

**DENTAL EXAM REQUIREMENTS  
THE OHIO STATE UNIVERSITY, ARMY ROTC**

CC PAM 145-4, Para 2-55 Requires dental films for casualty identification purposes for all participants in the ROTC program who must use government-owned or government contracted transportation. The PMS is to ensure the Cadet's dental records contain sufficient documentation to aid in forensic identification.

**MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL NOT PROVIDING INFORMATION:** All data is mandatory. Individuals who do not provide this data will not be allowed to be transported on any government owned or government contracted transportation, no exception(s) to this rule are allowed.

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I certify that my dental representative listed below has on file in my dental records descriptive profiles, bite wing X rays, orthodontic profiles or dental x-rays for me.

Cadet Name: \_\_\_\_\_

SSN: \_\_\_\_\_ Dentist Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Name of Dentist: \_\_\_\_\_

Dentist Address: \_\_\_\_\_

\_\_\_\_\_  
Cadets Signature \_\_\_\_\_ Date \_\_\_\_\_

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**AUTHORIZATION TO RELEASE DOCUMENTS**

I authorize my dentist, dental office, or medical treatment facility that is in possession of my dental records or other records with my descriptive profiles, bite wing x-rays, orthodontic profiles or dental x-rays to release this information pertaining to these documents and copies of these items to the US Army ROTC or other Department of Defense Representative.

\_\_\_\_\_  
Cadets Signature \_\_\_\_\_ Date \_\_\_\_\_