



REPLY TO
ATTENTION OF:

DEPARTMENT OF THE ARMY
UNIVERSITY OF NEW MEXICO, WESTERN REGION
US ARMY CADET COMMAND
1836 LOMAS BLVD., NE
ALBUQUERQUE, NEW MEXICO 87131-0001

ATOW-LNM-UN

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 Name: _____ Phone: _____

Address: _____

(CADET PRINT NAME)

(CADET SIGNATURE)

(DATE)