

Department of Health Services

UNITED STATES MERCHANT MARINE ACADEMY
PATTEN HALL * KINGS POINT, NY * 11024-1699

Phone: 516-726-5674 * Fax 516-773-5436 * Email: Isabel.Martins.CTR@USMMA.EDU

Dental Documents Checklist For Applicant Use Only – Do Not Return

All forms are to be completed, signed, dated and returned to the U.S. Merchant Marine Academy Department of Health Services <u>four weeks prior to Day 1 of Indoctrination</u>.

IJ	Ш	Authorization to Provide Health Services for Minors
2)		Documentation of your dental examination within the past 12 months. The letter should include: Date of exam and prophylaxis If any treatment is needed and could not be completed before INDOC Contact information and signature of dentist
3)		A diagnostic panoramic radiograph taken within the past 12 months. Request your dentist to email to address above.
4)		A recent set of diagnostic bite-wing radiographs taken within the past 12 months. Request your dentis to email to the address on this letterhead.
5)		Record of Dental Examination for Third Molar Status, and Assumption of Financial Responsibility for Third Molar Extraction / Oral Surgery / Associated Costs (2-Page form)
6)		If Plebe Candidate has dental coverage, copy of Dental Insurance Card (front and back), or Medical Insurance if it includes Dental Coverage. Please provide Policy Holder's Name, Date of Birth & Last 4 digits of Social Security Number on all copies.
7)		Copy of Prescription Card (front and back)

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