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 MIDSHIPMEN HEALTH & EMERGENCY MEDICAL SERVICES ON OR BEFORE Friday, 15 May 2015.

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 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 CAN NOT PROVIDE A DIAGNOSTIC 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

9) ☐ COPY OF PRESCRIPTION CARD (BOTH SIDES)

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