



Office of Health Services

UNITED STATES MERCHANT MARINE ACADEMY

PATTEN HALL ★ KINGS POINT, NY ★ 11024-1699

Phone: 516-726-5680 * Fax 516-773-5436 * Email: Isabel.Martins.CTR@USMMA.EDU

Dental Documents Checklist For Applicant Use Only – Do Not Return

All forms are to be completed, signed, dated and returned to the U.S. Merchant Marine Academy Office of Health Services four weeks prior to Day 1 of Indoctrination.

- 1) ☐ Acknowledgement of Receipt of Notice of Privacy Practices (1 Copy)
- 2) ☐ Consent for Use and Disclosure of Health Information (1 Copy)
- 3) ☐ Authorization to Provide Health Services for Minors
- 4) ☐ Documentation of your dental examination within the past 12 months.
The letter should include:
 - Date of exam and prophylaxis
 - If any treatment is needed and could not be completed before INDOC
 - Contact information and signature of dentist
- 5) ☐ Hard copy of a diagnostic panoramic radiograph taken within the past 12 months. Email to the address above if the dentist cannot provide a diagnostic hard copy
- 6) ☐ Hard copy of a recent set of diagnostic bite-wing radiographs taken within the past 12 months. Email to the address above if the dentist cannot provide a diagnostic hard copy
- 7) ☐ Record of Dental Examination for Third Molar Status, and Assumption of Financial Responsibility for Third Molar Extraction / Oral Surgery / Associated Costs (2-Page form)
- 8) ☐ If Plebe Candidate has dental coverage, copy of Dental Insurance Card (front and back), or Medical Insurance if it includes Dental Coverage. Please provide Policy Holder's Name, Date of Birth & Last 4 digits of Social Security Number on all copies.
- 9) ☐ Copy of Prescription Card (front and back)

FOR APPLICANT USE ONLY - DO NOT RETURN