



DEPARTMENT OF THE ARMY
U.S. ARMY ROTC BATTALION
WORCESTER POLYTECHNIC INSTITUTE
100 INSTITUTE ROAD
WORCESTER MA 01609-2280

REPLY TO
ATTENTION OF:

ATCC-BNY-SJU

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)