

NROTC STUDENT DENTAL RECORD INDEX

NAME (Last, First, MI)		SOCIAL SECURITY NUMBER	
The below listed forms are enclosed in the NROTC Student Dental Record			
LEFT SIDE		RIGHT SIDE	
<input type="checkbox"/>	Unmounted radiographs in envelopes	<input type="checkbox"/>	Record of Dental Care SF 603
<input type="checkbox"/>	Sequential bite wing radiograph mounts		
<input type="checkbox"/>	Panographic or full mouth radiograph		
<input type="checkbox"/>	Report of Dental Exam DD Form 2480		
<input type="checkbox"/>	Privacy Act Statement-Health Care Records DD 2005 (signed)		
<input type="checkbox"/>	Record of Disclosure OPNAV 5211/9		
DENTAL RECORD MUST BE REVIEWED ANNUALLY			
REVIEWED BY		DATE	
REVIEWED BY		DATE	
REVIEWED BY		DATE	
REVIEWED BY		DATE	
REVIEWED BY		DATE	