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Dental

MANAGING DENTAL SERVICES

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This publication implements Department of the Air Force Policy Directive (DAFPD) 47-1, *Dental Services*. This publication applies to the entire Department of the Air Force (DAF), the United States Air Force (USAF), the United States Space Force (USSF), the Air Force Reserve (AFR), and the Air National Guard (ANG). As healthcare organizations, dental clinics within Medical Groups (MDGs) are subject to the Health Insurance Portability and Accountability Act (HIPAA) privacy rules and national standards, including compliance with Department of Defense Instruction (DoDI) 6025.18, *Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule Compliance in DoD Health Care Programs*; DoDI 8580.02, *Security of Individually Identifiable Health Information in DoD Health Care Programs*; Department of the Air Force Manual (DAFMAN) 41-210, *Patient Administration Support*; Department of Defense Manual (DoDM) 6025.18, *Implementation of the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule in DoD Health Care Programs*; or as superseded by new or revised HIPAA privacy or security regulations or instructions, for the use and disclosure of protected health information. This Instruction requires the collection and or maintenance of information protected by the *Privacy Act of 1974* authorized by DoDI 5400.11, *DoD Privacy and Civil Liberties Programs*. The applicable System of Record Notice (SORN) F044 F Surgeon General Electronic Medical Records System is available at: <https://dpcl.d.defense.gov/Privacy/SORNs/>

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SUMMARY OF CHANGES

Changes include a focus on the delivery of care in expeditionary/austere environments and processes required to ensure force-wide dental readiness. This document has been substantially revised and should be completely reviewed.

Chapter 1—ROLES AND RESPONSIBILITIES	4
1.1. Chief, Dental Policy and Resources (SGMED, AF/SG3 Dental)	4
1.2. Air Force Medical Command (AFMEDCOM, A3, A1/7 Dental)	4
1.3. Medical Group Commander (MDG/CC)	4
1.4. Chief of Dental Services (SGD)	4
1.5. Dental Specialty Consultants to the AF/SG	5
1.6. Dental Research and Consultation Service (DRCS)	5
1.7. Expeditionary Medical Commander	5
1.8. Expeditionary Dental Team	6
Chapter 2—DENTAL READINESS	7
2.1. Air Force Dental Readiness Assurance Program (AFDRAP) Components (RegAF/RegSF)	7
2.2. AFDRAP Components for Air Reserve Component (ARC) Only	8
2.3. DAF Service Members Tasked for Deployment	9
2.4. Eligibility (ARC)	11
2.5. Scope of Dental Services at Reserve and Guard Units (ARC ONLY)	11
2.6. Permanent Change of Station (PCS) and Overseas Dental Clearances. (RegAF/RegSF)	11

Chapter 3—DENTAL REPORTING	13
3.1. Reporting Requirements (RegAF)	13
3.2. Dental Disease and Non-Battle Injuries (D-DNBI)	13
Chapter 4—POSTMORTEM DENTAL IDENTIFICATION	14
4.1. Expeditionary Requirements.....	14
Chapter 5—REFUSAL OF DENTAL TREATMENT	15
5.1. Incompatibility with Military Service.....	15
5.2. Documentation of Refusal.	15
5.3. Misconduct and Line of Duty (LOD) Determinations.....	15
Chapter 6—SPECIAL DUTY PERSONNEL	16
6.1. Rated Personnel.	16
6.2. Personnel Reliability Assurance Program (PRAP).....	16
6.3. Arming and Use of Force (AUoF).....	16
Chapter 7—TRAINING AND CURRENCY	17
7.1. Purpose. (RegAF)	17
7.2. Key Readiness Training Requirements.....	17
7.3. External Readiness and Currency Program.	17
7.4. Alternative Clinical Readiness Training (ARC ONLY).....	17
Chapter 8—EXPEDITIONARY DENTISTRY	18
8.1. Purpose:	18
8.2. Priority of Care.	18
8.3. Delivery of Care in an Expeditionary Environment.	18
8.4. Innovative Readiness Training (IRT).	18
8.5. Dental Clinical Quality Operations.....	18
8.6. Dental Infection Prevention and Control (IPC).	19
8.7. Regulatory Responsibilities.	19
8.8. Self-Inspection Program.	20
8.9. Dental Service Treatment Record (STR).....	20
Attachment 1—GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION	21
Attachment 2—SAMPLE MEMORANDUM OF UNDERSTANDING	26

Chapter 1

ROLES AND RESPONSIBILITIES

1.1. Chief, Dental Policy and Resources (SGMED, AF/SG3 Dental).

- 1.1.1. Serves as AF/SG's consultant and lead DAF advisor on dental readiness policy.
- 1.1.2. Develops guidance for the prevention and treatment of dental disease to ensure maximum individual readiness (medically ready force).
- 1.1.3. Develops and validates manning requirements and dental expeditionary capabilities through strategic planning and force optimization.

1.2. Air Force Medical Command (AFMEDCOM, A3, A1/7 Dental).

- 1.2.1. Provides direct support to DAF dental personnel for expeditionary and deployment concerns.
- 1.2.2. Provides direction for the prevention and treatment of dental disease and orofacial trauma in an expeditionary environment.
- 1.2.3. Adjudicates cross-functional issues impacting execution of expeditionary dental policy.
- 1.2.4. Oversees dental specific leadership training and force development to ensure strategic and tactical skill development in support of the readiness of the force.

