



DEPARTMENT OF THE ARMY
 HEADQUARTERS EASTERN REGION
 GEORGIA MILITARY COLLEGE
 201 E. GREENE STREET
 MILLEDGEVILLE, GEORGIA 31061



MEMORANDUM FOR Professor of Military Science

SUBJECT: Statement of Acknowledgement for Civilian Dental Records

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

OR

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

* My appointment is scheduled for (Date) _____ (Time): _____

Dentist Name: _____ Phone: _____

Address: _____

 (CADET PRINT NAME)

 (CADET SIGNATURE)

 (DATE)

DO NOT SEND DENTAL RECORDS