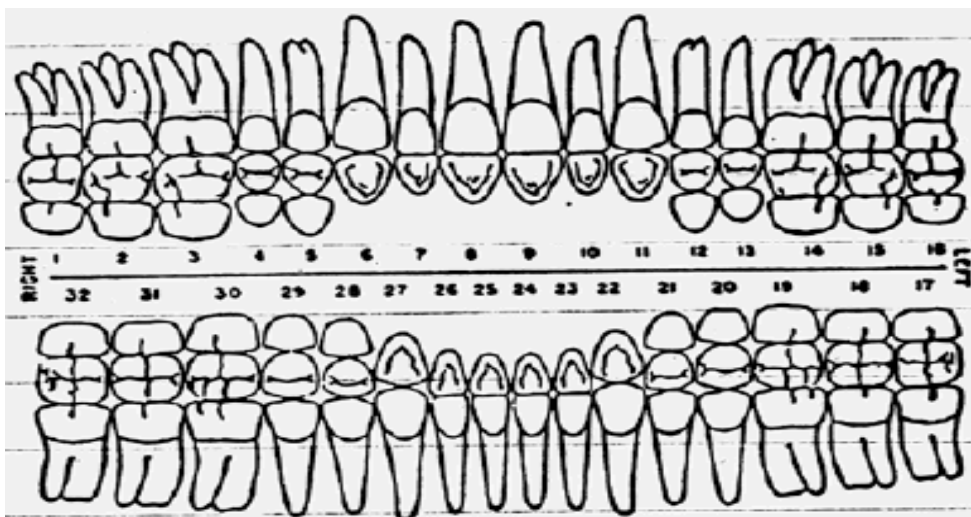


Reserve Dental Assessment and Certification

This form is used to document disease and abnormality which place Navy and Marine Corps Reserve personnel in a Dental Class 3 status. Class 3 status beyond 1 year is disqualifying for retention in the Selected Reserve (SELRES) or Volunteer Training Unites (VTU). Reservists will use this form to certify treatment of disqualifying dental disease and abnormalities by their civilian dentists.

<p>Military Dentist COMPLETE SECTION 1</p> <p>Mark all Dental Class 3 disease and abnormalities in Section 1 of this form in ink. Class 2 disease is not disqualifying and should only be noted in the dental treatment record. Treatment of Class 3 disease is required for retention. Provide a copy of this form to the Reservist and advise them: (1) To seek dental care in the civilian community. (2) To have their civilian dentist document care on this form. (3) To return this form to the Reserve Center Medical Department Representative.</p>	<p>Civilian Dentist COMPLETE SECTION 2</p> <p>This Reservist has specific dental problems that limit mobilization, recall or training. The diseases and abnormalities identified in Section 1 on this form must be corrected. Your certification of completed treatment in Section 2 will document the Reservist's eligibility for full duty and will become part of their Navy dental record. Your assistance is greatly appreciated.</p>				
Patient's Name (Last, First, Middle Initial)		Date of Birth DD/MMM/YYYY			
DoD ID Number	Service Branch (place X to left of service)				
	ARMY	MARINE CORPS	NAVY	AIR FORCE	COAST GUARD
Unit/Organization		Grade/Rate			

SECTION 1 – DISEASES AND ABNORMALITIES

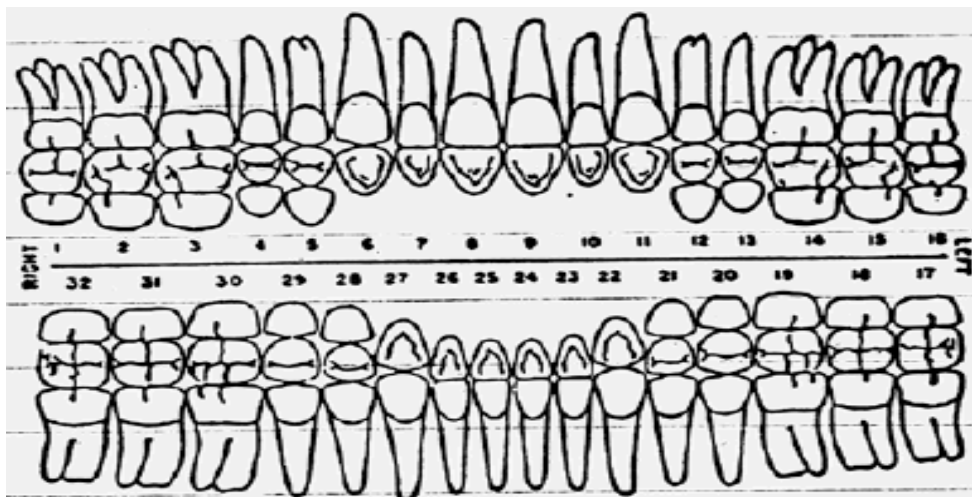


Description of treatment needs and treatment recommendations

Dental X-Rays Used For Military Dental Exam (place X to left of film type)									
FMX	DateDD/MMM/YYYY		BW	DateDD/MMM/YYYY		PANO	DateDD/MMM/YYYY	Cone Beam	DateDD/MMM/YYYY
Military Dentist's Rank, Last name, First name, MI				Military Dentist's signature			Military Dentist's email		
							Military Dentist's phone		

Reserve Dental Assessment and Certification

SECTION 2 – DENTAL SERVICES PROVIDED BY CIVILIAN DENTIST



Dental Services provided

Dental X-Rays Used For Civilian Dental Exam (place X to left of film type)											
	FMX	DateDD/MMM/YYYY		BW	DateDD/MMM/YYYY		PANO	DateDD/MMM/YYYY		Cone Beam	DateDDD/MMM/YYYY
Civilian Dentist's Last name, First name, MI				Civilian Dentist's signature				Civilian Dentist's email			
Civilian Dentist's Address								Civilian Dentist's phone			