1.3. Medical Group Commander (MDG/CC).

- 1.3.1. Designates a Chief of Dental Services (SGD) IAW DAFI 38-101, *Manpower and Organization*.
- 1.3.2. Ensures the readiness and core competencies of all dental personnel.
 - 1.3.2.1. Allows the allocation of dedicated time within the duty schedule for privileged providers (47X) and enlisted dental technicians (4Y0X1/2) to meet readiness training objectives.
 - 1.3.2.2. Prioritizes the identification and treatment of eligible Department of Defense (DoD) beneficiaries within the Military Treatment Facility (MTF) whose care aligns with Comprehensive Medical Readiness Program (CMRP) clinical requirements.
 - 1.3.2.3. Monitors and reports all training completion in accordance with (IAW) DAFI 41-106, *Medical Readiness Program*.

1.4. Chief of Dental Services (SGD).

- 1.4.1. Provides professional and specialized technical perspectives to the MDG/CC.
- 1.4.2. Participates in executive-level decision making, including strategic and operational planning, resource allocation, and organizational policies.
- 1.4.3. Implements and maintains comprehensive programs for the prevention and treatment of dental disease to ensure individual dental readiness and optimal oral health of Active Duty service members.

1.4.4. Prioritizes dental care for Active Duty service members to maximize military readiness. For eligible Non-Active Duty beneficiaries, determines appropriate utilization of “space-available” dental care IAW 10 U.S.C. § 1076 and contingent on the availability of space, facilities, and the capabilities of dental staff. **(T-0)**

1.4.5. Sustains maximum readiness using the Air Force Dental Readiness Assurance Program (AFDRAP) and delivery of comprehensive dental services and programs, IAW DAFI 38-101, *Manpower and Organization*.

1.5. Dental Specialty Consultants to the AF/SG.

1.5.1. Serve as primary representatives for specific dental specialties IAW AFI 44-104, *Military and Civilian Consultant Program and Medical Enlisted Career Field Manager Program*.

1.5.2. Serve as the subject matter expert for addressing challenges within their specialty related to maintaining the readiness of medics and providing high-quality care.

1.5.3. Promote specialty professional standards including development of readiness guidance and processes for their specialty area.

1.5.4. Provide subject matter expertise, especially on issues related to supporting sustainment of expeditionary dental skills (clinical currency) as demonstrated by Comprehensive Medical Readiness Program (CMRP) Category 1 and Category 2.

1.5.5. Support force management and force development within their Air Force Specialty Code (AFSC) (e.g., Health Professions Education Requirements Board (HPERB), Graduate Dental Education (GDE) selection, assignments, etc.).

1.6. Dental Research and Consultation Service (DRCS).

1.6.1. Provides a responsive consultative service to the Air Force Dental Service (AFDS) and Defense Health Agency (DHA).

1.6.2. Supports postgraduate dental research training requirements to fulfill Uniformed Services University (USU) and GDE accreditation standards.

1.6.3. Tests, evaluates, and provides consultation on dental equipment and materials.

1.6.4. Provides current information, announcements, and alerts on dental products, materials and equipment planned for use in an expeditionary environment.

1.7. Expeditionary Medical Commander.

1.7.1. Ensures sufficient resources to provide expeditionary dental services.

1.7.2. Follows operational and planning guidance IAW Air Force Tactics, Techniques and Procedures 3-42.71, *Expeditionary Medical Support (EMEDS) and Air Force Theater Hospital (AFTH)*. Holds approval/disapproval authority for expeditionary dental functions.

1.8. Expeditionary Dental Team.

1.8.1. Comprised of 47X and 4Y0X1 AFSCs specifically deployed in clinical (e.g., non-leadership) roles.

1.8.2. Will adhere to the policies enumerated in this publication unless granted an Exception to Policy (ETP) by the Expeditionary Medical Commander or other appropriate waiver authority.

Chapter 2

DENTAL READINESS

2.1. Air Force Dental Readiness Assurance Program (AFDRAP) Components (RegAF/RegSF).

2.1.1. Active Duty service members are assessed based upon established, defined, and measurable medical readiness elements. Dental readiness is one of six elements that measures the ability of military forces to fight and meet the demands of assigned missions. AFDRAP provides risk-based assessments to maintain the oral health of service members. SGDs will ensure sustained dental readiness through the implementation of AFDRAP and the delivery of comprehensive dental services IAW Department of War Instruction (DoWI) 6025.19, *Individual Readiness Program*; AFI 10-250, *Individual Medical Readiness*; and DAFI 38-101. **(T-0)**

2.1.2. Source of Treatment. All dental care must be provided within a dental clinic in a Military Treatment Facility (MTF).

2.1.2.1. The SGD or a designated representative may approve care outside the MTF through authorized referral processes, such as the Active Duty Dental Program (ADDP).

