Reporting Codes
See figure F-1 below for an explanation of periodontal screening and reporting codes.
<table>
<thead>
<tr>
<th>CODE 0:</th>
<th>CODE 1:</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="https://example.com/image1.png" alt="Image" /></td>
<td><img src="https://example.com/image2.png" alt="Image" /></td>
</tr>
<tr>
<td>Colored area of probe remains completely visible in the deepest crevice in the sextant. No calculus or defective margins are detected. Gingival tissues are healthy with no bleeding after gentle probing.</td>
<td>Colored area of probe remains completely visible in the deepest probing depth in the sextant. No calculus or margins are detected. There is bleeding after gentle probing.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CODE 2:</th>
<th>CODE 3:</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="https://example.com/image3.png" alt="Image" /></td>
<td><img src="https://example.com/image4.png" alt="Image" /></td>
</tr>
<tr>
<td>Colored area of probe remains completely visible in the deepest probing depth in the sextant. Supra- or subgingival calculus and/or defective margins are detected.</td>
<td>Colored area of probe remains partly visible in the deepest probing depth in the sextant.</td>
</tr>
<tr>
<td>Treatment Option: OHI and appropriate therapy, including subgingival plaque removal, plus removal of calculus and correction of plaque-retentive margins of restorations.</td>
<td>A comprehensive periodontal examination and charting of the affected sextant is necessary to determine an appropriate treatment plan. This examination should include but not be limited to identification of probing depths, mobility, gingival recession, mucogingival defects, furcation invasion, and radiographs. If therapy is indicated and performed, a comprehensive examination is necessary to assess therapy and need for further treatment.</td>
</tr>
</tbody>
</table>

Patients whose scores for all sextants are Codes 0, 1, and 2 should be screened in conjunction with every oral examination.
CODE 4:

Colored area of probe completely disappears, indicating probing depth greater than 5.5mm.

Treatment Option: A comprehensive full mouth periodontal examination and charting is necessary to determine an appropriate treatment plan. This examination and documentation should include but not be limited to identification of probing depths, mobility, gingival recession, mucogingival defects, furcation invasion and radiographs. It is probable that complex treatment will be required.

CODE *:

Denotes clinical abnormalities including but not limited to: Furcation invasion, mobility, mucogingival problems, recession extending to the colored areas of the probe (3.5mm or greater).

Treatment Option: If an abnormality exists in the presence of Codes 0, 1, or 2, specific notation and/or treatment for that condition is warranted. If an abnormality exists in the presence of Code 3 or 4, a comprehensive periodontal examination and charting are necessary to determine an appropriate treatment plan.

Figure F-1. (Cont’d) Periodontal Screening and Report
G-1. Caries and tobacco risk
Table G-1 below provides guidance on adult caries risk categories; table G-2 below provides guidance on tobacco risk classifications.

Table G-1. Adult caries risk
At each periodic oral examination, soldiers should be classified in one of three caries risk categories:

<table>
<thead>
<tr>
<th>Adult Caries Risk Category</th>
<th>Criteria</th>
</tr>
</thead>
</table>
| Low                        | • No new carious lesions in last 3 years
                              • Adequately restored surfaces
                              • Good oral hygiene
                              • Regular dental visits |
| Moderate                   | • One new carious lesion in the last 3 years
                              • Exposed roots
                              • Fair oral hygiene
                              • White spots and/or interproximal radiolucencies
                              • Irregular dental visits
                              • Orthodontic treatment |
| High                       | • 2 or more new carious lesions in the last 3 years
                              • Past root caries and/or exposed roots
                              • Elevated *mutans streptococci* count
                              • Deep pits and fissures
                              • Poor oral hygiene
                              • Frequent sugar intake
                              • Inadequate use of topical fluoride
                              • Irregular dental visits
                              • Inadequate saliva flow |

Table G-2. Tobacco risk
At each periodic oral examination, soldiers should be classified in one of four tobacco risk categories:

<table>
<thead>
<tr>
<th>Tobacco Risk Classification</th>
<th>Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>soldier uses no forms of tobacco</td>
</tr>
<tr>
<td>Smoke</td>
<td>soldier smokes one or more forms of tobacco</td>
</tr>
<tr>
<td>Chew</td>
<td>soldier uses one or more forms of smokeless tobacco products</td>
</tr>
<tr>
<td>Both</td>
<td>soldier uses one or more forms of smokeless tobacco products</td>
</tr>
</tbody>
</table>
G-3. Modifying Factors
A history of caries is important in determining risk as studies have shown that the best indicator for future caries is past caries. The following modifying factors should be taken into account prior to a caries risk classification as some of the factors may predispose an individual for dental decay.

a. Cariogenic diet: There is strong evidence to support the relationship of dental caries and the intake of refined carbohydrates, especially sugar.

b. White Spot Lesions: These are the first visual signs of caries and indicate areas where infected plaque has accumulated and undergone demineralization and remineralization.

c. Tooth morphology: The presence of deep uncoalesced pits and fissures place individual teeth at an increased risk for caries. These surfaces are easily infected with colonies of bacteria and are nearly impossible to be cleaned with routine home care.

d. Fluoride exposure: Fluoride has been recognized as one of the best ways to prevent dental caries. Those who lack adequate exposure to fluoride may be at risk for caries.

e. Oral hygiene: Poor oral hygiene can be associated with white spot lesions. Poor oral hygiene may also be an indication that the individual is not receiving an adequate amount of topical fluoride through tooth brushing. Poor oral hygiene practices may place the individual in the next higher classification.

f. Frequency of dental visits: Patients with established routines usually are at a lower risk for future dental caries.

g. Medical Conditions: Patients with physical and mental conditions may be unable to properly perform oral hygiene procedures putting them at a higher risk for dental caries.

h. Medications: Treatment associated with some conditions alters the oral flora or the flow of saliva and can increase the risk for dental caries.

i. Systemic Conditions: Patients with systemic conditions such as diabetes, rheumatoid arthritis, AIDS, cystic fibrosis and hypertension may be increased risk for caries.

j. Orthodontics: Soldiers undergoing orthodontic treatment have more difficulty with plaque control due to the orthodontic appliances in their mouths. White spot lesions can develop in areas of poor oral hygiene.

k. Action to be taken: Classify each soldier as Low, Moderate, or High Caries Risk at each periodic oral examination. Record Risk Category in the dental record and in the tick sheet. The risk category will be input into CDA from the tick sheet or directly from the provider depending on the method of data input. Providers will utilize the classification to tailor their restorative and preventive treatments to the individual’s personal level of risk.
H-1. General
This appendix includes sample forms to be used for reference only.

H-2. Sample OF form
Sample OF 275 appears below as figure H-1.

---

**MEDICAL RECORD REPORT**

---

**EXPLANATIONS**

<table>
<thead>
<tr>
<th>EXPLANATIONS</th>
<th>HISTORY AND PHYSICAL EXAMINATION (SF 504, SF 505, SF 506)</th>
<th>OPERATION REPORT (SF 516)</th>
<th>DATE DICT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>CONSULTATION SHEET (SF 813)</td>
<td>NARRATIVE SUMMARY (SF 820)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>CHRONOLOGICAL RECORD OF MEDICAL CARE (SF 509)</td>
<td>AUTOPIST PROTOCOL (SF 503)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>PROGRESS NOTE (SF 506)</td>
<td></td>
<td>DATE TYPED</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>RELATIONSHIP TO SPONSOR</th>
<th>SPONSOR'S NAME</th>
<th>SPONSOR'S ID NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>LAST</td>
<td>FIRST</td>
</tr>
<tr>
<td></td>
<td></td>
<td>MI</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DEPART./SERVICE</th>
<th>HOSPITAL OR MEDICAL FACILITY</th>
<th>RECORDS MAINTAINED AT</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>PATIENT IDENTIFICATION</th>
<th>REGISTER NO.</th>
<th>WARD NO.</th>
</tr>
</thead>
<tbody>
<tr>
<td>(For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**MEDICAL RECORD REPORT**
Medical Record

**OPTIONAL FORM 275** (REV. 2/2002)
Prescribed by: OSA/ICMR PFM (41 CFR) 192 194 396

---

Figure H-1, Example, OF 275
Medical Record Report
H-3. Civilian forms
Figure H-2 below is a case report record (American Board of Periodontology).
Sample Figure H – 2, Example, Case report record
TB MED 250

H-4. DA forms
Figures H-3 through H-18 are DA forms.
Sample

Figure H – 3, Example, DA label
## PERSONNEL SCREENING AND EVALUATION RECORD

For use of this form, see AR 50-5 and AR 50-6; the proponent agency is DCSOPS.

### PRIVACY ACT STATEMENT OF 1974

**AUTHORITY:**
Internal Security Act of 1950 (Pub. L. 81-951), 5 U.S.C., 301, 10 U.S.C., 3013, EO 8397 and records will be maintained under file #640-10b and 690-20b.

**PRINCIPAL PURPOSE:**
To evaluate the qualifications and suitability of an individual for assignment to certain sensitive duties under the nuclear/chemical personnel reliability program.

**ROUTINE USES:**
The "Blanket Routine Uses" set forth at the beginning of the Army' compilation of systems of records notices also apply to this system.

**DISCLOSURE:**
Voluntary. However, failure to provide all or part of the requested information may result in nonselection for duties under the personnel reliability program.

### A. NAME OF INDIVIDUAL (Last, First, M/L) | B. GRADE | C. SSN

### PART I - INITIAL INTERVIEW

A. The interview required by AR 50-5/50-6 has been conducted by the certifying official or designated representative.

Screen per ☐ AR 50-5 ☐ AR 50-6

### B. NAME OF INTERVIEWER | C. GRADE | D. SIGNATURE | E. DATE (YYYYMMDD)

### PART II - PERSONNEL RECORDS SCREENING

A. Personnel records have been reviewed per AR 50-5/50-6. Information that may preclude assignment to the PRP ☐ is ☐ is not attached.

This individual has Personal Security Investigation (PSI) completed on ☐ based on a ☐ ENTRAC, NACI

☐ NACLC, ACCESS NACIC ☐ SSBI. This individual has been issued a security clearance of ☐ Confidential ☐ Secret

☐ Top Secret or ☐ this individual does not have a clearance.

### B. NAME OF SCREENING OFFICIAL | C. GRADE | D. SIGNATURE | E. DATE (YYYYMMDD)

### PART III - MEDICAL RECORDS SCREENING

A. Medical records have been reviewed per AR 50-5/50-6. Information that may preclude assignment to the PRP ☐ is ☐ is not attached.

### B. NAME OF SCREENING OFFICIAL | C. GRADE | D. SIGNATURE | E. DATE (YYYYMMDD)

### PART IV - DENTAL RECORDS SCREENING

A. Dental records have been reviewed per AR 50-5/50-6. Information that may preclude assignment to the PRP ☐ is ☐ is not attached.

### B. NAME OF SCREENING OFFICIAL | C. GRADE | D. SIGNATURE | E. DATE (YYYYMMDD)

### PART V - CERTIFYING OFFICIAL'S EVALUATION

A. Individual has been screened per AR 50-5/50-6. After thorough review of information provided, I find this individual ☐ suitable

☐ unsuitable for the PRP. (AR 600-37 complied with.)

### B. NAME AND ORGANIZATION OF CERTIFYING OFFICIAL | C. GRADE | D. SIGNATURE | E. DATE (YYYYMMDD)

---

**Figure H – 4, Example, DA Form 3180**

**Personnel Screening and Evaluation Record**

---

96
**PART VI - CONTINUING EVALUATION/ASSIGNMENT BRIEFING**

A. This individual is to be placed under continuing evaluation per AR 50-5/50-6. I have briefed this individual per AR 50-5/50-6 for

- [ ] training/levy or
- [ ] assignment to a
- [ ] nuclear duty position.
- [ ] chemical duty position.

<table>
<thead>
<tr>
<th>B. ORGANIZATION</th>
<th>C. INDIVIDUAL'S SIGNATURE</th>
<th>D. CERTIFYING OFFICIAL’S SIGNATURE</th>
<th>E. DATE (YYYYMMDD)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Sample**

---

**PART VII - TEMPORARY DISQUALIFICATION**

**PART VIII - ADMINISTRATIVE TERMINATION**

This individual was temporarily disqualified on (YYYYMMDD)

Individual's PRP status administratively terminated on (YYYYMMDD)

---

**PART IX - PERMANENT DISQUALIFICATION** *(This Section To Be Completed Only Upon Permanent Disqualification.)*

A. Status at time of disqualification

- [ ] 1. Being screened for PRP.
- [ ] 2. Attending Service school or training.
- [ ] 3. Assigned to
  - [ ] a. critical nuclear duty position.
  - [ ] b. controlled nuclear duty position.
  - [ ] c. chemical duty position.

B. Reason for permanent disqualification

- [ ] 1. Alcohol abuse.
- [ ] 2. Drug abuse. Type used
  - [ ] Narcotics
  - [ ] Depressants
  - [ ] Stimulants
  - [ ] Cannabis
  - [ ] Hallucinogens.
- [ ] 4. Court-martial/civilian convictions.
- [ ] 5. Physical/mental condition.
- [ ] 6. Poor attitude/lack of motivation.
- [ ] 7. Other.

**C. RATIONALE FOR DISQUALIFICATION**

---

**D. NAME, GRADE AND ORGANIZATION OF CERTIFYING OFFICIAL**

<table>
<thead>
<tr>
<th>E. SIGNATURE</th>
<th>F. UIC</th>
<th>G. DATE (YYYYMMDD)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

---

*Figure H – 4 (Cont’d), Example, DA Form 3180*

*Personnel Screening and Evaluation Record*
### Sample

**Authorization for Medical Warning Tag**

For use of this form, see AR 40-15; the proponent agency is Office of The Surgeon General.

<table>
<thead>
<tr>
<th>TO: (Include ZIP Code)</th>
<th>FROM: (Medical Treatment Facility (Specify Clinic, Ward, etc.))</th>
</tr>
</thead>
</table>

**Typed Name and Signature of Requesting Medical or Dental Officer**

**Date**

**Tag Content**

<table>
<thead>
<tr>
<th>Line</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>11</th>
<th>12</th>
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<th>15</th>
<th>16</th>
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<th>18</th>
</tr>
</thead>
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<td></td>
</tr>
</tbody>
</table>

**Remarks**

**Tag Delivered to Patient** (Signature of Responsible Officer)

**Date Delivered**

**Person to Call If Other Than Patient**

<table>
<thead>
<tr>
<th>Name and Relationship to Patient</th>
<th>Address</th>
<th>Phone Number</th>
</tr>
</thead>
</table>

**Organizational, Unit, Location** (Military Perln Only)

**Home Address** (Include Zip Code)

**Phone Number**

**Patient Identification**

<table>
<thead>
<tr>
<th>Patient's Name (Last, first, middle)</th>
<th>Grade or Status</th>
<th>Identification Number</th>
</tr>
</thead>
</table>

**DA Form 3365, Aug 68**

*Figure H – 5, Example, DA Form 3365*

*Authorization for Medical Warning Tag*
**ALPHABETICAL AND TERMINAL DIGIT FILE FOR TREATMENT RECORD**

For use of this form, see AR 40-66; the propernent agency is OTSG

**NOTE TO PHYSICIAN:**
- [ ] Medical Condition (Medical Warning Tag)
- [ ] Personnel Reliability Program (Screening)
- [ ] Radiation Screening Program
- [ ] Flight Status
- [ ] Medical Registries
- [ ] Blood Type

**TYPE OF RECORD:**
- [ ] Inpatient (Clinical)
- [ ] Outpatient Treatment
- [ ] Health
- [ ] Health - Dental
- [ ] Dental (Non-Military)
- [ ] ADAACP OMR
- [ ] Civilian Employee Medical Record

---

Figure H – 6, Example, DA Form 3444-6
Alphabetical and Terminal Digit File for Treatment Record
## RECEIPT FOR OUTPATIENT TREATMENT/DENTAL RECORDS

For use of this form see AR 46-66; the proponent agency is the Office of The Surgeon General.

