

DENTAL RECORD VERIFICATION FORM

This following requested information is provided (print neatly in black or blue pen):

FULL NAME OF CADET JOHN J. DOE

NAME OF CIVILIAN DENTIST PHILLIP W. SMITH

LOCATION (ADDRESS) OF DENTIST 4211 CENTRAL AVE., SUITE 112
CARLSBAD, CA 92015

PHONE NUMBER OF DENTIST (460) 222-2111

"I acknowledge that the above named civilian dentist has dental records on file on myself sufficient to aid in forensic identification which contain either one, or a combination of the following:

Descriptive profiles

Bite wing x-rays

Orthodontic profiles

Dental x-rays

I understand this information is required for all participants in the Army ROTC program who use government-owned or government-contracted transportation."

John J. Doe
(SIGNATURE)

4 JAN 11
(DATE SIGNED)