2.1.2.2. All elective dental treatment, regardless of location, will be managed IAW AFI 44-102.

2.1.3. Overdue Periodic Dental Readiness Assessment. The service member's annual dental readiness assessment remains current for 12 months past the last completion date. A 90-day grace period is added to allow for unplanned periods of leave, temporary duty, deployments, or other periods of unplanned non-availability before being classified as overdue.

2.1.4. Dental Readiness Classification (DRC). See DoWI 6025.19.

2.1.4.1. CLASS 1 (DRC 1). Service members with a current dental examination who do not require dental treatment or reevaluation. DRC 1 service members are worldwide-deployable in regard to their dental health.

2.1.4.2. CLASS 2 (DRC 2). Service members with a current dental examination who require non-urgent dental treatment or reevaluation for oral conditions that are unlikely to result in dental emergencies within 12 months. DRC 2 patients are worldwide deployable in regard to their dental health.

2.1.4.3. CLASS 3 (DRC 3). Service members who require urgent or emergent dental treatment. DRC 3 patients are not considered to be worldwide-deployable. An AF Form 469, *Duty Limiting Condition Report*, must be completed for Airmen and Guardians in DRC 3 IAW AFI 48-133, *Duty Limiting Conditions*. This requirement does not apply to uniformed members who have not completed initial active duty training or follow-on technical training (i.e. Air Force Specialty Code-granting training) such as Basic Military Trainees (BMT).

2.1.4.4. CLASS 4 (DRC 4). Service members whose dental readiness classification is undetermined by virtue of being overdue for their annual dental examination.

2.1.5. Individual Medical Readiness (IMR) Categories. See DoWI 6025.19.

2.1.5.1. Fully Medically Ready (FMR). Service members are considered FMR when they are current in their dental readiness assessment and are classified as DRC 1 or DRC 2.

2.1.5.2. Partially Medically Ready (PMR). Service members are considered PMR when they are overdue for a dental readiness assessment (classified as DRC 4).

2.1.5.3. Not Medically Ready (NMR). Service members are considered NMR when they require urgent or emergency dental treatment (classified as DRC 3). Commanders will verify that service members who are classified as DRC 3 are addressed immediately upon identification to guarantee that these service members become FMR.

2.1.6. Priority of care for **service members** in support of the dental readiness of the force.

2.1.6.1. Dental emergencies.

2.1.6.2. Active Duty personnel in DRC 4.

2.1.6.3. Active Duty personnel in DRC 3.

2.1.6.4. Active Duty personnel in DRC 2.

2.2. AFDRAP Components for Air Reserve Component (ARC) Only.

2.2.1. An ARC member on orders for deployment in support of combatant commands must have a current dental readiness assessment and should not be in DRC 4. If a service member requires urgent or emergency dental treatment (classified as DRC 3), they are not medically ready to deploy. Commanders should verify that service members who are classified as DRC 3 or DRC 4 are addressed immediately upon identification to guarantee that the service member becomes Fully Medically Ready (FMR). **(T-0)** See DoWI 6025.19 and DoDI 1332.45, *Retention Determinations for Non-Deployable Service Members*.

2.2.2. ARC SGDs must ensure DRC 4 and non-compliant DRC 3 members are identified IAW DAFMAN 48-123, *Medical Examinations and Standards* and AFI 10-250. Members must be processed IAW DAFI 36-3211, *Military Separations*; DAFMAN 36-2136, *Reserve Personnel Participation*; and DAFMAN 48-123.

2.2.3. Dental Evaluation Frequency for ARC Members.

2.2.3.1. Military Evaluation Requirements. ARC members must complete their initial dental evaluation and every fifth periodic (annual) dental evaluation at a MDG, Reserve Medical Unit (RMU), or Guard Medical Unit (GMU). **(T-2)** An evaluation performed by a Department of Defense (DoD) contracted dentist, such as those under the Remote Health Readiness Program (RHRP), is considered a military evaluation for the purpose of this requirement.

2.2.3.2. Civilian Evaluation Requirements. The four intervening annual dental evaluations should be performed by a civilian dentist. The examining dentist must hold a valid license to practice dentistry within the United States.

2.2.3.3. Documentation. All periodic dental evaluations by a civilian dentist must be documented on DD Form 2813, *Active Duty/Reserve Forces Dental Examination*, or current DoD-approved form.

2.2.3.4. Prioritization of Care. The SGD will prioritize scheduling military dental evaluations for members who are preparing for deployment or are due for their mandatory fifth-year periodic (annual) military evaluation.

2.2.4. ARC members with expired IMR requirements will not participate in any point-gaining activities other than a military medical or dental evaluation or examination IAW DAFMAN 36-2136, *Reserve Personnel Participation*.

2.3. DAF Service Members Tasked for Deployment.

2.3.1. When Airmen or Guardians are tasked to deploy, dental clinics will prioritize care and will provide services to ensure deploying personnel are in optimal dental health and medically qualified for deployment. See Section 2.1. Air Force Dental Readiness Assurance Program.

2.3.2. Annual dental readiness assessments will be completed to determine a service member's DRC. **(T-0)** For guidance, refer to metrics and goals defined in DoWI 6025.19. Follow these guidelines at a minimum:

2.3.2.1. Verify and validate current DRC utilizing Aeromedical Services Information Management System (ASIMS) or current system. A dental record review may be required to validate treatment needs for those in DRC 3.

