



DEPARTMENT OF THE ARMY
UNITED STATES ARMY SENIOR ROTC INSTRUCTOR GROUP
THE UNIVERSITY OF MEMPHIS
MEMPHIS, TENNESSEE 38152

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's Name: _____ Phone: _____

Address: _____

(Print Cadet Name)

(Cadet Signature)

(Date)