Reserve Dental Assessment and Certification

This form is used to document disease and abnormalities which place Naval 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 Units (VTU). Reservists will use this form to certify treatment of disqualifying dental disease and abnormalities by their civilian dentist.

Military Dentist

Mark all dental class 3 disease and abnormalities (MANMED 6-101) in section 1 of this form in ink (class 2 disease is not disqualifying and should only be noted on the SF 603/603A). Treatment of class 2 disease is encouraged for health. Treatment of class 3 disease is required for retention. Provide a copy of this form and advise the reservist:

(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.

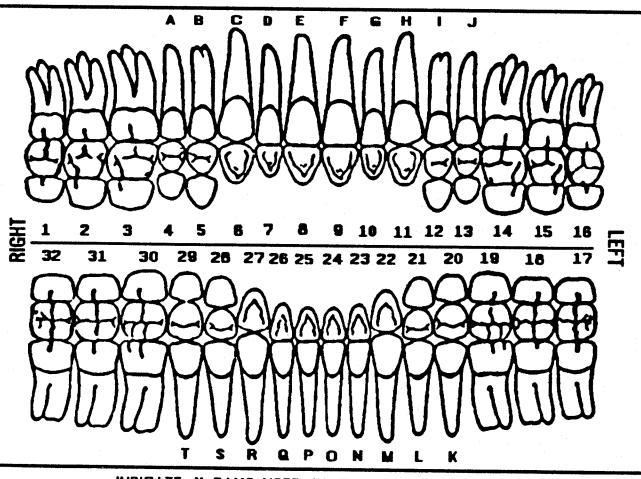
Civilian Dentist

This reservist has specific dental problems that limits mobilization or recall. The diseases and abnormalities identified in section 1 on the reverse side of 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 the reservist's Navy dental record. Your assistance is greatly appreciated.

See sample form below.

Patient's Name (Last, First, Middle Initial)		Sex
Date of Birth	Component/Status	Department/Service
SSN or Identification Number		Grade/Rate
Organization		

SECTION 1 - DISEASES AND ABNORMALITIES



REMARKS

EXAMINING DENTIST AND FACILITY

PLACE OF EXAMINATION

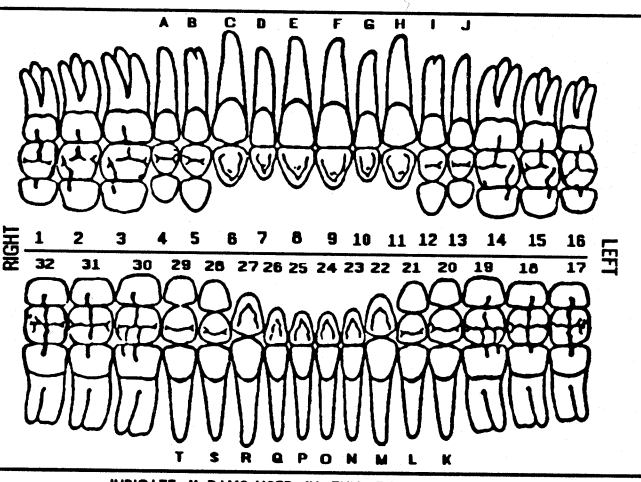
DATE

SIGNATURE OF DENTIST

INDICATE X-RAYS USED IN THIS EXAMINATION

PANORAMIC RADIOGRAPHS	FULL MOUTH PERIAPICAL	POSTERIOR BITE-WINGS	OTHER	NONE TAKEN

SECTION 2 - RECORD OF DENTAL CARE



TREATING DENTIST
NAME
ADDRESS
PHONE

TREATING DENTIST
NAME
ADDRESS
PHONE

TREATING DENTIST
NAME
ADDRESS
PHONE

TREATING DENTIST
NAME
ADDRESS
PHONE

INDICATE X-RAYS USED IN THIS EXAMINATION

PANORAMIC RADIOGRAPHS	FULL MOUTH PERIAPICAL	POSTERIOR BITE-WINGS	OTHER	NONE TAKEN

SERVICES PROVIDED AND CIVILIAN DENTIST'S SIGNATURE

DATE	

PATIENT'S NAME

SOCIAL SECURITY NUMBER