2.3.2.2. Members in DRC 1 or 2 at the time of their Required Delivery Date (RDD), which is the date that the member must arrive at their destination, are considered worldwide deployable regarding their dental health unless deployment orders have a specific Personnel Processing Code (PPC) requiring DRC 1.

2.3.2.3. Service members in DRC 3 require urgent or emergent dental treatment.

2.3.2.3.1. DRC 3 patients are not considered fully medically ready for deployment and dental clinics must make every effort to complete treatment of all disqualifying dental conditions.

2.3.2.3.2. An AF Form 469, *Duty Limiting Condition Report*, must be completed for Airmen and Guardians in DRC 3 IAW AFI 48-133, *Duty Limiting Conditions*.

2.3.2.4. Members in DRC 4 are overdue for their dental examination and are not considered fully medically qualified and should receive an evaluation.

2.3.2.5. To mitigate risk, it is imperative that ongoing treatment, active moderate or severe periodontal disease, and the following conditions be stabilized before deployment:

2.3.2.5.1. Implants: Implants must be permanently restored or if the implant is not entirely submerged, must have a completely exposed healing abutment/cover screw placed for stability.

2.3.2.5.2. Crowns: A definitive crown is expected prior to deployment. A stable, long-lasting interim crown, that is permanently cemented, is the only alternative.

2.3.2.5.3. Interim Removable Partial Denture: Service members must be informed that they may be without the prostheses should it break or be misplaced. Capability to fabricate or repair a new prosthesis is limited and is not a priority of care in the expeditionary environment.

2.3.2.5.4. Endodontic treatment: Definitive endodontic treatment is expected to be completed, and if a direct or indirect coronal restoration is indicated, it will be completed prior to deployment.

2.3.2.5.4.1. Vital Pulp Therapy: Vital Pulp therapy is not indicated if a member is deploying within six months of the procedure.

2.3.2.5.4.2. Periapical Lesions: If a member has a periapical radiolucency at the apex of a previously treated tooth the member *may* be cleared for deployment. However, the patient must be asymptomatic and justification for clearance must be included in the clinical narrative. This justification should include the radiographic and clinical history of the tooth, and an annotation if the lesion has shown a decrease in size or has a history of no changes.

2.3.2.5.5. Oral Maxillofacial Surgery (OMFS): DRC 3 extractions that have been treatment planned must be completed in advance of deployment (especially third molars). Ideally, the removal of any mandibular third molar should be performed at least 6 weeks prior to deployment to lower the risk of post-operative mandible fracture. At a minimum, any DRC 3 extraction should be performed no less than 2 weeks from base departure to reduce the risk of post-operative infections and other complications.

2.3.3. Active Orthodontic Treatment (RegAF/RegSF). When a member undergoing active orthodontic treatment is selected for deployments/extended Temporary Duty (TDY) (when the patient would not meet the prescribed appointment interval needed for treatment progression) the dentist should observe the following guidelines:

2.3.3.1. For deployments or extended TDYs **up to** 180 days, the treating dentist has the following options:

2.3.3.1.1. Deactivate all appliances and place passive arch wires and inform the patient that active treatment will not progress during the deployment/TDY.

2.3.3.1.2. Remove fixed orthodontic appliances (if the provider determines removal is the best course of action) and place the patient in passive retention.

2.3.3.1.3. For members undergoing clear aligner therapy, the dentist should inform the patient that they must stop therapy and utilize the most recent appliance as passive retention.

2.3.3.2. For deployments/TDYs **longer than** 180 days the treating dentist will remove active appliances and place the patient in passive retention.

2.3.4. Active Orthodontic Treatment (ARC).

2.3.4.1. For deployments or extended TDYs **up to** 180 days, the ARC member on Active Duty orders should be placed in passive appliances (arch wires, aligners, etc) by the civilian treating dentist, at the patient's expense, and inform the patient that active treatment will not be available during the deployment/TDY. If the appliances remain in place, the service member will be expected to maintain meticulous oral hygiene.

2.3.4.2. For deployment/TDY **longer than** 180 days, the civilian treating dentist should remove active appliances and place the patient in passive retention, at the patient's expense. Orthodontic care is not available at deployment/TDY locations.

2.3.4.3. In both cases, the member must sign a *Memorandum of Understanding – Deployed Reservists Undergoing Orthodontic Treatment (Attachment 2)* stating that the DAF is not responsible for continuation of orthodontic treatment, consequences of interruption of treatment while deployed, or expenses associated with orthodontic treatment.

2.4. Eligibility (ARC). ARC service members shall have eligibility IAW 10 U.S.C. § 1074 and 1074a, (T-0) and DHA-PI 6025.19, Volume 2, *Medical Readiness Services Provided to Members of the Reserve Components in MTFs and DTFs*.

2.4.1. ARC service members on Active Duty orders greater than 30 days are entitled to the same medical and dental care authorized for RegAF/RegSF members, during the period of duty specified in their orders per 10 U.S.C. § 1074a. (T-0)

2.4.2. ARC service members who are on duty for a period of active duty for more than 30 days, who are injured while in an annual training or inactive-duty training, who are deploying within 75 days, or who are in receipt of orders to deploy are authorized care IAW 10 U.S.C. § 1074 and 1074a, (T-0) and DHA-PI 6025.19, V2.

