



DEPARTMENT OF THE ARMY  
 DEPARTMENT OF MILITARY SCIENCE  
 UNIVERSITY OF MISSOURI - COLUMBIA  
 202 CROWDER HALL  
 COLUMBIA, MISSOURI 65211-4080

ATOW-JMO-UM

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: \_\_\_\_\_

\_\_\_\_\_  
 (PRINT CADET NAME)

\_\_\_\_\_  
 (CADET SIGNATURE)

\_\_\_\_\_  
 (DATE)