<table>
<thead>
<tr>
<th>NAME OF SPONSOR</th>
<th>NEW UNIT OF ASSIGNMENT AND ADDRESS OF SPONSOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sample</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SSN OF SPONSOR</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>NAME(S) OF OUTPATIENT</th>
<th>TREATMENT PERIOD COVERED BY RECORD (List dates of first and last entries in appropriate column)</th>
</tr>
</thead>
</table>

| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |
| 6 | | |

I acknowledge receipt of above outpatient record(s). I understand that if I lose or misplace said record(s), duplicate(s) cannot be furnished. I will deliver said record(s) to: (Print name and address of medical facility or doctor)

The exact destination of said record(s) is unknown at this time. Mail can be forwarded to me at the following address: (Print complete name and address)

<table>
<thead>
<tr>
<th>PRINTED NAME (If other than patient, state relationship)</th>
<th>SIGNATURE</th>
<th>DATE</th>
</tr>
</thead>
</table>

DA FORM 3705, JAN 80  EDITION OF 1 MAR 71 WILL BE USED UNTIL EXHAUSTED.  USAFA V1.01

---

*Figure H–7, Example, DA Form 3705
Receipt for Outpatient Treatment/Dental Record*
### Sample

**PATIENT'S IDENTIFICATION** (Use Patient's Recording Card or Ward Plate, if available)

**NAME OF HOSPITAL**

**INPATIENT'S WARD NUMBER**

**CLINIC PATIENT'S ORGANIZATION**

### APPOINTMENT DATA

- **DATE**
- **TIME**
- **TYPE OF TREATMENT**
  - [ ] MEDICAL
  - [ ] DENTAL

**THE ABOVE APPOINTMENT IS WITH** (Individual or Place)

**REMARKS**

---

If you are unable to keep this appointment, please call for another appointment.

**DA FORM 3982, 1 DEC 72**

REPLACES DA FORM 8-97
1 MAR 63 WHICH WILL BE USED.

**MEDICAL AND DENTAL APPOINTMENT**

*AR 40-3*

USAPA V1.01

---

*Figure H – 8, Example, DA Form 3982, Medical and Dental Appointment*
**DENTAL TREATMENT PLAN**

For use of this form, see TB MED 250; proponent agency is Office of TSG.

1. **CONSULTATION DESIRED**
   - [ ] YES
   - [ ] NO
   *(If yes, complete Section III on reverse side)*

### SECTION I - PLANNED TREATMENT AND SEQUENCE OF ACCOMPLISHMENT

Check items in Column c to indicate treatment planned. If sequence of treatment is other than that printed in column b, use numbers (1 thru 10) in column c to show desired order.

<table>
<thead>
<tr>
<th>LINE</th>
<th>CODE</th>
<th>TYPE TREATMENT</th>
<th>PLANNED SEQUENCE</th>
<th>ACCOMPLISHED</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>A</td>
<td>URGENT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>B</td>
<td>PERIODONTAL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>C</td>
<td>PROPHYLAXIS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>D</td>
<td>TOPICAL fluoride</td>
<td>SHARE</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>REPEAT AFTER ___ MONTHS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>E</td>
<td>COUNSELING IN SELF CARE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>F</td>
<td>OCCLUSION</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>G</td>
<td>SURGERY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>H</td>
<td>RESTORATIONS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>I</td>
<td>PROSTHESSES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>J</td>
<td>OTHER (specify)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**CHART**

Chart ONLY missing teeth and TREATMENT TO BE ACCOMPLISHED. Do NOT chart existing Pathology or Restorations.

**Sample**

13. **REMARKS OR INSTRUCTIONS**

Use this space for additional clarification of recommended treatment or for describing treatment which does not lend itself to charting. Indicate nature of treatment and teeth or other tissues involved. Specify entry by code letter (Column a, above).

<table>
<thead>
<tr>
<th>13. DATE</th>
<th>14. TREATMENT FACILITY</th>
<th>15. SIGNATURE OF DENTIST RECORDING TREATMENT PLAN</th>
</tr>
</thead>
</table>

**SECTION II - PATIENT IDENTIFICATION**

<table>
<thead>
<tr>
<th>16. SEX</th>
<th>17. RACE</th>
<th>18. GRADE</th>
<th>19. ORGANIZATION</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>20. PATIENT’S LAST NAME - FIRST NAME - MIDDLE INITIAL</th>
<th>21. DATE OF BIRTH</th>
<th>22. IDENTIFICATION NUMBER</th>
</tr>
</thead>
</table>

**DA FORM 3984, DEC 72**

REPLACES DA FORM 8-276. 1 AUG 62 WHICH WILL BE USED.

USAPA V1.01

*Figure H–9, Example, DA Form 3984*

Dental Treatment Plan
### SECTION III - CONSULTATION REQUEST

(To be completed by requesting officer)

<table>
<thead>
<tr>
<th>CONSULTATION DESIRED</th>
<th>REMARKS (if appropriate)</th>
</tr>
</thead>
<tbody>
<tr>
<td>25 PROSTHODONTIC</td>
<td></td>
</tr>
<tr>
<td>26 PERIODONTIC</td>
<td></td>
</tr>
<tr>
<td>27 ORAL SURGERY</td>
<td></td>
</tr>
<tr>
<td>28 OPERATIVE</td>
<td></td>
</tr>
<tr>
<td>29 CROWN AND BRIDGE</td>
<td></td>
</tr>
<tr>
<td>30 OTHER (specify)</td>
<td></td>
</tr>
</tbody>
</table>

Sample

### SECTION IV - CONSULTANT REMARKS AND RECOMMENDATIONS

(Initial after each entry and identify entry by number)

---

Figure H–9 (Cont’d), Example, DA Form 3984
Dental Treatment Plan
**MEDICAL RECOMMENDATION FOR FLYING DUTY**

For use of this form, see AR 40-501; the proponent agency is the Office of The Surgeon General

<table>
<thead>
<tr>
<th>TO:</th>
<th>FROM:</th>
</tr>
</thead>
</table>

1. NAME (Last, First, MI)  
2. SSN  
3. GRADE  
4. DATE OF BIRTH  
5. ORGANIZATION  
6. TYPE FLYING DUTY PERFORMED

### SECTION A - QUALIFYING ACTION RECOMMENDED BY MEDICAL AUTHORITY

7. MEDICAL CLEARANCE IS RECOMMENDED FOR THE FOLLOWING REASON(S): (Check one or more)
   - [ ] TERMINATION OF TEMPORARY MEDICAL SUSPENSION  
   - [ ] ISSUE OF WAIVER FOR MEDICAL DISQUALIFICATION  
   - [ ] MEDICAL EXAMINATION  
   - [ ] OTHER (Explain under remarks)  
   - [ ] REPORTING TO NEW DUTY STATION  
   - [ ] AFTER AIRCRAFT Mishap  
   - [ ] TERMINATION OF MEDICAL DISQUALIFICATION  
   - [ ] PENDING ISSUE OF WAIVER FOR MEDICAL DISQUALIFICATION

8. REQUIRED TO WEAR GLASSES WHILE FLYING OR OTHER DUTIES REQUIRING CORRECTED VISUAL ACUITY; (CONTACT LENSES ARE PROHIBITED UNLESS SPECIFICALLY AUTHORIZED)  
   - [X] YES  
   - [ ] NO

### SECTION B - DISQUALIFYING ACTION RECOMMENDED BY MEDICAL AUTHORITY

11. THE FOLLOWING ACTION IS RECOMMENDED:
   - [ ] TEMPORARY MEDICAL SUSPENSION  
   - [ ] PERMANENT MEDICAL DISQUALIFICATION  
   - [ ] TEMPORARY MEDICAL SUSPENSION FOLLOWING A/C Mishap  
   - [ ] PERMANENT MEDICAL DISQUALIFICATION  
   - [ ] OTHER (Explain under remarks)

12. ESTIMATED DURATION OF INCAPACITY TO FLY

13. EFFECTIVE DATE

14. REMARKS

15. WHILE IN A DUTY NOT INVOLVING FLYING STATUS
   - SIMULATOR DUTIES ALLOWED  
   - GROUND RUNUP DUTIES ALLOWED
   - [ ] YES  
   - [ ] NO

16. DIAGNOSIS CODE

17. TYPED NAME AND GRADE OF FLIGHT SURGEON  
18. FLIGHT SURGEON SIGNATURE  
19. DATE

### SECTION C - CERTIFICATION BY AIRCRAFT MEMBER

20. I CERTIFY THAT I HAVE BEEN NOTIFIED OF THE RECOMMENDATIONS)  
   - [ ] MAY OR MAY NOT PERFORM
   - [ ] MAY PERFORM

21. SIGNATURE

22. DATE

### SECTION D - ACTION TAKEN BY COMMANDER

23. THE MEDICAL RECOMMENDATION IS  
   - [ ] APPROVED  
   - [ ] DISAPPROVED

24. TYPED NAME AND TITLE OF COMMANDER

25. COMMANDER'S SIGNATURE

26. DATE

Figure H-10, Example, DA Form 4186  
Medical Recommendation for Flying Duty
## REQUEST FOR PRIVATE MEDICAL INFORMATION

For use of this form, see AR 40-66; the proponent agency is the OTSG

<table>
<thead>
<tr>
<th>1. Date (YYYYMMDD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Patient's Name and SSN.</td>
</tr>
<tr>
<td>4. Reason for Request:</td>
</tr>
<tr>
<td>5. Private Medical Information Sought (Specify dates of hospitalization or clinic visits and diagnosis, if known)</td>
</tr>
<tr>
<td>6. Requestor's Name, Title, Organization and SSN.</td>
</tr>
</tbody>
</table>

**FOR USE OF MEDICAL TREATMENT FACILITY ONLY**

<table>
<thead>
<tr>
<th>7. Check applicable box.</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Approved</td>
</tr>
</tbody>
</table>

| 8. Summary of Private Medical Information Released. |

<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>10. Date (YYYYMMDD)</td>
</tr>
</tbody>
</table>

---

*Figure H–11, Example, DA Form 4254
Request for Private Medical Information*
Figure H-12, Example, DA Form 4515,
Personnel Reliability Program Record Identifier
**REQUEST AND RELEASE OF MEDICAL INFORMATION TO COMMUNICATIONS MEDIA**

For use of this form see AR 40-66, the proponent agency is the Office of The Surgeon General.

**PRIVACY ACT STATEMENT**

**AUTHORITY:** Section 3012, title 10, United States Code.

**PRINCIPAL PURPOSES:** This form provides for patient/parent/guardian consent to release requested personal medical information to news publication or broadcast.

**ROUTINE USES:** The requested information will be released on this form to the communications media. It will be used for news publication or broadcast.

**MANDATORY OR VOLUNTARY DISCLOSURE:** The release of this information is voluntary. There is no effect on the individual not providing the requested information.

**SECTION I - PATIENT IDENTIFICATION**

<table>
<thead>
<tr>
<th>NAME (Last, First, Middle)</th>
<th>ADDRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>AGE</td>
<td>SSN</td>
</tr>
</tbody>
</table>

**SECTION II - TO BE COMPLETED BY REQUESTOR**

I certify that I represent ____________________________ (Name and Address of Communications Media) and that medical information on the above-identified patient is requested for news publication or broadcast.

List specific information requested below:

**Sample**

**SECTION III - TO BE COMPLETED BY PATIENT/PARENT/LEGAL REPRESENTATIVE**

<table>
<thead>
<tr>
<th>DATE (YYYY/MM/DD)</th>
<th>SIGNATURE OF PUBLIC AFFAIRS OFFICER</th>
<th>SIGNATURE OF MEDIA REPRESENTATIVE</th>
</tr>
</thead>
</table>

Authorization Date (YYYY/MM/DD): [ ] Authorization Expiration: [ ]

[ ] Action Completed

I ______________________________, hereby request and authorize the release of the requested information concerning my illness or injury and hospital treatment (complete when other than hospital gives consent) while a patient in the medical treatment facility, to the above-mentioned communications media. I hereby agree to hold the hospital, its physicians, and its staff free and harmless from any, and all liabilities or ill effects which might arise from the publication or broadcast of such information.

I understand that:

a. I have the right to revoke this authorization at any time. My revocation must be in writing and provided to the facility where my medical records are kept. I am aware that if I later revoke this authorization, the personnel in my name will have used and/or disclosed my protected information on the basis of this authorization.

b. If I authorize my protected health information to be disclosed to someone who is not required to comply with federal privacy protection regulations, then such information may be re-disclosed and would no longer be protected.

c. I have a right to inspect and receive a copy of my own protected health information to be used or disclosed, in accordance with the requirements of the federal privacy protection regulations found in the Privacy Act and 45 CFR § 164.524.

d. The Military Health System (which includes the TRICARE Health Plan) may not condition treatment at MTFs/MTTFs, payment by the TRICARE Health Plan, enrollment in the TRICARE Health Plan or eligibility for TRICARE Health Plan benefits on failure to obtain this authorization.

<table>
<thead>
<tr>
<th>SIGNATURE OF PATIENT/PARENT/LEGAL REPRESENTATIVE</th>
<th>RELATIONSHIP TO PATIENT [If applicable]</th>
<th>DATE (YYYY/MM/DD)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>SIGNATURE OF WITNESS</th>
<th>DATE (YYYY/MM/DD)</th>
</tr>
</thead>
</table>

DA FORM 4876, JUN 2005 DA FORM 4876-R, FEB 2003, IS OBSOLETE.
Sample

SECTION IV - TO BE COMPLETED BY ATTENDING PHYSICIAN

Information as requested and authorized is hereby furnished:

DATE (YYYYMMDD) | SIGNATURE OF ATTENDING PHYSICIAN

SECTION V - TO BE COMPLETED BY PATIENT AND ADMINISTRATION DIVISION

Section I through IV have been reviewed and is approved ☐ disapproved for release ☐

DATE (YYYYMMDD) | SIGNATURE OF CHIEF, PATIENT ADMINISTRATION DIVISION (or designated representative)

Upon completion of this form, a copy will be placed in the patient’s medical record and a copy will be returned to the Public Affairs Officer for release of the requested information to the media representative.

DA FORM 4876, JUN 2005
### Sample

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organization Of Patient/Sponsor</td>
<td></td>
</tr>
<tr>
<td>FMP</td>
<td></td>
</tr>
<tr>
<td>SSN Of Patient/Sponsor</td>
<td></td>
</tr>
<tr>
<td>Location Of Patients Medical Record</td>
<td>Central Files Area</td>
</tr>
<tr>
<td></td>
<td>Other (Specify)</td>
</tr>
<tr>
<td>Hospital And Clinic Identification</td>
<td></td>
</tr>
<tr>
<td>Service Affiliation</td>
<td>Arm, Navy, Marine Corps, Air Force</td>
</tr>
<tr>
<td>受益体识别</td>
<td></td>
</tr>
<tr>
<td>Beneficiary Category</td>
<td>Ad, Depn Ad, Ret, Depn Ret, Depn Ret/Decd</td>
</tr>
<tr>
<td>Date And Time Of Call</td>
<td></td>
</tr>
<tr>
<td>Patient Status</td>
<td>Inpatient, Outpatient, Emergency</td>
</tr>
<tr>
<td></td>
<td>Non-Emergency</td>
</tr>
<tr>
<td>Summary</td>
<td>(Include complaints, diagnosis, instructions to patient)</td>
</tr>
</tbody>
</table>

**DA Form 5008, Oct 81**

Figure H – 14, Example, DA Form 5008
Telephone Medical Advice/Consultation Record
**Sample**

**INSTRUCTIONS FOR COMPLETION AND PROCESSING OF FORM**

1. The upper portion of the form, pertaining to patient information, will generally be completed by the individual responsible for screening incoming calls.

2. The entire set will be provided the physician/care provider for documenting the conversation.

3. The duplicate of the form will be retained for processing in accordance with local policy for medical summary reporting purposes.

4. For outpatient calls, the original form will be forwarded to the custodian of the patient's outpatient treatment record/HREC for attaching to a SF 600 therein.

5. For inpatient calls, the original form is forwarded to the custodian of the patient's inpatient treatment record.
## Sample

**Screening Note of Acute Medical Care**

For use of this form, see AR 40-65; the responsible agency is the Office of The Surgeon General.