2.4.3. ARC service members not on duty for a period of active duty for more than 30 days and who are otherwise required by their DoD Component to maintain their IMR status are authorized access to dental readiness services IAW DHA-PI 6025.19, V2.

2.4.4. ARC service members' eligibility verification is accomplished IAW DHA-PI 6025.19-V2 (Enclosure 3) and DHA-PI 6010.01, *Healthcare Benefit Eligibility Verification and Patient Registration Procedures*.

2.5. Scope of Dental Services at Reserve and Guard Units (ARC ONLY).

2.5.1. Primary Mission Scope. RMUs and GMUs provide evaluation and digital imaging services strictly for readiness purposes. This scope includes performing dental examinations to determine a member's official DRC, collecting data for forensic identification, and serving as the final authority for validating and certifying the DRC based on a review of findings from private sector and contract dentists.

2.5.2. Forensic Identification Requirement. A digital panoramic image of diagnostic quality is mandatory for all ARC members and will be stored in the current DoD repository for forensic identification. The evaluating dental provider will determine the need for updated images based on clinical judgment.

2.5.3. Ancillary Services. While treatment is not performed, dental treatment recommendations and counseling services regarding DRC may be provided to the member upon request.

2.6. Permanent Change of Station (PCS) and Overseas Dental Clearances. (RegAF/RegSF).

2.6.1. A Permanent Change of Station (PCS) dental clearance assesses a member's dental readiness for the gaining duty location based on access to dental care at that location and Personnel Processing Code (PPC) requirements.

2.6.1.1. Upon notification of a member's PCS to an overseas location, remote site, or GSU, dental clinic personnel will process the dental clearance IAW DAFMAN 36-2102, *Base-Level Relocation Procedures*, and this guidance.

2.6.1.2. The overseas dental clearance process may include either a record review, a dental examination, or completion of necessary dental treatment, as applicable. Dental clinic personnel will verify if the member has an assigned Personnel Processing Code (PPC). PPCs are processing requirements or post-selection assignment actions to ensure that the member is qualified and prepared to proceed on assignment and can be reviewed at this link: [PPC Requirements](#).

2.6.2. Dental Readiness Classification (DRC) Requirements for Overseas Clearances.

2.6.2.1. Members being assigned to an overseas base with a dental clinic should at a minimum be in DRC 2 prior to PCS.

2.6.2.2. Members being assigned to locations without a dental clinic or where routine dental care is limited or unavailable, must have a dental examination unless a periodic or comprehensive dental examination was completed within 90 days of the overseas PCS notification.

2.6.2.3. If a qualifying examination was completed within 90 days, a dental record review may be sufficient.

2.6.2.4. Members are not normally dentally cleared in DRC 3 or 4. It is strongly recommended that they receive all treatment necessary to return to DRC 1 or 2 prior to departure. If all treatment cannot be completed prior to departure, appropriate notification will be made IAW DAFMAN 36-2102 and local requirements.

2.6.3. Dental Readiness Classification (DRC) Exception for Initial Training Graduates.

2.6.3.1. The requirement for a comprehensive dental examination for service members in DRC 4 is deferred for service members who have not yet completed initial active duty training or follow-on technical training. This includes, but is not limited to, Basic Military Training and technical training that grants an Air Force Specialty Code (AFSC). This deferment is in accordance with (IAW) AFI 10-250, *Individual Medical Readiness*. The comprehensive dental examination will be completed upon arrival at the member's first permanent duty station unless directed otherwise by a PPC requirement.

2.6.3.2. To ensure training timelines are met, only symptomatic or emergent dental care will be provided to Airmen and Guardians during initial training. The completion of training is the primary mission, and extensive dental treatment is not programmed during this period.

2.6.3.3. An Airman or Guardian in a training status may proceed on a PCS to their first duty assignment in DRC 3 or DRC 4, under the following conditions:

2.6.3.3.1. The gaining installation has a dental clinic.

2.6.3.3.2. All clearance requirements, including any applicable PPC instructions, have been met.

Chapter 3

DENTAL REPORTING

3.1. Reporting Requirements (RegAF).

3.1.1. In-Garrison Dental Care: There will be no manual data entry reporting requirements imposed by AFMEDCOM. All dental treatment data will be governed and reported under DHA guidance, using DHA-approved systems and procedures.

3.1.2. Expeditionary Environment Dental Care: Required data will be aggregated via automated reporting from the DAF-approved expeditionary Electronic Health Record (EHR). This automated process eliminates the need for manual data entry by expeditionary dental personnel.

3.1.2.1. For dental care performed in an expeditionary environment, reporting requirements will contain the following dental performance measures:

3.1.2.1.1. Number of patients seen and appointments completed.

3.1.2.1.2. Number and type of procedures performed.

3.1.2.1.3. Dental weighted values or other specified production metrics.

3.1.2.2. The expeditionary dental team will report any significant interruptions in operational capabilities to their Expeditionary Medical Commander, AFMEDCOM and the AF/SG Consultant for Expeditionary Dentistry.

