Office of Health Services

UNITED STATES MERCHANT MARINE ACADEMY
PATTEN HALL ★ KINGS POINT, NY ★ 11024-1699
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Dental Forms Checklist
For Applicant Use Only – Do Not Return

ALL FORMS ARE TO BE COMPLETED, SIGNED, DATED AND RETURNED TO THE MERCHANT MARINE ACADEMY OFFIC OF HEALTH SERVICES ON OR BEFORE Friday, 02 June 2017.

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 CAN NOT PROVIDE A DIAGNOTSTIC 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 CAN NOT PROVIDE A DIAGNOTSTIC HARD COPY

7) ☐ RECORD OF DENTAL EXAMINATION FOR THIRD MOLAR STATUS (FRONT)
ASSUMPTION OF FINANCIAL RESPONSIBILITY FOR THIRD MOLAR EXTRACTION / ORAL SURGERY / ASSOCIATED COSTS (BACK) (2-SIDED FORM)

8) ☐ COPY OF DENTAL INSURANCE CARD (BOTH SIDES) *(ONLY IF PLEBE CANDIDATE HAS DENTAL COVERAGE)* OR MEDICAL INSURANCE IF INCLUDES DENTAL COVERAGE. PLEASE PROVIDE POLICY HOLDER'S DATE OF BIRTH & LAST 4 DIGITS OF SOCIAL SECURTY NUMBER ON ALL COPIES.

9) ☐ COPY OF PRESCRIPTION CARD (BOTH SIDES)

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