<table>
<thead>
<tr>
<th>TIME PATIENT DEPARTS UNIT</th>
<th>SCREENED LOCATION</th>
<th>EARLY ENCOUNTER BEGINS</th>
<th>SCREENED LOCATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>DATE YYYYMMDD</td>
<td>LOCATION</td>
<td>CHIEF COMPLAINT</td>
<td>DURATION</td>
</tr>
<tr>
<td>PATIENT RESIDENCE</td>
<td></td>
<td>VITAL SIGNS</td>
<td>ALLERGIES</td>
</tr>
<tr>
<td>( ) OFF POST</td>
<td>( ) POST HOUSING</td>
<td>TEMPERATURE</td>
<td></td>
</tr>
<tr>
<td>( ) TRANSIENT</td>
<td></td>
<td>PUR</td>
<td>BP</td>
</tr>
</tbody>
</table>

FIRST VISIT FOR THIS COMPLAINT: YES ( ) NO ( )

IF NO, WAS RETURN SCHEDULED/REQUESTED BY CARE PROVIDER?

( ) YES ( ) NO

### Algorithm/Code

<table>
<thead>
<tr>
<th>Algorithm/Code</th>
<th>Algorithm/Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

COMMENTS (Reasons for referral, method of referral, hospital appointments, self-care practices, and patient interactions/encounters)

<table>
<thead>
<tr>
<th>PATIENT IDENTIFICATION: (Use medical record if available, for cases of illness or injury prior to present; Name, DOB, Unit, Sex, Birthdate and Date Place)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>FINAL DISPOSITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>( ) PHYSICIAN STAT</td>
</tr>
<tr>
<td>( ) IV - SELF CARE PROTOCOL</td>
</tr>
<tr>
<td>( ) PA STAT</td>
</tr>
<tr>
<td>( ) IV - HOSP CLINIC REFERRAL</td>
</tr>
<tr>
<td>( ) PA</td>
</tr>
</tbody>
</table>

AUDITOR'S SIGNATURE & CODE

<table>
<thead>
<tr>
<th>AUDITOR'S INITIALS &amp; DATE YYYYMMDD</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>
**RECORD OF ACUTE MEDICAL CARE**

(Entries on this record should be restricted to further evaluation and treatment of complaint(s) screened)

<table>
<thead>
<tr>
<th>DATE (YYYY/MM/DD)</th>
<th>2ND CARE LOCATION</th>
<th>TIME PATIENT ARRIVES</th>
<th>TIME ENCOUNTER BEGINS</th>
<th>TIME PATIENT LEAVES</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

**Sample**

---

**SPECIAL INSTRUCTIONS**

This form will be utilized in lieu of SF 600 (Health Record-Chronological Record of Medical Care) at the BAS level and above when care is initiated by an ADTMC screener. The record of acute, medical care will accompany the patient to the next level of care or remain in the BAS depending on disposition reached. This form will be filed in the HREC when evaluation and audit are completed.

*DA FORM 5181, FEB 2003*

---

**Figure H – 15, (Cont’d) Example, DA Form 5181**

Screening Note of Acute Medical Care
VOLUNTEER AGREEMENT AFFIDAVIT

For use of this form, see AR 70-25 or AR 40-38; the approving agency is DTSG.

PRIVACY ACT OF 1974

Authority: 10 USC 3013, 44 USC 3101, and 10 USC 1071-1087.

Principle Purpose: To document voluntary participation in the Clinical Investigation and Research Program. SSN and home address will be used for identification and locating purposes.

Routine Uses: The SSN and home address will be used for identification and locating purposes. Information derived from the study will be used to document the study; implementation of medical programs; adjudication of claims; and for the mandatory reporting of medical conditions as required by law. Information may be furnished to Federal, State and local agencies.

Disclosure: The furnishing of your SSN and home address is mandatory and necessary to provide identification and to contact you if further information indicates that your health may be adversely affected. Failure to provide the information may preclude your voluntary participation in this investigational study.

PART A(1) - VOLUNTEER AFFIDAVIT

Volunteer Subjects In Approved Department of the Army Research Studies

Volunteers under the provisions of AR 40-38 and AR 70-25 are authorized all necessary medical care for injury or disease which is the proximate result of their participation in such studies.

I, __________________________, SSN __________________________,

having full capacity to consent and having attained __________________________ birthday, do hereby volunteer/give consent as legal representative __________________________ to participate __________________________

(Research study)

under the direction __________________________

clicked at __________________________

(Research study)

The implications of my voluntary participation/consent as legal representative; duration and purpose of the research study; the methods and means by which it is to be conducted; and the inconveniences and hazard that may reasonably be expected have been explained to me by __________________________

I have been given an opportunity to ask questions concerning this investigational study. Any such questions were answered to my full and complete satisfaction. Should any further questions arise concerning my rights/the rights of the person I represent on study-related injury, I may contact __________________________

at __________________________

(Name, Address and Phone Number of Hospital (Include Area Code))

I understand that I may at any time during the course of this study revoke my consent and withdraw/have the person I represent withdrawn from the study without further penalty or loss of benefits; however, the person I represent may be required (military volunteer) or requested (civilian volunteer) to undergo certain examination if, in the opinion of the attending physicians, such examinations are necessary for the person I represent's health and well-being. My/the person I represent's refusal to participate will involve no penalty or loss of benefits to which I am/the person I represent is otherwise entitled.

PART A(2) - ASSENT VOLUNTEER AFFIDAVIT (MINOR CHILD)

I, ___________________________________, SSN __________________________, having full capacity to assent and having attained __________________________ birthday, do hereby volunteer __________________________ to participate __________________________

(Research Study)

under the direction of __________________________

clicked at __________________________

(Name of Institution)

(Continue on Page 2)

DA FORM 5303-R, MAY 1989

PREVIOUS EDITIONS ARE OBSOLETE.

USAPA V1.00

Figure H – 16, Example, DA Form 5303-R
Volunteer Agreement Affidavit
### PART A(2) - ASSENT VOLUNTEER AFFIDAVIT (MINOR CHILD) (Cont'd.)

The implications of my voluntary participation; the nature, duration and purpose of the research study; the methods and means by which it is to be conducted; and the inconveniences and hazards that may reasonably be expected have been explained to me by

---

I have been given an opportunity to ask questions concerning this investigational study. Any such questions were answered to my full and complete satisfaction. Should any further questions arise concerning my rights I may contact

---

* (Name, Address and Phone Number of Hospital (Include Area Code))

I understand that I may at any time during the course of this study revoke my consent and withdraw from the study without further penalty or loss of benefits; however, I may be requested to undergo certain examination if, in the opinion of the attending physician, such examinations are necessary for my health and well-being. My refusal to participate will involve no penalty or loss of benefits to which I am otherwise entitled.

### PART B - TO BE COMPLETED BY INVESTIGATOR

**INSTRUCTIONS FOR ELEMENTS OF INFORMED CONFENT:** 
(Provide a detailed explanation in accordance with Appendix C, AR 40-38 or AR 70-25.)

---

**Sample**

---

I do □ do not □ (check one & initial) consent to the inclusion of this form in my outpatient medical treatment record.

<table>
<thead>
<tr>
<th>SIGNATURE OF VOLUNTEER</th>
<th>DATE</th>
<th>SIGNATURE OF LEGAL GUARDIAN (If volunteer is a minor)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PERMANENT ADDRESS OF VOLUNTEER</th>
<th>TYPE NAME OF WITNESS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SIGNATURE OF WITNESS</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# HEALTH QUESTIONNAIRE FOR DENTAL TREATMENT

For use of this form, see AR40-65; the proponent agency is the Office of The Surgeon General.

<table>
<thead>
<tr>
<th>NAME</th>
<th>SSN</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNIT</td>
<td>HOME TELEPHONE</td>
</tr>
</tbody>
</table>

### PLACE A CHECK IN THE YES OR NO COLUMN

1. Have you been under a physician's care in the last 2 years?  
2. Have you had any serious illness, operation or hospitalization in the past?  
3. Are you allergic to any drugs or medicines (novocain, penicillin, others)?  
4. Are you presently taking any drugs or medicines (to include birth control pills)?  
5. Have you ever had hepatitis or yellow jaundice?  
6. Has there been a change in your health in the last 2 years?  
7. Do you smoke cigarettes?  
8. Do you drink alcoholic beverages?  
9. Have you ever been sick because of dental treatments?  
10. Are you a "bleeder" or have you had excessive bleeding following dental treatment?  
11. Do you get short of breath after climbing 1 flight of stairs?  
12. (Female only) Are you pregnant?

### CHECK CONDITIONS IF THEY APPLY TO YOU

- [ ] Heart Trouble/Chest Pain
- [ ] Frequent Headaches
- [ ] Hives or Skin Rash
- [ ] Epilepsy
- [ ] Heart Murmur
- [ ] Thyroid Disease
- [ ] Asthma/Hay Fever
- [ ] Ulcers/Stomach
- [ ] High Blood Pressure
- [ ] Kidney Disease
- [ ] Sugar Diabetes
- [ ] Anemia (Thin Blood)
- [ ] Rheumatic Fever
- [ ] Liver Disease
- [ ] Arthritis/Rheumatism
- [ ] Venereal Disease (VD)
- [ ] Stroke
- [ ] Sinus Disease
- [ ] Tuberculosis (TB)
- [ ] Cancer

**Explain any unusual medical problems:**

### Sample

**DATE**  
**SIGNATURE OF PATIENT**

**DATE**  
**SIGNATURE OF DOCTOR**

### RECHECK

<table>
<thead>
<tr>
<th>DATE</th>
<th>DOCTOR'S SIGNATURE</th>
<th>REMARKS</th>
</tr>
</thead>
</table>

**DA FORM 5570, OCT 86**

*Figure H – 17, Example, DA Form 5570  
Health Questionnaire for Dental Treatment*
### Pediatric Dentistry Diagnostic Form

For use of this form, see AR 40-66; the proponent agency.

*All caries are to be noted on SF 603 (Diseases, Abnormalities, and X-rays chart).*

<table>
<thead>
<tr>
<th>1. Medical Alert</th>
<th>2. Chief Complaint</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>3. Age (yrs, mos)</th>
<th>4. Weight (Lbs/KG)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Molar Terminal Plane:</td>
<td>On</td>
<td>Shift to Right</td>
<td>Shift to Left</td>
<td>WNL</td>
<td></td>
</tr>
<tr>
<td>R</td>
<td>L</td>
<td>Unilateral R L</td>
<td>Bilateral</td>
<td>Anterior</td>
<td></td>
</tr>
<tr>
<td>( )</td>
<td>( )</td>
<td></td>
<td>Note:</td>
<td>Space Loss #</td>
<td></td>
</tr>
<tr>
<td>( )</td>
<td>( )</td>
<td></td>
<td>Abnormality *</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Missing Teeth</td>
<td>Cooperative</td>
<td>Straight</td>
<td></td>
<td>++</td>
</tr>
<tr>
<td>b. Supernumeraries</td>
<td>Noncooperative</td>
<td></td>
<td></td>
<td>+</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>16. Habits</th>
<th>17. Facial Features</th>
</tr>
</thead>
<tbody>
<tr>
<td>Concave</td>
<td>Convex</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>18. Mandibular Plane</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good</td>
</tr>
<tr>
<td>Average</td>
</tr>
<tr>
<td>Poor</td>
</tr>
<tr>
<td>Flat</td>
</tr>
</tbody>
</table>

|-----------------------------------|--------------------|-----------------------|-------------------------------|

<table>
<thead>
<tr>
<th>23. Planned Treatment &amp; Sequence of Accomplishment</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>24. Prepared by (Signature &amp; Title)</th>
<th>25. Department/Service/Clinic</th>
<th>26. Date (YYYY/MM/DD)</th>
</tr>
</thead>
</table>

27. Patient's Identification: If typed or written entries given: Name - last, first, middle; grade; date; hospital or medical facility.

- Panograph
- Ortho Consult
- Cephalometrics
- Photos
- Study Models
- Other (Specify)
- Mixed Dentition Analysis

PCS Date

<table>
<thead>
<tr>
<th>Phone Number</th>
<th></th>
</tr>
</thead>
</table>

DA FORM 8006, FEB 2003

Figure H – 18, Example, DA Form 8006

Pediatric Dentistry Diagnostic Form
28. Tooth Size
   R  |  L

29. Sum of widths of mandibular incisors  Sample
   R  |  L

30. Mandibular
   Space available for cuspid and bicuspids
   Predicted size of cuspid and bicuspids
   Space left for molar adjustment
   R  |  L

31. PROBABILITY CHART – 75% LEVEL

   A. Sum Width: 28, 25, 24, 23 19.5 20.4 20.5 21.0 21.5 22.0 22.5 23.0 23.5 24.0 24.5 25.0

   B. Sum Width of
      Unerupted
      Permanent
      Cuspid and
      Bicuspid
      MAND 20.1 20.4 20.7 21.0 21.3 21.6 21.9 22.2 22.5 22.8 23.1 23.4 23.7

32. Approximate decrease in arch length due to mesial migration of the first permanent molars taking up "leeway space" during replacement of the deciduous molars by the bicuspids:

   Mandible = 1.7 mm. per quadrant or 3.4 mm total
   Maxilla = .9 mm. per quadrant or 1.8 mm total

33. CEPHALOMETRICS
   A. TWEED ANALYSIS
      (1) FMA
      (2) IMPA
      (3) FMIA

   B. STEINER ANALYSIS
      Ref. Norm.
      (1) SNA (angle) 82°
      (2) SNB (angle) 80°
      (3) ANB (angle) 2°
      (4) SNO (angle) 78° or 77°
      (5) 1 to NA (mm) 4
      (6) 1 to NA (angle) 22°
      (7) 1 to NB (mm) 4
      (8) 1 to NB (angle) 25°
      (9) Po to NB (mm) not est.
      (10)Po & 1 to NB (difference)
      (11)1 to 1 (angle) 131°
      (12)OCC to SN (angle) 14°
      (13)OcGn to SN 32°

      (14) Arch length discrepancy
**H-5. DD forms**

Figures H-19 through H-27 are DD forms, Figure H-28, is an Example policy statement #24, dental appointment policy.