3.2. Dental Disease and Non-Battle Injuries (D-DNBI).

3.2.1. Documentation Requirement.

3.2.1.1. Providers will completely and accurately document the occurrence of D-DNBI events for deployed service members receiving dental treatment in an expeditionary environment.

3.2.1.2. All D-DNBI documentation will be recorded in the DAF approved EHR for expeditionary operations.

Chapter 4

POSTMORTEM DENTAL IDENTIFICATION

4.1. Expeditionary Requirements.

4.1.1. Postmortem dental identification capabilities in an expeditionary setting will be equivalent to in-garrison standards.

4.1.2. Expeditionary dental personnel will maintain preparedness to support and augment multinational forensic efforts. All training will be IAW NATO STANAG AMedP-3.1, *Military Forensic Dental Identification*, or the most current version. **(T-0)**

Chapter 5

REFUSAL OF DENTAL TREATMENT

5.1. Incompatibility with Military Service.

5.1.1. Refusal of dental treatment required to maintain dental readiness is incompatible with continued military service. Such refusal may result in the initiation of Medical Evaluation Board (MEB) processing IAW DAFMAN 48-108, *Physical Evaluation Board Liaison Officer (PEBLO) Functions: Pre-Disability Evaluation System (DES) and Medical Evaluation Board (MEB) Processing*.

5.2. Documentation of Refusal.

5.2.1. Member Counseling. The dental provider will explain to the service member the value of proper oral health and the necessity of the recommended treatment. This counseling will be documented in the member's STR.

5.2.2. Documenting Refusal of Dental Treatment. If a member in DRC 3 or DRC 4 refuses required care after counseling, the dental provider will document the refusal in the Dental Service Treatment Record (STR). This entry will include the reason for refusal and will detail the potential adverse effects on the member's duty performance, readiness, and continued service.

5.2.3. Duty Limiting Condition Report. The dental provider will complete an AF Form 469, *Duty Limiting Condition Report*, for any DAF service member in DRC 3 or DRC 4 who refuse required treatment.

5.3. Misconduct and Line of Duty (LOD) Determinations.

5.3.1. Unreasonable refusal or willful neglect to submit to required dental treatment is considered misconduct. A Line of Duty (LOD) determination may be initiated IAW DAFI 36-2910, *Line of Duty (LOD) Determination, Medical continuation (MEDCON), and Incapacitation (INCAP) Pay*.

Chapter 6

SPECIAL DUTY PERSONNEL

6.1. Rated Personnel.

6.1.1. SGDs will ensure all dental personnel understand their responsibilities for treating rated personnel according to local policy and should utilize a special duty workflow approved by AFMEDCOM dental leadership.

6.1.2. SGDs and dental providers will monitor and treat personnel on flying status IAW DAFMAN 48-123. Treatment of flight and special operations duty personnel and recommendation parameters that support, deny or return individuals to Flying or Special Operations Duty will be coordinated with Aerospace Medicine.

6.1.3. Dental clinic personnel will notify the flight surgeon utilizing AF Form 1418, *Recommendation for Flying or Special Operations Duty - Dental*, or current electronically generated equivalent, to recommend if commanders should restrict or resume a member's rated duties after dental treatment. This form will also be used to notify when a rated member is placed in or removed from DRC 3. **(T-2)**

6.1.4. Aerospace Medicine personnel will complete DD Form 2992, *Medical Recommendation for Flying or Special Operational Duty*.

6.2. Personnel Reliability Assurance Program (PRAP).

6.2.1. PRAP is currently comprised of two elements:

6.2.1.1. Personnel Reliability Program (PRP).

6.2.1.2. Sensitive Duties Program (SDP).

6.2.2. SGDs will ensure all dental personnel understand their responsibilities involving PRP/SDP.

6.2.2.1. Dental provider/Competent Medical Authority (CMA) will monitor and treat service members who are in sensitive duty positions (e.g., Personnel Reliability Assurance Program, Presidential Support Program, or other sensitive duty national security programs) or work with nuclear weapons as specified in DODM 5210.42_DAFMAN 13-501, *Nuclear Weapons Personnel Reliability Program (PRP)* and DAFMAN 41-210. **(T-0)**

6.2.2.2. Workflow approved by AFMEDCOM dental leadership should be utilized with consideration given to deviations from standard workflow when driven by local policy.

6.3. Arming and Use of Force (AUoF).

6.3.1. SGDs will ensure all dental personnel understand their responsibilities for treating AUoF personnel.

6.3.2. Dental providers must monitor and treat members who bear arms IAW DAFI 31-117, *Arming and Use of Force*, AFI 48-133, and local MDG guidance.

6.3.3. Workflow approved by AFMEDCOM dental leadership should be utilized with consideration given to deviations from standard workflow when driven by local policy.

Chapter 7

TRAINING AND CURRENCY

7.1. Purpose. (RegAF) This section establishes policy for the training, readiness skills sustainment, and currency of dental personnel. All activities will be conducted IAW DoDI 6000.19, *Military Medical Treatment Facility Support of Medical Readiness Skills of Health Care Providers*. **(T-0)**

7.2. Key Readiness Training Requirements.

7.2.1. Comprehensive Medical Readiness Program (CMRP). A provider is considered "mission ready" IAW AFI 10-201, *Force Readiness Reporting*, only when their CMRP Category 1 and Category 2 training requirements are current.