<table>
<thead>
<tr>
<th>INDIVIDUAL SICK SLIP</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LAST NAME-FIRST NAME-MIDDLE INITIAL OF PATIENT</th>
<th>ORGANIZATION AND STATION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SERVICE NUMBER/SSN</th>
<th>ORGNFRATF</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>UNIT COMMANDER'S SECTION</th>
<th>MEDICAL OFFICER'S SECTION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>IN LINE OF DUTY</th>
<th>IN LINE OF DUTY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>REMARKS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DISPOSITION OF PATIENT</th>
<th>DUTY</th>
<th>QUARTERS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SICK BAY</th>
<th>HOSPITAL</th>
<th>NOT EXAMINED</th>
<th>OTHER (specify)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>REMARKS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SIGNATURE OF UNIT COMMANDER</th>
<th>SIGNATURE OF MEDICAL OFFICER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Sample**

*Figure H – 19, Example, DD Form 689*

*Individual Sick Slip*
**Sample Figure H – 20, Example, DD Form 877**

**Request for Medical/Dental Records or Information**

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. PATIENT</strong></td>
<td>Last Name - First Name - Middle Name</td>
</tr>
<tr>
<td><strong>2. ORGANIZATION AND PLACE OF TREATMENT</strong></td>
<td></td>
</tr>
<tr>
<td><strong>3. STATUS</strong></td>
<td></td>
</tr>
<tr>
<td><strong>a. SERVICE NUMBER</strong></td>
<td></td>
</tr>
<tr>
<td><strong>b. GRADE/RANK</strong></td>
<td></td>
</tr>
<tr>
<td><strong>c. SOCIAL SECURITY ACCOUNT NO.</strong></td>
<td></td>
</tr>
<tr>
<td><strong>d. VA CLAIM NUMBER</strong></td>
<td></td>
</tr>
<tr>
<td><strong>e. DATE OF BIRTH</strong></td>
<td>(If Federal employee)</td>
</tr>
<tr>
<td><strong>4. TO</strong></td>
<td>(Include ZIP Code)</td>
</tr>
<tr>
<td><strong>5. IDENTIFYING INFORMATION</strong></td>
<td></td>
</tr>
<tr>
<td><strong>6. DATES OF TREATMENT</strong></td>
<td>(Inclusive)</td>
</tr>
<tr>
<td><strong>7. DISEASE OR INJURY</strong></td>
<td></td>
</tr>
<tr>
<td><strong>8. a. RECORDS REQUESTED</strong></td>
<td></td>
</tr>
<tr>
<td><strong>9. REMARKS</strong></td>
<td></td>
</tr>
<tr>
<td><strong>b. RECORDS FORWARDED</strong></td>
<td></td>
</tr>
<tr>
<td><strong>10. SIGNATURE</strong></td>
<td></td>
</tr>
<tr>
<td><strong>REPLY/REFERRAL</strong></td>
<td></td>
</tr>
<tr>
<td><strong>11. TO</strong></td>
<td></td>
</tr>
<tr>
<td><strong>12. REMARKS</strong></td>
<td></td>
</tr>
<tr>
<td><strong>13. SIGNATURE</strong></td>
<td></td>
</tr>
<tr>
<td><strong>14. DATE</strong></td>
<td></td>
</tr>
<tr>
<td><strong>REPLY/SECOND REFERRAL</strong></td>
<td></td>
</tr>
<tr>
<td><strong>15. TO</strong></td>
<td></td>
</tr>
<tr>
<td><strong>16. REMARKS</strong></td>
<td></td>
</tr>
<tr>
<td><strong>17. SIGNATURE</strong></td>
<td></td>
</tr>
<tr>
<td><strong>18. DATE</strong></td>
<td></td>
</tr>
</tbody>
</table>

**DD FORM 877, SEPT 67**

REPLACES EDITION OF 1 JAN. 60, WHICH MAY BE USED.
**Sample**

**DD FORM 1289**

**DOD PRESCRIPTION**

*For (Full name, address & phone number) (If under 12 years, give age.)*

---

**MEDICAL FACILITY**

**DATE**

---

**Rx**

**Gm. or ml.**

---

**MFG#:**

**EXP DATE:**

**LOT NO:**

**FILLED BY:**

---

**Rx NUMBER**

**SIGNATURE, RANK AND DEGREE**

**EDITION OF 1 JAN 80 MAY BE USED.**

---

*Figure H – 21, Example, DD Form 1289*

*DOD Prescription*
PRIVACY ACT STATEMENT - HEALTH CARE RECORDS

THIS FORM IS NOT A CONSENT FORM TO RELEASE OR USE HEALTH CARE INFORMATION PERTAINING TO YOU.

1. AUTHORITY FOR COLLECTION OF INFORMATION INCLUDING SOCIAL SECURITY NUMBER (SSN)

Sections 133, 1071-87, 3012, 5031 and 8012, title 10, United States Code and Executive Order 9397.

2. PRINCIPAL PURPOSES FOR WHICH INFORMATION IS INTENDED TO BE USED

This form provides you the advice required by The Privacy Act of 1974. The personal information will facilitate and document your health care. The Social Security Number (SSN) of member or sponsor is required to identify and retrieve health care records.

Sample

3. ROUTINE USES

The primary use of this information is to provide, plan and coordinate health care. As prior to enactment of the Privacy Act, other possible uses are to: Aid in preventive health and communicable disease control programs and report medical conditions required by law to federal, state and local agencies; compile statistical data; conduct research; teach; determine suitability of persons for service or assignments; adjudicate claims and determine benefits; other lawful purposes, including law enforcement and litigation; conduct authorized investigations; evaluate care rendered; determine professional certification and hospital accreditation; provide physical qualifications of patients to agencies of federal, state, or local government upon request in the pursuit of their official duties.

4. WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION

In the case of military personnel, the requested information is mandatory because of the need to document all active duty medical incidents in view of future rights and benefits. In the case of all other personnel/beneficiaries, the requested information is voluntary. If the requested information is not furnished, comprehensive health care may not be possible, but CARE WILL NOT BE DENIED.

This all inclusive Privacy Act Statement will apply to all requests for personal information made by health care treatment personnel or for medical/dental treatment purposes and will become a permanent part of your health care record.

Your signature merely acknowledges that you have been advised of the foregoing. If requested, a copy of this form will be furnished to you.

SIGNATURE OF PATIENT OR SPONSOR

SSN OF MEMBER OR SPONSOR

DATE

Figure H – 22, Example, DD Form 2005
Privacy Act Statement – Health Care Records
REFERRAL FOR CIVILIAN MEDICAL CARE

<table>
<thead>
<tr>
<th>MEDICAL RECORD</th>
<th>CONSULTATION SHEET</th>
</tr>
</thead>
<tbody>
<tr>
<td>TO:</td>
<td>FROM: (Requesting physician or activity)</td>
</tr>
</tbody>
</table>

REASON FOR REQUEST

Sample

ANTICIPATED LENGTH OF TREATMENT

PROVISIONAL DIAGNOSIS

<table>
<thead>
<tr>
<th>DOCTOR'S SIGNATURE</th>
<th>APPROVED</th>
<th>PLACE OF CONSULTATION</th>
<th>ROUTINE</th>
<th>TODAY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>□ BEDSIDE □ ON CALL</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ 72 HOURS □ EMERGENCY</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

CONSULTATION REPORT

(Continued on reverse side)

SIGNATURE AND TITLE

IDENTIFICATION NO. ORGANIZATION REGISTER NO. WARD NO.

PATIENT'S IDENTIFICATION (For typed or written entries give: Name - last, first, middle; grade rank; rate; hospital or medical facility)

PATIENT RESPONSIBLE FAMILY MEMBER SIGNATURE

SPONSOR'S FULL SSAN

IMPORTANT INFORMATION (on reverse side)

Figure H – 23, Example, DD Form 2161
Referral for Civilian Medical Care
Sample

APPROVAL

* Signature of Commander or designated representative must appear in "approved" block on front of form.

PATIENT INFORMATION

As you have been advised, your physician has determined that you require the medical services shown in the front of this form. These specific services are not available at this medical facility. After considering other sources of care available for you, your physician has recommended that you get the medical services you need from local civilian sources. The Uniformed Services regulation covering payment for civilian medical care requires that claims for the civilian care recommended by your physician be sent to:

a. ☐ THIS MEDICAL FACILITY. Charges to you will be the same as if you received the care in this facility.
b. ☐ CHAMPUS. Charges to you will be as prescribed under current terms of the CHAMPUS program.

The Health Benefits Coordinator at this facility will answer any questions you have concerning this determination.

If the charges are being submitted for CHAMPUS consideration, insure that the Health Benefits Coordinator fully explains program cost-sharing provisions. Allowable charges, provider participation, and claim filing procedures for your particular case. You should also:

a. Make arrangements to see the type of civilian provider recommended by your physician at this facility.
b. File your CHAMPUS claims regularly (every 30 days). Attach a copy of this form with each CHAMPUS claim submitted for care recommended.
c. Your signature on the front of this form indicates your understanding of how payment will be made for the medical services recommended on the front of the form.

INFORMATION FOR CIVILIAN PROVIDERS ON CARE

This patient is being referred to you for the services indicated on the front of this consultation sheet. Your charges should be submitted to:

☐ Please send your itemized bill with this completed consultation sheet to:

NAME OF THE UNIFORMED SERVICES MEDICAL FACILITY

Complete mailing address
of referring medical facility

NOTE: Use provided pre-addressed envelope for return of consultation report.

☐ CHAMPUS. (1) Conditions for participation in the CHAMPUS program are described on the CHAMPUS claim form. We encourage provider participation. Participating providers should send properly completed claims to:

Address of CHAMPUS Contractor for your area

Send completed consultation report to:

NOTE: Use provided pre-addressed envelope for return of consultation report.

If you elect to participate in the CHAMPUS program, please give the patient an itemized statement of your services, including diagnostic information (ICDA or DSM II is acceptable). The patient is responsible to you for payment arrangements. CHAMPUS payment will be made to the patient.

Health Benefits Advisor signature

PLEASE INCLUDE A COPY OF THIS COMPLETED CONSULTATION SHEET WITH EACH CHAMPUS CLAIM YOU SUBMIT TO THE CONTRACTOR.

USAPCC V1.00

Figure H – 23, (Cont'd), Example, DD Form 2161, Referral for Civilian Medical Care
**Sample**

<table>
<thead>
<tr>
<th>1. Local Case No.</th>
<th>2. Name of Treatment Facility, Mailing Address &amp; Autovon No.</th>
<th>3. ADL Case No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.Patient's Name (Last, First, Middle Initial)</td>
<td>5. SSN</td>
<td>6. Grade</td>
</tr>
<tr>
<td>9. Beneficiary Type</td>
<td>10. Organization, Duty and Home Telephone Nos.</td>
<td>11. Date Forwarded</td>
</tr>
<tr>
<td>12. Type of Prosthesis or Restoration</td>
<td>13. Shade and Mold by Guide</td>
<td>14. Date Delivered</td>
</tr>
<tr>
<td>15. Prosthesis Design</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Request(s) (Check appropriate box(es))**

16. □ Framework Only
17. □ Setup
18. □ Process
19. □ Fully Fabricate
20. □ Bisque Bake
21. □ Consultation

**Inclusion Items**

22. □ Diagnostic Casts
23. □ Jaw Relation Record
24. □ Radiographs
25. □ Other (See remarks)
26. Clinician's Remarks/Instructions

---

**27. Typed Name and Grade of Dental Officer**

**28. Signature**

**DD Form 2322, 83 Oct**

Replace DA Form 2868, Oct 64, which is obsolete.

PRESS HARD IF HANDFILLED

---

*Figure H – 24, Example, DD Form 2322*

Dental Laboratory Work Authorization
**TB MED 250**

**THIRD PARTY COLLECTION PROGRAM – RECORD OF OTHER HEALTH INSURANCE**

**PRIVACY ACT STATEMENT**

- **AUTHORITY:** Title 10 USC, Sec. 1695, OD 5937
- **PURPOSE(S):** Information will be used to collect from private insurers for medical care provided to the Military Treatment Facility (MTF) patient.
- **ROUTINE USE(S):** The information on this form will be released to your insurance company.

**DISCLOSURE:** Written, failure to provide complete and accurate information may result in disqualification for health care services from facilities of the uniformed services.

<table>
<thead>
<tr>
<th>1. PATIENT NAME (Last, First, Middle Initial)</th>
<th>2. SSN</th>
<th>3. DATE OF BIRTH (YYYYMMDD)</th>
<th>4. MARITAL STATUS (X)</th>
<th>5. EOY CODE</th>
<th>6. HOME TELEPHONE NO.</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. SPONSOR'S NAME (Last, First, Middle Initial)</td>
<td>8. SPONSOR ADDRESS (Include apartment number)</td>
<td>9a. SPONSOR'S SOCIAL SECURITY NUMBER</td>
<td>9b. SPONSOR'S EMPLOYER NAME</td>
<td>10a. PATIENT'S EMPLOYER NAME</td>
<td>10b. TELEPHONE NUMBER</td>
</tr>
<tr>
<td>10c. EMPLOYER ADDRESS (Include ZIP Code)</td>
<td>11. IS PATIENT'S CONDITION/APPONINTMENT RELATED TO AN ACCIDENT (Y/N)</td>
<td>11a. DATE OF INJURY/ACCIDENT (YYYYMMDD)</td>
<td>11b. CITY AND STATE WHERE ACCIDENT OCCURRED</td>
<td>11c. TYPE OF ACCIDENT (X)</td>
<td>11d. WORKER'S COMPENSATION (Y/N)</td>
</tr>
<tr>
<td>11e. BRIEFLY DESCRIBE HOW INJURY/ACCIDENT OCCURRED</td>
<td>12. DO YOU HAVE MEDICARE/MEDICAID (Y/N)</td>
<td>12a. MEDICARE PART A NUMBER</td>
<td>12b. MEDICARE PART B NUMBER</td>
<td>12c. MEDICAID NUMBER</td>
<td>12d. INSURING STATE</td>
</tr>
<tr>
<td>13. ARE YOU COVERED UNDER ANY OTHER HEALTH INSURANCE POLICY? (Y/N)</td>
<td>13a. PRIMARY MEDICAL INSURANCE COMPANY NAME</td>
<td>13b. SECONDARY MEDICAL INSURANCE COMPANY NAME</td>
<td>14. BRIEFLY DESCRIBE HOW INJURY/ACCIDENT OCCURRED</td>
<td>15. FAMILY MEMBERS COVERED BY ABOVE POLICIES (Use additional pages if necessary)</td>
<td>16. EFFECTIVE DATE OF POLICY (YYYYMMDD)</td>
</tr>
</tbody>
</table>

Figure H – 25, Example, DD Form 2569

Third Party Collection Program – Record of Other Health Insurance
### Figure H – 26, Example DD Form 2808

#### Report of Medical Examination

<table>
<thead>
<tr>
<th>1. DATE OF EXAMINATION</th>
<th>2. SOCIAL SECURITY NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>(YYYY/MMD)</td>
<td></td>
</tr>
</tbody>
</table>

#### PRIVACY ACT STATEMENT

**AUTHORITY:** 10 USC 504, 505, 507, 522, 978, 1201, 1202, and 4346; and E.O. 9997.

**PRINCIPAL PURPOSE(S):** To obtain medical data for determination of medical fitness for enlistment, induction, appointment and retention for applicants and members of the Armed Forces. The information will also be used for medical boards and separation of Service members from the Armed Forces.

**ROUTINE USE(S):** None.

**DISCLOSURE:** Voluntary; however, failure by an applicant to provide the information may result in denial or possible rejection of the individual’s application to enter the Armed Forces. For an Armed Forces member, failure to provide the information may result in the individual being placed in a non-deployable status.

### Sample

<table>
<thead>
<tr>
<th>2. LAST NAME - FIRST NAME - MIDDLE NAME (SUFFIX)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sample</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. HOME ADDRESS (Street, Apartment Number, City, State and ZIP Code)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5. HOME TELEPHONE NUMBER (Include Area Code)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>6. GRADE</th>
<th>7. DATE OF BIRTH (YYYY/MMD)</th>
<th>8. AGE</th>
<th>9. SEX</th>
<th>10. RACIAL CATEGORY (If race is known)</th>
<th>10. a) NATIVE AMERICAN</th>
<th>10. b) ASIAN</th>
<th>10. c) BLACK OR AFRICAN AMERICAN</th>
<th>10. d) WHITE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>11. TOTAL YEARS GOVERNMENT SERVICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. MILITARY</td>
</tr>
<tr>
<td>b. CIVILIAN</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>12. AGENCY (Non-Service Members Only)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>13. ORGANIZATION UNIT AND UC/UCODE</th>
</tr>
</thead>
<tbody>
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<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>14. RATING OR SPECIALTY (Aerators Only)</th>
<th>15. SERVICE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Army</td>
</tr>
<tr>
<td></td>
<td>Navy</td>
</tr>
<tr>
<td></td>
<td>Marine Corps</td>
</tr>
<tr>
<td></td>
<td>Air Force</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>16. NAME OF EXAMINING LOCATION, AND ADDRESS (Include ZIP Code)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

#### CLINICAL EVALUATION

**Note:** (Describe every abnormality in detail. Enter patient’s name number before each comment. Continue in item 73 and use additional sheets if necessary.)

<table>
<thead>
<tr>
<th>17. Head, face, neck, and scalp</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>18. Ear</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>19. Nose</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>20. Mouth and throat</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>21. Lungs and heart (Breath sounds)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>22. Vascular system</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>23. Arteries and vessels (Hemorrhoids)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>24. External genitalia (Genitourinary)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>25. Lymphatic system</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>26. Skin and muscles (Extremities)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>27. Nervous system</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>28. Skeletal system</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>29. Psychiatric</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>30. Endocrine</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>31. DENTAL DEFECTS AND DISEASE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>32. Acceptable</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>33. BITE (Cont’d) (Circle category)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>34. Normal Arch</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>35. Minimal</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>36. Asymptomatic</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>37. Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>38. Moderate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>39. Severe</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

### DD FORM 2808, OCT 2005

Page 7 of 3 Pages

PREVIOUS EDITION IS OBSOLETE.
Sample
Sample
Authorization for Disclosure of Medical or Dental Information

PRIVACY ACT STATEMENT
In accordance with the Privacy Act of 1974 (Public Law 93-579), the notice informs you of the purpose of the form and how it will be used. Please read it carefully.