7.2.2. Joint Knowledge, Skills, and Abilities (JKSA). In addition to CMRP, all medics will complete JKSA objectives to prepare for tactical and environmental conditions in theater. These objectives are found at <https://militaryhealth.sharepoint-mil.us/sites/hco-JKSA> and are governed by DoDI 1322.32, *Pre-Deployment Training and Theater-Entry Requirements*. **(T-0)**

7.3. External Readiness and Currency Program.

7.3.1. Medics Advancing Community Healthcare for Readiness (MACH-R). When MTF opportunities are insufficient to meet CMRP and JKSA requirements, commanders may authorize participation in the MACH-R program.

7.3.2. MACH-R Prerequisites. Participation requires the member to first obtain Off-Duty Employment (ODE) approval IAW AFI 44-102, *Medical Care Management*. The program is further defined and governed by the AF/SG policy memorandum "*Special Pass/ODE MACH-R Program*," May 20, 2023, or current AF/SG policy memoranda on the subject.

7.4. Alternative Clinical Readiness Training (ARC ONLY).

7.4.1. Purpose: This section establishes the process for ARC members to fulfill CMRP requirements that are not sustained through their civilian practice (e.g., an orthodontist fulfilling restorative dentistry tasks).

7.4.2. Alternative Training Process.

7.4.2.1. The member will identify the CMRP gap and submit a proposed alternative training plan to their commander for approval.

7.4.2.2. The Commander will review the plan to ensure it meets the specified CMRP objectives. Prior approval is mandatory before the member proceeds with training.

7.4.3. Eligibility Requirements. To be eligible for points-only credit under this program, the member must:

7.4.3.1. Have a "good year" for retirement purposes in the year the training is completed.

7.4.3.2. Maintain a current, passing Fitness Assessment.

7.4.3.3. Have no pending or current adverse disciplinary actions.

Chapter 8

EXPEDITIONARY DENTISTRY

8.1. Purpose: This chapter establishes policy and guidance for providing expeditionary dental care to ensure the health and readiness of Airmen and Guardians.

8.2. Priority of Care. In the expeditionary environment, the expeditionary dental team will prioritize care in the following order with a focus on the service member being returned to duty:

8.2.1. Dental Emergencies, to include battle-related injuries and D-DNBI.

8.2.2. Treatment to correct DRC 3 conditions.

8.2.3. Treatment to correct and DRC 2 conditions.

8.3. Delivery of Care in an Expeditionary Environment.

8.3.1. Dental care in expeditionary settings, such as deployed clinics or other austere environments, will be coordinated to ensure patient-centered care, optimal outcomes, and safety.

8.3.2. The Expeditionary Medical Commander must be advised by expeditionary dental personnel of any shortfalls in facilities, supplies, local resources, or skillsets that may impact the delivery of care. Local procedures will be developed to mitigate these shortfalls and maximize positive patient outcomes.

8.3.3. While dental specific DHA Practice Recommendations and current clinical guidance serve as benchmarks for desired outcomes, they are not to be interpreted as defining treatment protocols in a resource-constrained expeditionary and austere environments.

8.4. Innovative Readiness Training (IRT).

8.4.1. IRT is a DoD training and readiness program that meets essential training requirements and results in incidental civic or community benefit, in the form of support and services, to organizations or activities outside DoD.

8.4.2. IRT medical support encompasses a wide spectrum of care and will typically include dental.

8.4.3. All IRT medical support is performed IAW DoDI 1100.24, *Innovative Readiness Training (IRT): Support and Services for Eligible Organizations and Activities Outside the Department of Defense* and DAFI 36-2676, *Civil-Military Innovation Readiness Training (IRT)*. (T-0)

8.5. Dental Clinical Quality Operations.

8.5.1. Expeditionary dental facilities will follow Comparable Clinical Quality Management (CCQM) program requirements IAW DoDI 6025.13, *Medical Quality Assurance and Clinical Quality Management in the Military Health System*; DAFI 44-119, *Medical Quality Operations*; and CCQM guidelines from AFMEDCOM. (T-0)

8.5.2. There are different methods of accomplishing this and the program should be individualized. Expeditionary clinical services are delivered under the authority, direction and control of the Expeditionary Medical Commander.

8.5.3. Expeditionary clinical services not on an installation with an MTF will maintain standards and procedures comparable, to the maximum extent practicable, to those in accredited MTFs.

8.6. Dental Infection Prevention and Control (IPC).

8.6.1. Recommended infection control measures in non-traditional healthcare settings are the same as hospitals and ambulatory care settings. Dental IPC is essential for preventing healthcare-associated infections. Personnel will adhere to IPC guidelines and standards to the maximum extent possible in expeditionary environments.

8.6.2. All IPC procedures will be IAW guidance from the Centers for Disease Control (CDC), the Association for the Advancement of Medical Instrumentation (AAMI) sterilization standards (ST55 and ST79), manufacturer's Instructions for Use and AFI 44-108, *Infection Prevention and Control Program*.