PRINCIPAL PURPOSE(S): This form is to provide the Military Treatment Facility/Dental Treatment Facility/TRICARE Health Plan with a means to request the use and/or disclosure of an individual's protected health information.

ROUTINE USE(S): To any third party or the individual upon authorization for the disclosure from the individual for: personal use; insurance; continued medical care; school; legal; retirement/separation; or other reasons.

DISCLOSURE: Voluntary. Failure to sign the authorization form will result in the non-release of the protected health information.

This form will not be used for the authorization to disclose alcohol or drug abuse patient information from medical records or for authorization to disclose information from records of an alcohol or drug abuse treatment program. In addition, any use as an authorization to use or disclose psychotherapy notes may not be combined with another authorization except one to use or disclose psychotherapy notes.

SECTION I - PATIENT DATA

1. NAME (Last, First, Middle Initial)  
2. DATE OF BIRTH (YYYYMMDD)  
3. SOCIAL SECURITY NUMBER

4. PERIOD OF TREATMENT: FROM - TO (YYYYMMDD)

5. TYPE OF TREATMENT (X one)
   - OUTPATIENT
   - INPATIENT
   - BOTH

SECTION II - DISCLOSURE

6. I AUTHORIZE
   __________________________
   (Name of Facility/TRICARE Health Plan)
   TO RELEASE MY PATIENT INFORMATION TO:

   a. NAME OF PHYSICIAN, FACILITY, OR TRICARE HEALTH PLAN
   b. ADDRESS (Street, City, State and ZIP Code)

   c. TELEPHONE (Include Area Code)
   d. FAX (Include Area Code)

7. REASON FOR REQUEST/USE OF MEDICAL INFORMATION (X as applicable)
   - PERSONAL USE
   - CONTINUED MEDICAL CARE
   - SCHOOL
   - OTHER (Specify)
   - INSURANCE
   - RETIREMENT/SEPARATION
   - LEGAL

8. INFORMATION TO BE RELEASED
   Sample

9. AUTHORIZATION START DATE (YYYYMMDD)  
10. AUTHORIZATION EXPIRATION DATE (YYYYMMDD)  
   ACTION COMPLETED

SECTION III - RELEASE AUTHORIZATION

I understand that:

a. I have the right to revoke this authorization at any time. My revocation must be in writing and provided to the facility where my medical records are kept or to the TMA Privacy Officer if this is an authorization for information possessed by the TRICARE Health Plan rather than an MTF or DTF. I am aware that if I later revoke this authorization, the person(s) I herein name will have used and/or disclosed my protected information on the basis of this authorization.

b. If I authorize my protected health information to be disclosed to someone who is not required to comply with federal privacy protection regulations, then such information may be re-disclosed and would no longer be protected.

c. I have a right to inspect and receive a copy of my own protected health information to be used or disclosed, in accordance with the requirements of the federal privacy protection regulations found in the Privacy Act and 45 CFR § 164.524.

d. The Military Health System (which includes the TRICARE Health Plan) may not condition treatment in MTFs/DFTs, payment by the TRICARE Health Plan, enrollment in the TRICARE Health Plan or eligibility for TRICARE Health Plan benefits on failure to obtain this authorization.

I request and authorize the named provider/treatment facility/TRICARE Health Plan to release the information described above to the named individual/organization indicated.

11. SIGNATURE OF PATIENT/PARENT/LEGAL REPRESENTATIVE

12. RELATIONSHIP TO PATIENT
   (If applicable)

13. DATE (YYYYMMDD)

SECTION IV - FOR STAFF USE ONLY (To be completed only upon receipt of written revocation)

14. X IF APPLICABLE: AUTHORIZATION REVOKED

15. REVOCATION COMPLETED BY

16. DATE (YYYYMMDD)

17. IMPRINT OF PATIENT IDENTIFICATION PLATE WHEN AVAILABLE
   SPONSOR NAME:
   SPONSOR RANK:
   FMP/SPONSOR SSN:
   BRANCH OF SERVICE:
   PHONE NUMBER:

DD FORM 2870, DEC 2003

Figure H – 27, Example DD Form 2870
Authorization for Disclosure of Medical or Dental Information
MEMORANDUM FOR DENTAL PATIENTS

SUBJECT: Policy Statement #24 – Dental Appointment Policy

1. “Thank you” in advance for keeping your dental appointments. The demand for dental care far exceeds the dental capabilities at the Fort Sam Houston Dental Activity. Failed appointments are a waste of our most precious resource, i.e. TIME! When you are late for an appointment, or fail to show up, it means someone else won’t receive care they need or will wait longer to have it provided. All appointments, especially restorative services and dental hygiene (teeth cleaning) are very limited due to the size of our staff. Please help us work as efficiently as possible.

2. If there is any reason that you need to reschedule or cancel an appointment, please let our front desk staff know at least 24 hours in advance. A cancellation shortly before the appointment time does not give us the opportunity to fill the vacancy.

3. Please arrive about 10 minutes before your appointment time. If 5 or more minutes have elapsed beyond the appointment time, the doctors have been asked to fill these times immediately with a patient waiting for an examination and/or routine dental care.

4. With your help we will be able to deliver the highest quality dental care to the greatest number of patients. However, if you neglect to cancel appointments in advance, or fail more than one appointment, it will be necessary for you to speak with the clinic NCOIC or OIC before obtaining any additional appointments.

5. The entire staff looks forward to keeping you dentally fit by providing the highest quality oral health care.

Colonel, DC
Commanding

I have read and understand the contents of this memorandum.

Patient Signature Date
H-6. SF and OF forms
Figures H-29 through H-35 are Example Standard Forms (SF) and Optional Forms (OF).

**Sample**

<table>
<thead>
<tr>
<th>MEDICAL RECORD</th>
<th>CONSULTATION SHEET</th>
</tr>
</thead>
<tbody>
<tr>
<td>TO:</td>
<td>FROM: (Requesting physician or activity)</td>
</tr>
<tr>
<td>DATE OF REQUEST</td>
<td></td>
</tr>
<tr>
<td>REASON FOR REQUEST (Complaints and findings)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PROVISIONAL DIAGNOSIS</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>DOCTOR'S SIGNATURE</th>
<th>APPROVED</th>
<th>PLACE OF CONSULTATION</th>
<th>ROUTINE</th>
<th>TODAY</th>
<th>ROUTINE</th>
<th>E</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**CONSULTATION REPORT**

<table>
<thead>
<tr>
<th>RECORD REVIEWED</th>
<th>YES</th>
<th>NO</th>
<th>PATIENT EXAMINED</th>
<th>YES</th>
<th>NO</th>
<th>TELEMEDICINE</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>

(Continue on reverse side)

<table>
<thead>
<tr>
<th>SIGNATURE AND TITLE</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HOSPITAL OR MEDICAL FACILITY</th>
<th>RECORDS MAINTAINED AT</th>
<th>DEPARTMENT/SERVICE OF PATIENT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>RELATION TO SPONSOR</th>
<th>SPONSOR'S NAME (Last, First, Middle)</th>
<th>SPONSOR'S ID NUMBER (SSN or Other)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PATIENT'S IDENTIFICATION</th>
<th>REGISTER NO.</th>
<th>WARD NO.</th>
</tr>
</thead>
<tbody>
<tr>
<td>(For typed or written entries, give: Name – last, first, middle; ID no. (SSN or other); Sex; Date of Birth; Rank/Grade)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**CONSULTATION SHEET**

Medical Record

STANDARD FORM 513 (Rcv. 4-98)
Prescribed by GSA/CMR FMPR (41 CFR 101-11.203)(b)(10)
USAFA V1.00

131

Figure H–29, Example, SF Form 513
Consultation Sheet
### Sample

#### BRIEF CLINICAL HISTORY

Inclusion of lesion and rapidity of growth, if a neoplasm

#### PREOPERATIVE DIAGNOSIS

#### OPERATIVE FINDINGS

#### POSTOPERATIVE DIAGNOSIS

<table>
<thead>
<tr>
<th>SIGNATURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME OF SIGNER</td>
</tr>
<tr>
<td>TITLE OF SIGNER</td>
</tr>
</tbody>
</table>

#### PATHOLOGICAL REPORT

| NAME OF LABORATORY |
| ACCESSION NO(S). |

#### GROSS DESCRIPTION, HISTOLOGIC EXAMINATION AND DIAGNOSES

#### SIGNATURE OF PATHOLOGIST

| NAME OF PATHOLOGIST |
| DATE |

#### HOSPITAL OR MEDICAL FACILITY

| RECORDS MAINTAINED AT |
| DEPARTMENT/SERVICE OF PATIENT |

#### RELATION TO SPONSOR

| SPONSOR'S NAME (last, first, middle) |
| SPONSOR'S ID NUMBER (SSN or Other) |

#### PARENT'S IDENTIFICATION

| FOR TYPED OR WRITTEN ENTRIES, GIVE: NAME-LAST, FIRST, MIDDLE; ID NO. (SSN OR OTHER); SEX; DATE OF BIRTH; RANK/GRADE |
| REGISTER NO. |
| WARD NO. |

#### TISSUE EXAMINATION

Medical Record

---

*Figure H – 30, Example, SF Form 515 Tissue Examination*
Sample

Figure H–31, Example, SF Form 519-B
Radiologic Consultation Request/Report
**Sample**

### MEDICAL RECORD

#### REQUEST FOR ADMINISTRATION OF ANESTHESIA AND FOR PERFORMANCE OF OPERATIONS AND OTHER PROCEDURES

#### A. IDENTIFICATION

<table>
<thead>
<tr>
<th>OPERATION OR PROCEDURE</th>
<th>INJECTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANESTHESIA</td>
<td>TRANSFUSION</td>
</tr>
</tbody>
</table>

#### B. STATEMENT OF REQUEST

2. The nature and purpose of the operation or procedure, possible alternative methods of treatment, the risks involved, and the possibility of complications have been fully explained to me. I acknowledge that no guarantees have been made to me concerning the results of the operation or procedure. I understand the nature of the operation or procedure to be describe operation or procedure in patient's language.

which is to be performed by or under the direction of Dr.

3. I request the performance of the above-named operation or procedure and of such additional operations or procedures as are found to be necessary or advisable, in the judgment of the professional staff of the below-named medical facility, during the course of the above-named operation or procedure.

4. I request the administration of such anesthesia as may be considered necessary or advisable in the judgment of the professional staff of the below-named medical facility.

5. Exceptions to surgery or anesthesia, if any are:

   (If none, so state)

6. I request the disposal by authorities of the below-named medical facility of any tissues or parts which it may be necessary to remove.

7. I understand that photographs and movies may be taken of this operation, and that they may be viewed by various personnel undergoing training or indoctrination at this or other facilities. I consent to the taking of such pictures and observation of the operation by authorized personnel, subject to the following conditions:

   a. The name of the patient and his/her family is not used to identify said pictures.

   b. Said pictures be used only for purposes for medical/dental study or research.

(Cross out any parts above which are not appropriate)

#### C. SIGNATURES

(Appropriate items in parts A and B must be completed before signing)

8. COUNSELING PHYSICIAN/DENTIST: I have counseled this patient as to the nature of the proposed procedure(s), attendant risks involved, and expected results, as described above. I have also discussed potential problems related to recuperation, possible results of non-treatment, and significant alternative therapies.

(Signature of Counseling Physician/Dentist)

9. PATIENT: I understand the nature of the proposed procedure(s), attendant risks involved, and expected results, as described above, and hereby request such procedure(s) be performed.

(Signature of Patient)  (Date and Time)

10. SPONSOR OR GUARDIAN: When patient is a minor or unable to give consent.

   (signature of sponsor/guardian)  
   understood the nature of the proposed procedure(s), attendant risks involved, and expected results, as described above, and hereby request such procedure(s) be performed.

(Signature of Sponsor/Legal Guardian)  (Date and Time)

#### PATIENT'S IDENTIFICATION

For typed or written entries, give Name - first, middle, last (if any), Social Security or other, Hospital or medical facility

<table>
<thead>
<tr>
<th>REGISTRATION NO.</th>
<th>Waiver No.</th>
</tr>
</thead>
</table>

### REQUEST FOR ADMINISTRATION OF ANESTHESIA AND FOR PERFORMANCE OF OPERATIONS AND OTHER PROCEDURES

Medical Record

OPTIONAL FORM 522 (REV. 8/2009)

Prescribed by OSA-OMA File 43 CF 102-222-220

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**Figure H-32, Example, OF Form 522**

Medical Record – Request for Administration of Anesthesia and for Performance of Operations and Other Procedures
Sample

Figure H – 33, Example, SF Form 557
Miscellaneous
## Sample Figure H – 34, Example, SF Form 603

### Health Record

<table>
<thead>
<tr>
<th>SECTION I. PRESENTING DENTAL STATUS</th>
<th>DENTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>PAGE: 1</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>1. PURPOSE OF EXAMINATION</th>
<th>2. TYPE OF EXAM.</th>
<th>3. DENTAL CLASSIFICATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>INITIAL</td>
<td>SEPARATION</td>
<td>OTHER (Specify)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. MISSING TEETH, EXISTING RESTORATIONS, AND PROSTHETIC APPLIANCES</th>
<th>REMARKS</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>USE ONLY IF DIFFERENT FROM BOX 7 BELOW</th>
</tr>
</thead>
<tbody>
<tr>
<td>PLACE OF EXAMINATION</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SIGNATURE OF DENTIST COMPLETING THIS SECTION</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>5. DISEASES AND ABNORMALITIES</th>
<th>REMARKS</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>PLACE OF EXAMINATION</th>
<th>DATE</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>EXAMINING DENTIST AND FACILITY</th>
<th>SIGNATURE OF DENTIST</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>PANORAMIC RADIOPHGRAPHS</th>
<th>FULL MOUTH PERIAPICAL</th>
<th>POSTERIOR BITE-WINGS</th>
<th>OTHER</th>
<th>NOWE TAKEN</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>PATIENT'S IDENTIFICATION (Use this Space for Mechanical Imprint)</th>
<th>PATIENT'S NAME (Last, First, Middle Initial)</th>
<th>SEX</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>DATE OF BIRTH</th>
<th>RELATIONSHIP TO SPONSOR</th>
<th>SPONSOR'S NAME</th>
<th>RANK/GRADE</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>SSN OR IDENTIFICATION NO.</th>
<th>ORGANIZATION</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>EXCEPTION TO SF 603</th>
<th>DENTAL</th>
</tr>
</thead>
</table>

| APPROVED BY GSA/RMS 1-91 | Standard Form 603 (Rev 10-75) |

---

Figure H – 34, Example, SF Form 603

Health Record
SECTION II. CHRONOLOGICAL RECORD OF DENTAL CARE

8. RESTORATIONS AND TREATMENTS (Completed during service)

9. SUBSEQUENT DISEASES AND ABNORMALITIES

Sample

10. SERVICES PROVIDED

<table>
<thead>
<tr>
<th>DATE</th>
<th>SYMPTOMS, DIAGNOSIS, TREATMENT, PROVIDER, TREATMENT FACILITY (Sign each entry)</th>
<th>CLASS</th>
</tr>
</thead>
</table>

PATIENT'S NAME: SF 603 (SIDE 2)

Figure H –34 (Cont'd), Example, SF Form 603, Health Record

137
Sample

Figure H–35, Example, SF Form 603A
Health Record
### Sample

#### Section II. Chronological Record of Dental Care

**8. Restorations and Treatments (Completed during service)**

<table>
<thead>
<tr>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
<th>F</th>
<th>G</th>
<th>H</th>
<th>I</th>
<th>J</th>
</tr>
</thead>
<tbody>
<tr>
<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>
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<td>15</td>
<td>16</td>
<td>17</td>
<td>18</td>
<td>19</td>
<td>20</td>
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</table>

**9. Subsequent Diseases and Abnormalities**

<table>
<thead>
<tr>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
<th>F</th>
<th>G</th>
<th>H</th>
<th>I</th>
<th>J</th>
</tr>
</thead>
<tbody>
<tr>
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<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
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<tr>
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<td>12</td>
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<td>14</td>
<td>15</td>
<td>16</td>
<td>17</td>
<td>18</td>
<td>19</td>
<td>20</td>
</tr>
</tbody>
</table>

### 10. Services Provided

<table>
<thead>
<tr>
<th>Date</th>
<th>Symptoms, Diagnosis, Treatment, Provider, Treatment Facility (Sign each entry)</th>
<th>Class</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

**Patient's Name:**

**SSN:**

---

*Figure H–35 (Cont’d), Example, SF Form*

*603A, Health Record*
I-1. General
This appendix provides guidance on the taping of dental records.

I-2. Taping dental treatment records
Refer to figure I-1 below for a memorandum regarding the taping of dental treatment records. Figure I – 2 below is an example of DA Form 3444-6, the dental treatment record jacket.
MEMORANDUM FOR Commander U. S. Army Dental Activity (DENTAC)

SUBJECT: Taping Dental Treatment Records

1. Streamlining the management of dental records can save activities valuable administrative time. Facilities that have successfully transitioned to clinic management software have found these automated systems provide a viable alternative to taping dental treatment records (DTR) as a means to identify dental classification.

2. Effective immediately, DENTAC commanders may waive the requirement to tape DTRs for dental classification when an automated clinic management system has proven equally effective in providing an accurate and timely accounting of dental readiness. Commanders who exercise this waiver will:
   
   a. Maintain the capability to provide current readiness data during periods of computer failure or when a knowledgeable computer operator is not immediately available. A non-automated backup system is suggested (e.g. weekly printouts of readiness data).
   
   b. Continue to tape DTRs for dental classification when the soldier out processes to another installation. This will maintain a continuity of process between automated and non-automated locations.

3. All dental treatment facilities will continue the current procedure of taping DTRs for terminal digit SSN and beneficiary category as a method to identify misfiled DTRs.

4. All active duty DTRs must contain a diagnostic quality panograph. However, the requirement to tape DTRs to indicate the presence of the panograph (Memorandum, MCDS, 18 Feb 1997, Subject: Taping Dental Records is rescinded.

Figure I - 1. Example Memorandum for Taping Dental Treatment Records
### Treatment Record

For use of this form, see AR 40-66; the proponent agency is OTSG

**NOTE TO PHYSICIAN:**
- Medical Condition *(Medical Warning Tag)*
- Personnel Reliability Program *(Screening)*
- Radiation Screening Program
- Flight Status
- Medical Registries
- Blood Type

**TYPE OF RECORD:**
- Inpatient *(Clinical)*
- Outpatient Treatment
- Health
- Health - Dental
- Dental *(Non-Military)*
- ADAOCP OMR
- Civilian Employee Medical Record

---

**Figure I - 2. Taping Dental Treatment Records**
APPENDIX J

TREATMENT PLANNING WITH
DA FORM 3984

J-1. General
This appendix provides guidance on caries diagnosis and risk assessment.

J-2. Figures
Figure J-1 below is a sample DA Form 3984. Figure J-2 below is an excerpt from The Journal of the American Dental Association (JADA) regarding caries risk classification guidelines and prevention modalities.
**DENTAL TREATMENT PLAN**

**SECTION I - PLANNED TREATMENT AND SEQUENCE OF ACCOMPLISHMENT**

Check items in Column c to indicate treatment planned. If sequence of treatment is other than that printed in column b, use numbers (1 thru 10) in column c to show desired order.

<table>
<thead>
<tr>
<th>LINE</th>
<th>CODE</th>
<th>TYPE TREATMENT</th>
<th>PLANNED SEQUENCE</th>
<th>ACCOMPLISHED</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>A</td>
<td>URGENT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>B</td>
<td>PERIODONTAL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>C</td>
<td>PROPHYLAXIS</td>
<td>SmF2 PASTE</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>D</td>
<td>TOPICAL SmF2</td>
<td>REPEAT AFTER</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>MONTHS</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>E</td>
<td>COUNSELING IN SELF CARE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>F</td>
<td>OCCLUSION</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>G</td>
<td>SURGERY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>H</td>
<td>RESTORATIONS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>I</td>
<td>PROSTHESSES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>J</td>
<td>OTHER (specify)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**CHART**

Chart ONLY missing teeth and TREATMENT TO BE ACCOMPLISHED. Do NOT chart existing Pathology or Restorations.

**12. REMARKS OR INSTRUCTIONS**

Use this space for additional clarification of recommended treatment or for describing treatment which does not lend itself to charting. Indicate nature of treatment and teeth or other tissues involved. Identify entry by code letter (Column c, above).

**Narrative:** Subjective Findings: the patient's chief complaint, medical history, past dental history, level of oral hygiene and oral hygiene habits, dietary items of significance; tobacco usage, etc.

Objective Findings: periodontal status, level of plaque control/index (e.g., Modified O'Leary), radiographic findings, problem list, ADA risk assessment level for caries, periodontal status/PSR; problem list

**NOTE:** In the phases listed below, the most efficient treatment plan lists what will be accomplished at each appointment.

**Phases of treatment:**

1. Systemic phase; Medical risk status of patient (ASA I - IV)
2. Urgent Phase: (a) Class 3 conditions; (b) infection, pain, bleeding, swelling; (c) Esthetics (e.g., anteriors)
3. Disease Control Phase: treat active oral disease; Note: In patients with extensive disease, initial treatment plan may only be determined through this phase; patient must demonstrate that an acceptable level of oral health can be maintained.
4. Re-evaluation Phase: (a) Specific phase in treatment when patient should be healthy and free of active disease; (b) corrective treatment to restore function & aesthetics has favorable long-term prognosis only in compliant patients.
5. Corrective phase: Greatest investment of resources - prosth, ortho, surgical periodontics, etc. Again, if patient cannot demonstrate acceptable level of oral hygiene and oral health, do not go into this phase - ADA risk assessment.
6. Maintenance Phase: Final phase of initial treatment plan and the initial phase of treatment ensuring the long-term success of the treatment plan.

**SECTION II - PATIENT IDENTIFICATION**

<table>
<thead>
<tr>
<th>16. SEX</th>
<th>17. RACE</th>
<th>18. GRADE</th>
<th>19. ORGANIZATION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>20. PATIENT'S LAST NAME - FIRST NAME - MIDDLE INITIAL</th>
<th>21. DATE OF BIRTH</th>
<th>22. IDENTIFICATION NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Caries Risk Classification Guidelines and Prevention Modalities**

**AGE CATEGORY FOR RECALL PATIENTS**

<table>
<thead>
<tr>
<th>Risk Category</th>
<th>CARIES RISK CLASSIFICATION GUIDELINES</th>
<th>CARIES PREVENTION MODALITIES BY RISK STATUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
<td>No carious lesions in last 3 years</td>
<td>Educational reinforcement re: good oral hygiene and use of fluoride dentifrice</td>
</tr>
<tr>
<td></td>
<td>Adequately restored surfaces</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Good oral hygiene</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Regular dental visits</td>
<td></td>
</tr>
<tr>
<td>Moderate</td>
<td>One carious lesion in last 3 years</td>
<td>One year recall</td>
</tr>
<tr>
<td></td>
<td>Exposed roots</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Fair oral hygiene</td>
<td><strong>Pit and Fissure Caries: sealants</strong></td>
</tr>
<tr>
<td></td>
<td>White spots &amp;/or interproximal radiolucencies</td>
<td><strong>Smooth Surface, Recurrent &amp; Root Caries:</strong> Educational reinforcement</td>
</tr>
<tr>
<td></td>
<td>Irregular dental visits</td>
<td>Dietary counseling</td>
</tr>
<tr>
<td></td>
<td>Orthodontic treatment</td>
<td>Fluoride mouthrinse</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Professional topical fluoride</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Sealants</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Brush w/fluoride dentifrice</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Six month recall</td>
</tr>
<tr>
<td>High</td>
<td>≥ 2 carious lesions in last 3 years</td>
<td><strong>Pit &amp; Fissure Caries: sealants</strong></td>
</tr>
<tr>
<td></td>
<td>Past root caries; or large # of exposed roots</td>
<td><strong>Smooth Surface, Root &amp; Recurrent Caries:</strong> Educational reinforcement</td>
</tr>
<tr>
<td></td>
<td>Elevated mutans streptocci count</td>
<td>Brush w/fluoride dentifrice</td>
</tr>
<tr>
<td></td>
<td>Deep pits &amp; fissures</td>
<td>Sealants</td>
</tr>
<tr>
<td></td>
<td>Poor oral hygiene</td>
<td>Home fluoride (mouthrinse/ 1.1 % sodium fluoride gel)</td>
</tr>
<tr>
<td></td>
<td>Inadequate use of topical fluoride</td>
<td>Professional topical fluoride each visit</td>
</tr>
<tr>
<td></td>
<td>Irregular dental visits</td>
<td>3-6 month recall</td>
</tr>
<tr>
<td></td>
<td>Inadequate saliva flow</td>
<td>Monitoring S. mutans count</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Antimicrobial agents</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Dietary counseling</td>
</tr>
</tbody>
</table>

*Figure J - 2 Example, Caries Risk Classification Guidelines and Prevention Modalities*
K-1. General
This appendix provides guidance on the standardization of oral health and readiness classifications.

K-2. Oral Health and Readiness Classification System
For HA Policy 02-11, DOD Oral Health and Readiness Classification System see figure K-1 below.
Department of Defense
Oral Health and Readiness Classification System

The oral health status of uniformed personnel shall be classified as follows:

a. **Class 1 (Oral Health):** Patients with a current dental examination, who do not require dental treatment or reevaluation. Class 1 patients are worldwide deployable.

b. **Class 2:** Patients with a current dental examination, who require non-urgent dental treatment or reevaluation for oral conditions, which are unlikely to result in dental emergencies within 12 months. Class 2 patients are worldwide deployable. Patients in dental class 2 may exhibit the following:

   1. Treatment or follow-up indicated for dental caries or minor defective restorations that can be maintained by the patient.

   2. Interim restorations or prostheses that can be maintained for a 12-month period. This includes teeth that have been restored with permanent restorative materials for which protective cuspal coverage is indicated.

   3. Edentulous areas requiring prostheses but not on an immediate basis.

   4. Periodontium that:

      a. requires oral prophylaxis.

      b. requires maintenance therapy.

      c. requires treatment for slight to moderate periodontitis and stable cases of more advanced periodontitis.

      d. requires removal of supragingival or mild to moderate subgingival calculus.

   5. Unerupted, partially erupted, or malposed teeth that are without historical, clinical, or radiographic signs or symptoms of pathosis, but which are recommended for prophylactic removal.

   6. Active orthodontic treatment. The provider should consider placing the patient in passive appliances for deployments up to six months. For longer periods of deployment, the provider should consider removing active appliances and placing the patient in passive retention.

   7. Temporomandibular disorder patients in remission. The provider anticipates the
patient can perform duties while deployed without ongoing care and any medications or appliances required for maintenance will not interfere with duties.

c. **Class 3:** Patients who require urgent or emergent dental treatment. Class 3 patients normally are not considered to be worldwide deployable.

1. Treatment or follow-up indicated for dental caries, symptomatic tooth fracture or defective restorations that cannot be maintained by the patient.

2. Interim restorations or prostheses that cannot be maintained for a 12-month period.

3. Patients requiring treatment for the following periodontal conditions that may result in dental emergencies within the next 12 months.

   a. Acute gingivitis or pericoronitis.

   b. Active progressive moderate or advanced periodontitis.

   c. Periodontal abscess.

   d. Progressive mucogingival condition.

   e. Periodontal manifestations of systemic disease or hormonal disturbances.

   f. Heavy subgingival calculus.

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

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

6. Chronic oral infections or other pathologic lesions including:

   a. Pulpal, periapical, or resorptive pathology requiring treatment.

   b. Lesions requiring biopsy or awaiting biopsy report.

7. Emergency situations requiring therapy to relieve pain, treat trauma, treat acute oral infections, or provide timely follow-up care (e.g., drain or suture removal) until resolved.

8. Acute temporomandibular disorders requiring active treatment that may interfere with duties.

d. **Class 4.** Patients who require periodic dental examinations or patients with unknown dental classifications. Class 4 patients normally are not considered to be worldwide deployable.

*Figure K – 1. (Cont’d) Oral Health and readiness Classification System*
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Section I
Abbreviations

AD  Active duty

ADM  Active duty member

ADT  Active duty for training

ARNG  Army National Guard

ARPERCEN  U.S. Army Reserve Personnel Center

AT  Annual training

AWOL  Absent without leave

CDT3  Current Dental Terminology (3rd Edition)

CAPMI  Computer assisted postmortem identification

CDA  Certified Dental Assistant

CDA  Corporate Dental Application

CHAMPUS  Civilian Health and Medical Program of the Uniformed Services

CHCS  Composite Health Care System
TB MED 250

CHCS II
Composite Health Care System II

CONUS
Continental United States

CPO
Civilian Personnel Office

CPR
Cardiopulmonary Resuscitation

DA
Department of the Army

DC
Dental Corps

DD
Department of Defense (for forms identification)

DDM
Doctor of Dental Medicine

DDS
Doctor of Dental Surgery

DEERS
Defense Enrollment/Eligibility Reporting System

DENTAC
United States Army Dental Activity

DDP
Delta Dental Plan

DEROS
Date eligible to return from overseas

DH
Dental hygienist

OD
Department of Defense (used in correspondence)

DODD
Department of Defense Directive

DODI
Department of Defense Instruction

DTA
Dental therapy assistant

DTF
Dental Treatment Facility

DTR
Dental Treatment Room

DWV
Dental Weighted Value

EFDA
Expanded Functions Dental Assistant

ETS
Expiration term of service

FMP
Family member prefix

FTE
Full time equivalent

FY
Fiscal year

GDE
Graduate Dental Education

GME
Graduate Medical Education

HMO
Health Maintenance Organization

HRC
Human Resource Command

HREC
Health Record
ICD-9-CM
International Classification of Diseases (ICD)-Ninth Revision-Clinical Modification

ID
Identification

IDT
Inactive duty training

IRR
Individual Ready Reserve

ITR
Inpatient treatment record

MACOM
Major Army Command

MC
Medical Corps

MDRTS
Medical and Dental Record Tracking System

MEDCEN
United States Army Medical Center

MEDDAC
Medical Department Activity

Medicaid
Social security health Insurance Program for the Aged

MEPRS
Medical expense and Performance Reporting System

MILPO
Military Personnel Office

MOA
Memorandum of Agreement

MOU
Memorandum of Understanding

MTF
Medical Treatment Facility

NG
National Guard

NATO
North Atlantic Treaty Organization

NLD
Not in the line of duty

NPRC
National Personnel Records Center

NOAA
National Oceanic and Atmospheric Administration

O (in SOAP)
Objective findings

OASD (HA)
Office of the Assistant Secretary of Defense (Health Affairs)

OCONUS
Outside the Continental United States

OF
Optional Form

OFMDP
OCONUS Family Member Dental Program

OHFP
Oral Health Fitness Program

OHMP
Oral Health Maintenance Program

OTAD
Other than active duty

OTJAG
Office of the Judge Advocate General

OTR
Outpatient treatment record
TB MED 250

OTSG
Office of the Surgeon General

PASBA
Patient Administration Systems and Biostatistics Activity

PCM
Primary care manage

PCS
Permanent change of station

PDA
Personal Digital Assistant

PDS
Preventive dentistry specialist

PHS
Public Health Service

POR
Preparation of replacements for oversea movement

PRP
Personnel Reliability Program

QA
Quality assurance

QA/RM
Quality Assurance/Risk Management

QI
Quality Improvement

RC
Reserve Components

REFRAD
Release from active duty.

REFRADT
Release from active duty for training

RDH
Registered Dental Hygienist

**RET**
Retire(ed)

**ROTC**
Reserve Officers’ Training Corps

**SF**
Standard form

**SNODENT**
The American Dental Association’s Systemized Nomenclature for Dentistry

**SOFA**
Status of Forces Agreement

**SOP**
Standing operating procedure

**SRP**
Soldier Readiness Program

**SSN**
Social security number

**TB Med**
Technical Bulletin, Medical

**TDA**
Table of Distribution and Allowances

**TDP**
TRICARE Dental Plan

**TDY**
Temporary Duty

**TDFS**
Terminal Digit Filing System

**TO&E**
Table of Organization and Equipment

**TSF**
Triservice Formulary
Section II
Terms

Accreditation
A formal process by which an Agency or organization evaluates and recognizes an institution or program of study as meeting certain predetermined criteria or standards.

Active duty
Full-time duty in the active military of the United States, including Federal duty on the active list (for National Guard personnel), full-time training duty, annual training, and attendance, while in the active military Service, at a school designated as a service school by law or the Secretary of the Military Department concerned. As it relates to medical care, the term Active Duty does not include Active Duty for Training.

Active Duty for Training
A tour of active duty that is used for training members of the Reserve components to provide trained units and qualified persons to fill the needs of the Armed Forces in time of war or national emergency and such other times as the national security requires. The tour of duty is under orders, which provide for return to non-active status when the period of active duty for training is completed. It includes annual training, special tours of active duty for training, school tours, and the initial tour performed by non-prior service enlistees.

Active Duty Member
A person appointed, enlisted, inducted, or called, ordered, or conscripted into a military service. Active duty members include members of the National Guard or Reserve who are ordered to active duty or active duty for training.

Armed Forces Institute of Pathology
A Tri-Service Agency with a mission of consultation and research in the field of pathology for the Department of Defense.

Armed Forces of the United States
A term used to denote collectively all components of the Army, Navy, Air Force, Marine Corps, and Coast Guard.

Assigned
The state of belonging to a unit and being counted as part of that unit's assigned strength.

Authenticate
A method to denote authorship of an entry made in a patient's medical or dental record by means of a written signature, identifiable initials, a computer key, or a personally-used rubber stamp; also refers to the process of certifying copies as genuine.

Beneficiary
Defined for purposes of 10 USC 1095, the Third Party Collection Program, any person
determined to be eligible for benefits and authorized treatment in an MTF, covered by 10
USC 1074(b), 1076(a) or 1076(b). These are retirees, family members of retirees, and
family members of AD; for purposes of automobile insurance, authority extends to AD
members of the Uniformed Services.

**Board-Certified**
A term that describes a physician or other health professional who has passed an
examination given by a professional specialty board and has been certified by that board
as a specialist in that subject.

**Branch of Service**
Army, Navy, Air Force, and Marine Corps.

**Cardiopulmonary Resuscitation (CPR)**
A lifesaving technique that provides artificial circulation and breathing to a person whose
heart and lungs have stopped functioning because of a heart attack, shock, drowning, or
other cause.

**Catchment Area**
The defined geographic area served by a hospital, clinic, or dental clinic and delineated
on the basis of such factors as population distribution, natural geographic boundaries, and
transportation accessibility. For the DoD Components, those geographic areas are
determined by the Assistant Secretary of Defense (Health Affairs) and are defined by a
set of 5-digit zip codes, usually within an approximate 40-mile radius of military
inpatient treatment facilities.

**Certification**
The process by which a Governmental or non-Governmental Agency or association
evaluates and recognizes a person who meets predetermined standards; it is sometimes
used with reference to materials or services. "Certification" is usually applied to individuals and "accreditation" to
institutions.

**Charge**
The dollar amount charged by a hospital, physician, or other healthcare provider for a
unit of service, such as a stay in an inpatient unit or a specific medical or dental
procedure.

**Civilian Health and Medical Program of the Uniformed Services CHAMPUS)**
An indemnity-like program called TRICARE standard that is available as an option under
DoD’s TRICARE program. There are deductibles and cost shares for care delivered by
civilian healthcare providers to active duty family members, retirees and their family
members, certain survivors of deceased members and certain former spouses of members
of the seven Uniformed Services of the United States.
Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA)
A program administered by the Department of Defense for the Department of Veterans Affairs that cost-shares for care delivered by civilian health providers to family members of totally disabled veterans that are eligible for retirement pay from a Uniformed Service of the United States.

Claim
Any request for payment for services rendered related to care and treatment of a disease or injury that is received from a beneficiary, a beneficiary's representative, or an in-system or out-of-system provider by a CHAMPUS FI/Contractor on any CHAMPUS-approved claim form or approved electronic media. Types of claims and/or data records include Institutional, Inpatient Professional Services, Outpatient Professional Services (Ambulatory), Drug, Dental, and Program for the Handicapped.

Clinical Privileges
The permission to provide medical, dental, and other patient care services in the granting institution, within defined limits, based on the individual's education, professional license, experience, competence, ability, health, and judgment.

Clinical Support Staff
Personnel who are required to be licensed but are not included in the definition of healthcare Practitioners. This category includes dental hygienists and non-privileged nurses.

Clinician
A "clinician" is defined as a physician or dentist practitioner normally having admitting privileges and primary responsibility for care of inpatients. Interns and resident physicians and dentists are considered clinicians only for purposes of meeting the requirements of the Manual and NOT for the purposes of JCAHO accreditation, credentialing, etc. A physician or dentist assigned to and/or working at a clinic with no inpatient capability will still be considered a clinician on the premise that if assigned to a hospital, he or she would have admitting privileges. For manpower purposes, all physicians and dentists are considered clinicians. For expense purposes, clinician salary expenses are processed in a manner that will align inpatient expenses to permit comparison between civilian facility and military facility inpatient care costs. Salary expenses to be accounted for separately will be for those clinicians whose services are normally provided in the civilian sector by clinicians not employed by the hospital and who bill the patient directly.

Clinician, MEPRS
A physician or dentist practitioner normally having admitting privileges and primary responsibility for care of inpatients. Interns and resident physicians and dentists are considered to be clinicians as far as the reporting categories only for the purposes of meeting the requirements for MEPRS.
**Coinsurance**
A provision in a member's coverage that limits the amount of coverage by the plan to a certain percentage, commonly 80 percent. Any additional costs are paid by the member out of pocket.

**Combat Service Support**
The essential capabilities, functions, activities and tasks necessary to sustain all elements of operating forces in theater at all levels of war. (See Joint Pub 4-02)

**Command and Control**
The exercise of authority and direction by a properly designated commander over assigned forces in the accomplishment of the mission.

**Communications Zone**
The rear part of a theater of operations (behind but contiguous to the combat zone) that contains the lines of communication, establishments for supply and evacuation and other agencies required for immediate support and maintenance of the field forces.

**Composite Health Care System (CHCS)**
A medical AIS that provides patient facility data management and communications capabilities. Specific areas supported include: MTF healthcare (administration and care delivery), patient care process (integrates support--data collections and one-time entry at source), ad hoc reporting, patient registration, admission, disposition, and transfer, inpatient activity documentation, outpatient administrative data, appointment scheduling and coordination (clinics, providers, nurses, and patients), laboratory orders (verifies and processes), drug and lab test interaction, quality control and test reports, radiology orders (verifies and processes), radiology test result identification, medication order processing (inpatient and outpatient), medicine inventory, inpatient diet orders, patient nutritional status data, clinical dietetics administration, nursing, order-entry, eligibility verification, provider registration, and the Managed Care Program.

**Composite Lab Value (CLV)**
A weighted time factor for dental laboratory procedures.

**Computer assisted postmortem identification (CAPMI)**
The CAPMI is a computer program that uses an electronic dental profile of an individual to rapidly sort for possible identification matches in the event of mass casualty situations. It relies on accurate dental examination data to improve both the speed and accuracy of the forensic identification process.

**Consultant**
An expert in a specific medical, dental, or other health services field who provides specialized professional advice or services upon request.

**Consultation**
A deliberation with a specialist concerning the diagnosis or treatment of a patient. To
qualify as a consultation (for statistical measure) a written report to the requesting healthcare professional is required.

**Continental United States (CONUS)**
United States territory, including the adjacent territorial waters located within the North American continent between Canada and Mexico. Alaska and Hawaii are not part of the CONUS (The 48 contiguous States and the District of Columbia).

**Continuing Education**
Officers, equivalent civilians, and selected enlisted personnel working in a medical specialty, have a responsibility to maintain their knowledge within their professional discipline. Often this responsibility has been codified into a professional requirement either by nationally recognized certifying associations and/or boards, State licensure bodies, or military medical departments. This type of training requirement has become known as continuing education. The salary expenses of military and civilian personnel meeting these requirements shall be included. It is education beyond initial professional preparation that is relevant to the type of patient care delivered in the organization, and/or provides current knowledge relevant to the individual's field of practice, and/or healthcare delivery in general.

**Continuum of Care**
A way of looking at the level and type of care provided to individuals from the most acute and intensive to the least acute and least intensive. The concept of the continuum is important because integrated health networks of the future will be expected to provide the entire range of services contained on the continuum.

**Contractor (TRICARE/GOVERNMENT CONTRACTOR).**
A Government-selected civilian healthcare organization designated on a region by region and/or area by area bid-price contractual basis. Each TRICARE contractor supplements all tri-Service military direct care for beneficiaries in the applicable geographical area. The Contractor provides managed care support to TRICARE Prime enrollees and organizes the Preferred Provider Network (PPN) for beneficiaries in TRICARE Prime and those utilizing TRICARE Extra.

**Co-payment**
That portion of a claim or medical expense that an individual must pay out of pocket. It is usually a fixed amount, such as $5 in many HMOs.

**Cost Assignment**
MEPRS uses a standard cost assignment methodology to distribute expense from MEPRS cost pool accounts, MEPRS ancillary accounts, and MEPRS support service accounts to other MEPRS accounts (i.e., inpatient, outpatient, dental specialty programs and readiness accounts). "Cost distribution" is often used as a synonym for cost assignment.

**Credentialing**
The most common use of the term refers to obtaining and reviewing the documentation of
professional providers. Such documentation includes licensure, certifications, insurance, evidence of malpractice insurance, malpractice history, and so forth. It generally includes both reviewing information provided by the provider as well as verification that the information is correct and complete. A much less frequent use of the term applies to closed panels and medical groups and refers to obtaining hospital privileges and other privileges to practice medicine.

Credentials
The documents that constitute evidence of qualifying education, training, licensure, certification, experience and expertise of healthcare providers. It includes professional qualifications such as a professional degree, post-graduate training and education, board certification, and licensure, etc.

CREDENTIALS PROCESS AND REVIEW
The application and screening process whereby healthcare providers have their credentials evaluated before being granted clinical privileges or assigned patient care responsibility.

Deductible
That portion of a subscriber's (or member's) healthcare expenses that must be paid out-of-pocket before any insurance coverage applies: It is commonly $100 to $300 in insurance plans and PPOs but uncommon in HMOs. It may apply only to the out-of-network portion of a point-of-service plan.

DEERS Registration
The process whereby a potentially eligible DOD healthcare beneficiary presents documentation that establishes his or her eligibility for healthcare in the MHS system, and that fact is documented in the Defense Enrollment Eligibility Reporting System (DEERS).

Defense Dental Standard System (DDSS)
As the standard DOD Dental AIS, will provide comprehensive dental service capabilities to the entire DOD medical community. It will support clinical laboratory management, including field offices. Projected functional requirements include patient appointing and scheduling, management reports (workload, expenses, and personnel), enrollment eligibility verification, electronic healthcare record imaging, care documentation (POS), requirements collection (dental treatment), periodic dental exam program, workload capture (clinics and laboratories), interactive logistics management, order entry (prosthetics and oral pathology labs, and imaging services), case design support (prosthetic labs), interactive consultation (teleradiology), forensic dentistry support, personnel fitness classifications for readiness reporting, theater support, and patient registration.

Defense Enrollment Eligibility Reporting System-Deoxyribonucleic Acid (DEERS-DNA).
A medical AIS that provides centralized, automated support to the Army, Navy and Air
Force medical departments in the tracking of DNA samples.

**Defense Enrollment Eligibility Reporting System-Enrollment (DEERS-Enrollment)**
A medical AIS that provides enrollment verification information for individuals entitled to Uniformed Services benefits.

**Defense Enrollment Eligibility Reporting System Registration-(DEERS-Registration).**
The process whereby a potentially eligible DOD health care beneficiary presents documentation that establishes his or her eligibility for healthcare in the MHS system, and that fact is documented in the Defense Enrollment Eligibility Reporting System (DEERS).

**Defense Medical Information System (DMIS).**
A medical AIS that supports the collection, integration, validation, analysis, and reporting of data related to MHS. Functions include: analyses (budget formulation, resource allocation, utilization management, and quality improvement), catchment area directory, CHAMPUS use and expense, MEPRS-based use and expense, inpatient biometrics, outpatient biometrics, facilities data (MTF and higher), and MIS/Micro DMIS (summary of inpatient and outpatient utilization data).

**Defense Medical Information System (DMIS) Identification Code (ID).**
The Defense Medical Information System identification code for fixed medical and dental treatment facilities for the tri-Services, the U.S. Coast Guard, and USTFs. In addition, DMIS IDs are given for non-catchment areas, administrative units such as the Surgeon General's office of each of the tri-Services, and other miscellaneous entities.

**Deferred Non-Emergency Care**
Medical or dental care (such as eye refraction, immunizations, dental prophylaxis, and so on) that can be delayed without risk to the patient.

**Dental**
Of, pertaining to, or dealing with the healing art and science of dentistry.

**Dental Assistant**
A person trained to assist the dentist in all phases of dental treatment.

**Dental Care, Adjunctive**
The care provided to dental and oral tissue that is necessary to improve or ameliorate systemic medical or surgical conditions. Adjunctive care includes oral examination and diagnosis at the request of a physician. When a dentist and physician certify that they are essential to the control of the primary conditions, adjunctive care includes procedures for the treatment of infection, lesions, or fractures of oral and maxillofacial tissues; and surgical correction of developmental or acquired oral and facial deformities. Restoration of dental, oral and maxillofacial tissues or prosthesis is considered adjunctive when injured, affected or fractured during the medical or surgical management at a Uniformed
TB MED 250

Services Military Treatment Facility.

**Dental Care, Emergency**
The care provided for the purpose of relief of oral pain, elimination of acute infection, control of life-hazardous oral conditions (e.g., hemorrhage, cellulitis, or respiratory difficulties) and treatment of trauma to teeth, jaws, and associated facial structures.

**Dental Care, Preventive**
The care provided for the purpose of promoting oral health and preventing oral disease and injury. Military dental organizations provide or assist other organizations in providing primary preventive measures: systemic fluorides, topical application of fluorides, plaque control education, dietary counseling, oral prophylaxis, protective mouth guards, pit and fissure sealants, tobacco risk education, and preventive orthodontics. Secondary preventive measures such as periodic examination or screening and referral are considered to be preventive dental care.

**Dental Clinic**
A healthcare treatment facility appropriately staffed and equipped to provide outpatient dental care that may include a wide range of specialized and consultative support. Postgraduate education in the arts and sciences of dentistry may be conducted in this facility based upon the requirements of each Service.

**Dental health record**
A properly marked DA Form 3444 and all enclosed forms and radiographs. It must contain, as a minimum, SF 603 with Section II completed and a properly identified pantographic radiograph of diagnostic quality. In situations where a record is made and it is impossible to include a pantograph, Section I, part 4, must be completed. A panograph must be added to the record at the earliest convenience. Outpatient dental treatment records including summaries of dental treatment from inpatient medical records and dental radiographs.

**Dental Hygienist**
A person who, under the supervision of a dentist, assumes delegated responsibility for providing preventive and therapeutic dental services for patients.

**Dental Management Information System**
The Navy automated dental workload reporting system used on personal computers.

**Dental Officer**
A dentist with officer rank.

**Dental screening examination**
A dental screening examination is a survey of the oral cavity to detect gross pathological conditions and identify patients requiring early treatment of potential emergency conditions.
Dental Service
The provision of services providing preventive care, diagnosis, and treatment of patients to promote, maintain, or restore dental health.

Dental Treatment Facility (DTF).  See Dental Clinic

Dental Treatment Facilities Afloat
The facilities described in General Specifications for Ships of the Navy and Authorized Dental Allowance Lists (ADALs).

Dental Treatment Room (DTR).
A properly outfitted room including a dental chair, dental unit, and dental light where clinical dental procedures are performed.

Dental Weighted Value (DWV)
A weighted workload factor for clinical dental procedures.

Dentist
A person qualified by a degree in dental surgery (DDS) or dental medicine (DMD).

Dentist, Contract
A member of a hospital medical staff or dental clinic staff who, under a full-time or part-time contract, provides care in the hospital or dental clinic, and whose payment as defined in the contract may be an institutional responsibility, on a fee basis, or on another agreed upon basis.

Department
An organizational unit of the Military Treatment Facility or of the medical staff.

Dependent
A person who is eligible for care because of his or her relationship to a member or former member of a Uniformed Service.

Deployable Medical System (DEPMEDS)
Contingency medical treatment facilities that are capable of being transported and located in a desired or required area of operation during a contingency, war, or national emergency. Deployable medical systems are composed of fixed contingency hospitals and other than fixed contingency hospitals, which are not normally used for patient care during peacetime.

Diagnosis
A word or phrase used to identify a disease or problem from which an individual patient suffers or a condition for which the patient needs, seeks, or receives healthcare.

Disease
An illness; sickness; and interruption, cessation, or disorder of body functions, systems,
or organs due to an entity characterized usually by at least two of these criteria: a recognized etiologic agent (or agents), an identifiable group of signs and symptoms, or consistent anatomical alterations.

**Disease Non-Battle Casualty**
A person who is not a battle casualty but who is lost to the organization by reason of disease or injury, including persons dying of disease or injury, or by reason of being missing where the absence does not appear to be voluntary or due to enemy action or to being interned.

**Disease Non-Battle Injury (DNBI)**
An accident or injury that is not the direct result of hostile action by or against an organized enemy. This includes injuries due to the elements, self-inflicted wounds, and in most cases, wounds or death inflicted by a friendly force while the individual is absent without leave or in a dropped-from-rolls status or is voluntarily absent from a place of duty. It includes all injuries during peacetime.

**Elective Care**
Medical, surgical, or dental care that, in the opinion of professional authority, could be performed at another time or place without jeopardizing the patient’s live, limb, health, or well-being. Examples are: surgery for cosmetic purposes, vitamins without a therapeutic basis, sterilization procedures, elective abortions, procedures for dental prosthesis, prosthetic appliances, and so on.

**Eligible Beneficiaries**
For purposes of the managed care (TRICARE) program, eligible beneficiaries include: active duty personnel and their family members, Reserve component personnel when on active duty, family members of Reserve component personnel when their sponsor's active duty orders are for more than 30 days, retirees and their family members, and survivors from the seven Uniformed Services.

**Encounter**
A face-to-face contact between a patient and a provider who has primary responsibility for assessing and treating the patient at a given contact, exercising independent judgment.

**End Strength**
The number of personnel actually assigned as of the last day of the reporting period.

**Enrollment**
The process by which participation status in the MHS Managed Care Program (TRICARE) is established.

**Executive Committee of the Dental Staff**
A committee of the treatment facility professional staff that provides a mechanism for dental staff involvement in the credentials review and privileging process.
Facility
A separate individual building, structure, utility system, or other item of real property improvement, each item of which is subject to separate reporting and recording, in accordance with DoD Instruction 4165.14.

Family Member Prefix (FMP)
A two-digit number used to identify a sponsor or prime beneficiary or the relationship of the patient to the sponsor.

Fellowship
A Graduate Medical Education experience following residency, often not in continuity, which is formally structured and focused on a specialty area. It usually involves investigative commitment and achievement of specific technical or clinical skill. It can result in specified certification.

Fiscal Year (FY)
The 12-month accounting period used by the Federal Government (currently from 1 October to the next 30 September).

Fixed military treatment facility
An established land-based medical center, hospital, clinic or other facility that provides medical, surgical or dental care and does not fall within the definition of Non-fixed Military Treatment Facility.

Formulary
A listing of drugs that a privileged healthcare provider may prescribe. The provider is requested or required to use only formulary drugs unless there is a valid medical reason to use a non-formulary drug.

Full-Time Equivalent (FTE)
A work force equivalent of one individual working full-time for a specific period, which may be made up of several part-time individuals or one full-time individual.

Health Care Professional
An individual who as received special training or education in a health-related field. This may include administration, direct provision of patient care, or ancillary services. Such a professional may be licensed, certified, or registered by a Government Agency or professional organization to provide specific health services in that field as an independent practitioner or employee of a healthcare facility.

Health Care Provider
A healthcare professional who provides health services to patients; examples include a physician, dentist, nurse, or allied health professional.

Health maintenance organization (HMO)
An organization that has management responsibility for providing comprehensive
healthcare services on a prepayment basis to voluntarily enrolled persons within a
designated population.

**Health Promotion**
Any combination of health information, education, diagnostic screening and healthcare
interventions designed to facilitate behavioral alterations that will improve or protect
health. It includes those activities intended to influence and support individual lifestyle
modification and self-care.

**Health Record**
A document that records the provision of health services to an individual patient. Health
records include both outpatient treatment and dental record of a military member. It
excludes the inpatient treatment record but may contain a summary of inpatient care.

**Health Services**
The services intended to directly or indirectly contribute to the health and well-being of
patients.

**Hostile Casualty**
A person who is the victim of a terrorist activity or who becomes a casualty "in action."
(See the Joint Publication  4-02)

**Immediate Non-Emergency Care**
The medical, surgical, or dental care for other than an emergency condition, which is
necessary at the time and place for the health and well being of the member.

**Incidence**
An expression of the rate of which a certain event occurs, such as the number of new
cases of a specific disease occurring during a certain period.

**Infection Control Program**
The policies and procedures followed by a medical or dental treatment facility to
minimize the risk of infection to patients and staff.

**Infection Control Committee**
A military Treatment Facility committee composed of medical, dental, nursing,
laboratory, and administrative staff members (and occasionally others, such as dietary or
housekeeping staff members) whose purpose is to oversee infection control activities.

**Informed Consent**
A legal principle requiring that the patient must be informed of all proposed medical or
surgical procedures, the material risks of these procedures, alternative courses of action,
and the material risks attendant to the alternatives prior to consenting to the receipt of the
recommended treatment.

**Initial dental processing**
The initial dental processing consists of exposing and developing an original pantographic radiograph, and a dental screening examination.

**Inpatient treatment record**
The medical record that is used by hospitals to document inpatient medical or dental care. The inpatient treatment record is initiated on admission and completed at the end of hospitalization. This record applies to all beneficiaries.

**Initial dental examination**
The initial dental examination is performed after the initial dental processing at a time when definitive care is contemplated, or as part of the Dental Fitness Program.

**International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)**
A coding system for classifying diseases and operations to facilitate collection of uniform and comparable health information.

**Intravenous Conscious Sedation**
The sedation for which there is a reasonable expectation that the sedation may result in the loss of protective reflexes in a significant percentage of patients.

**Joint Commission on Accreditation of Healthcare Organizations (JCAHO).**
A private, not-for-profit organization composed of representatives of the American College of Surgeons, American College of Physicians, American Hospital Association, American Medical Association, and American Dental Association whose purpose is to establish standards for the operation of health facilities and services, conduct surveys, and determine accreditation status of Military Treatment Facilities medical treatment facilities.

**Lead Agent**
The office responsible for administering a TRICARE Health Service Region. The Lead Agent may also be the commander of a major medical facility located in the area. The office functions as the focal point for health services and collaborates with the other military treatment facility commanders within the region to develop an integrated plan for the delivery of healthcare for beneficiaries.

**Licensure**
The granting of permission by an official agency of a State, the District of Columbia, or a Commonwealth, territory, or possession of the United States to provide healthcare independently in a specified discipline in that jurisdiction. It includes, in the case of such care furnished in a foreign country by any person who is not a national of the United States, a grant of permission by an official agency of that foreign country for that person to provide healthcare independently in a specified discipline.

**Maintenance**
The recurring day-to-day, periodic, or scheduled work required to preserve or restore a
facility to such condition that it may effectively be used for its designated purpose. It includes work undertaken to prevent damage to a facility that otherwise would be more costly to restore.

**Managed care**
A system in which the patient’s health care is managed by a single provider or group of providers. Primary care managers act as patient advocates, monitoring all care, avoiding needless care and referring patients to economical care sources. Such systems negotiate discount fees with providers, and stress keeping people healthy through health promotion and preventive medicine.

**Man Day**
A unit of work equal to the productive effort of one person working one 8-hour workday.

**Man Hour**
A unit of measuring work. It is equivalent to one person working at a normal pace for 60 minutes, two people working at a normal pace for 30 minutes, or a similar combination of people working at normal pace for a period of time equal to 60 minutes.

**Man Year**
A unit of work equal to the productive effort of one person working 8 hours per day, 5 days per week for a period of one year, adjusted to include paid leave.

**Manning**
The specific inventory of people currently assigned to an activity in terms of numbers, grades, and occupational groups.

**Medical Evaluation Board (MEB)**
A medical report about the current state of health and physical status of a member of the Armed Forces that includes recommendations about further evaluation and treatment and that, as appropriate, may render opinion concerning future health status and related needs.

**Medical Expense and Performance Reporting System for Fixed Military Medical and Dental Treatment Facilities (MEPRS)**
A uniform reporting methodology designed to provide consistent principles, standards, policies, definitions, and requirements for accounting and reporting of expense, manpower, and performance data by DoD fixed military medical and dental treatment facilities. Within these specific objectives, the MEPRS also provides, in detail, uniform performance indicators, common expense classification by work centers, uniform reporting of personnel utilization data by work centers, and a cost assignment methodology. (The two-digit MEPRS code identifies departments and the three-digit MEPRS code identifies clinic services.)

**Medical officers**
A physician with officer rank.
Memorandum of Understanding (MOU)
A written record or communication; a statement outlining terms of an agreement, transaction, or contract.

Military personnel
Persons on active duty or active duty for training in the U.S. Armed Forces, including cadets, and midshipmen of the Armed Forces Academies.

Military treatment facility
A military facility established for the purpose of furnishing medical and/or dental care to eligible individuals.

Next of Kin (NOK)
An individual authorized as a primary point of contact for an individual. A NOK may participate in decision making regarding medical treatment and/or disposition of remains.

Non-available Time
Those hours expended in support of activities unrelated to the healthcare mission. These activities include, but are not limited to, official leave, PCS processing, medical visits or treatments, change of quarters, parades, formations, details, and non-healthcare-related training.

Non-battle Casualty
A person who is not a battle casualty, but who is lost to his organization by reason of disease or injury, including persons dying from disease or injury, or by reason of being missing where the absence does not appear to be voluntary or due to enemy action or to being interned.

Non-fixed Military Treatment Facility
Medical facilities for field service, such as aid stations, clearing stations, and division, field and force combat support and evacuation hospitals; medical facilities afloat, such as hospital ships and sick bays aboard ships; and tactical casualty staging facilities and medical advance base components contained within mobile-type units.

Non-hostile Casualty
A person who becomes a casualty due to circumstances not directly attributable to hostile action or terrorist activity.

Outpatient
An individual receiving healthcare services for an actual or potential disease, injury, or lifestyle-related problem that does not require admission to a medical treatment facility for inpatient care.

Patient
A sick, injured, wounded, or other person requiring medical or dental care or treatment.
Preferred Provider Organization (PPO).
A term applied to a variety of direct contractual relationships between hospitals, physicians, insurers, employers, or third-party administrators in which providers negotiate with group purchasers to provide health services for a defined population, and which typically share three characteristics: a negotiated system for payment for services that may include discounts from usual charges or ceilings imposed on a charge, per diem, or per discharge basis; financial incentives for individual subscribers (insured) to use contracting providers, usually in the form of reduced co-payments and deductibles, broader coverage of services, or simplified claims processing; and an extensive utilization review program.

Prevalence
The total number of cases of a disease in existence at a certain time in a designated area.

Primary care manager (PCM)
An individual (military or civilian) primary care provider, a group of providers, or an institution (clinic, hospital, or other site) who or which is responsible for assessing the health needs of a patient, and scheduling the patient for appropriate appointments (example: pediatric family practice, ob-gyn) with a primary healthcare provider within the local MHS network.

Protocol
A written procedure providing basic guidelines for the management (diagnosis and treatment) of specific types of medical or dental patient care in specified circumstances.

Provider
A healthcare professional or facility or group of healthcare professionals or facilities that provide healthcare services to patients.

Provider ID
An identification code for the source of care professional services provider. The code is usually a 9-digit IRS taxpayer number or the social security number issued to a provider or facility.

Quality Assurance (QA).
The formal and systematic monitoring and reviewing of medical care delivery and outcome; designing activities to improve healthcare and overcome identified deficiencies in providers, facilities, or support systems; and carrying out follow-up steps or procedures to ensure that actions have been effective and no new problems have been introduced.

Quality Improvement Program
Any activity carried out by or for the Department of Defense to monitor, assess, and improve quality of healthcare. This includes activities conducted by individuals, military medical and/or dental treatment facility committees, contractors, military medical departments, or DOD Agencies responsible for quality assurance, credentials review and clinical privileging, infection control, patient care assessment including review of treatment procedures, blood use, medication use, review of healthcare records, health
resources management review, and risk management review.

**Quarters**
Disposition of a military patient when the patient is returned to his or her unit or home for medically directed self-treatment and is not to perform military duty until a medical officer indicates that he or she may perform such duties. The quarters patient is treated on an outpatient basis and normally will be returned to duty within a seventy-two hour period. The quarters patient is excused from duty past 2400 hours of the current day while under medical or dental care and is permitted to remain at home, in quarters or in clinic observation beds.

**Referral**
The practice of sending a patient to another program or practitioner for services or advice that the referring source is not prepared or qualified to provide.

**Resident**
A person engaged in residency training.

**Retired member**
A member or former member of a Uniformed Service who is entitled to retired, retainer, or equivalent pay, and other benefits based on duty in a Uniformed Service.

**Safety Committee**
A committee composed of medical, dental, nursing, engineering, administrative, and other staff members whose purpose is to oversee safety practice.

**Self-care**
A patient performance for himself or herself of healthcare activities of limited scope, such as the self-administration of oral medication.

**Space-available Care**
Any outpatient or inpatient care provided by an MTF for a Medicare dual-eligible beneficiary, who is not enrolled in TRICARE Prime; also called fee-for-service care in the private sector (pending negotiations or legislation, "credit" will not be given to MTFs by the Health Care Financing Administration HCFA) for pharmacy prescriptions to be considered as space-available care, within the parameters of the Medicare Demonstration for DOD).

**Specialist**
A physician, dentist, or other healthcare professional, usually with special advanced education and training.

**Specialty Care**
The provision by a specialist of specialized healthcare services.

**Sponsor**
The prime beneficiary who derives his or her eligibility based on individual status rather than dependence of another person.

**Support Services**
Those services other than medical, dental, nursing, and ancillary services that provide support in the delivery of clinical services for patient care, including laundry service, housekeeping, purchasing, maintenance, central supply, materials management, and security.

**Telemedicine/Teledentistry**
An umbrella term that encompasses various technologies as part of a coherent health service information resource management program. Telemedicine is the capture, display, storage and retrieval of medical images and data towards the creation of a computerized patient record and managed care. Advantages include: move information, not patients or providers; enter data ONCE in a healthcare network; network quality specialty healthcare to isolated locations; and build from hands-on experience.

**TRICARE**
A tri-Service managed care program that provides all healthcare for DoD beneficiaries within a DOD geographical region. The program utilizes capitation budget management. It integrates MTF direct care and CHAMPUS civilian provider resources by forming partnerships with military medical personnel and civilian contractors.

**TRICARE-Active Duty Family Member Dental Plan**
A dental plan offered by DOD through the TRICARE Support Office.

**Uniformed Services**
The term includes personnel serving in the Army, Navy, Marine Corps, Air Force; the Coast Guard when operating as a Service of the Navy; the Commissioned Corps of the National Oceanic and Atmospheric Administration; and the Commissioned Corps of the Public Health Service.

**Visit**
Healthcare characterized by the professional examination and/or evaluation of a patient and the delivery or prescription of a care regimen.

**Workload**
An expression of the amount of work, identified by the number of work units or volume of a workload factor, that a work center has on hand at any given time or performs during a specified period of time.

**WinID**
WinID is a dental computer system that matches missing persons to unidentified human remains. WinID makes use of dental anthropometric characteristics to rank possible matches.
By Order of the Secretary of the Army:

PETER J. SCHOOMAKER
General, United States Army
Chief of Staff

Joyce E. Morrow
Administrative Assistant to the Secretary of the Army

DISTRIBUTION:

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