8.6.3. IPC documentation standards will be equivalent to in-garrison standards and records will be maintained for the duration of dental operations at the expeditionary location.

8.6.3.1. The expeditionary dental team will immediately inform the Expeditionary Medical Commander of any shortfalls or compromises in IPC processes.

8.7. Regulatory Responsibilities.

8.7.1. Operational considerations such as mission requirements and resource constraints, especially in expeditionary environments, may necessitate deviation from some processes, however, each program will have specific guidance. In many cases, principles are identical in both home station and expeditionary settings.

8.7.2. Expeditionary dental clinics will comply with Occupational Safety and Health Administration (OSHA) regulatory standards IAW DAFI 48-145, *Occupational and Environmental Health Program*.

8.7.3. Environmental compliance as it relates to the expeditionary dental clinic is followed IAW DAFI 32-7091, *Environmental Management Outside the United States* and appropriate local guidance.

8.7.4. Radiation Safety. The expeditionary dental team will ensure dental staff and patients receive the lowest possible radiation dose IAW AFMAN 48-148, *Ionizing Radiation Protection*.

8.7.5. Hazardous Waste Handling Procedures. Dental personnel must coordinate with the expeditionary installation environmental staff to identify specific hazardous waste management requirements IAW DAFMAN 32-7002, *Environmental Compliance and Pollution Prevention*.

8.7.6. Occupational Health. Expeditionary dental teams will coordinate with Bioenvironmental Engineering to ensure compliance with current occupational health guidelines IAW DAFI 48-145 and DAFMAN 48-146, *Occupational Health Program Management*.

8.7.7. Documentation. The expeditionary dental team must ensure required health and safety training is accomplished and documented on AF Form 55, *Employee Safety and Health Record* or equivalent.

8.8. Self-Inspection Program.

8.8.1. Expeditionary dental clinics operate under unique mission environments, no two are the same. A self-inspection program can enhance mission effectiveness and is accomplished IAW DAFI 90-302, *The Inspection System of the Department of the Air Force*.

8.8.1.1. The Expeditionary Medical Commander will direct the expeditionary dental team to conduct an initial self-inspection of all processes and procedures within 60 days of arrival, followed by an ongoing self-inspection program.

8.8.1.2. The Expeditionary Medical Commander must be informed of any identified areas of highest risk to personnel and the mission.

8.9. Dental Service Treatment Record (STR).

8.9.1. The Dental portion of the STR is the chronological record of dental assessments and care received by service members during the course of their military career, to include care received while in a military theater of operation IAW DoDI 6040.45, *DoD Health Record Life Cycle Management*. It is imperative to establish procedures for accurately recording and documenting individual dental encounters, utilizing the DoD EHR systems to the fullest extent possible at all levels of care before, during, and after deployments. **(T-0)**

8.9.1.1. When the EHR is unavailable in an expeditionary environment, care will be documented on mandatory paper forms to ensure a thorough and retrievable record. The following forms will be used:

8.9.1.1.1. AF Form 696, *Dental Patient Medical History*.

8.9.1.1.2. SF 603/SF 603A, *Dental Record–Chronological Record of Dental Care*.

8.9.1.2. When a service member returns from deployment and is seen for the first time at their permanent duty station, the dental provider must ensure that the dental encounter(s) provided during deployment have been retrieved, reviewed and annotated in the in-garrison portion of the service member's EHR.

8.9.1.3. Further guidance can be found in DHA-PI 6490.03, *Deployment Health Procedures*, and DHA-PM 6025.02, *Volume 2, DoD Health Record Lifecycle, Volume 2: Outpatient Record Components and Dental Records*.

JOHN J. DeGOES, MD
Lt Gen., USAF, MC, FS
Surgeon General of the Air Force

Attachment 1**GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION*****References***

Public Law 93-579, *Privacy Act of 1974*

10 U.S.C. § 1073c, *Administration of Defense Health Agency and military medical treatment facilities (Armed Forces)*

10 U.S.C. § 1074, *Medical and dental care for members and certain former members*

10 U.S.C. § 1074a, *Medical and dental care: members on duty other than active duty for a period of more than 30 days*

10 U.S.C. §1076. *Medical and dental care for dependents: general rule*

DoDI 1100.24, *Innovative Readiness Training (IRT): Support and Services for Eligible Organizations and Activities Outside the DoD*, 05 May 2020

DoDI 1215.07, *Service Credit for Non-Regular Retirement*, 30 July 2019

DoDI 1322.32, *Pre-Deployment Training and Theater-Entry Requirements*, 10 June 2020

DoDI 1332.45, *Retention Determinations for Non-Deployable Service Members*, 30 July 2018

DoDI 5400.11, *DoD Privacy and Civil Liberties Programs*, 29 January 2019

DoDI 6000.19, *Military Treatment Facility Support of Medical Readiness Skills of Healthcare Providers*, 07 February 2020

DoDI 6025.13, *Medical Quality Assurance and Clinical Quality Management in the Military Health System*, 26 July 2023

DoDI 6025.18 (*HIPAA*) *Privacy Rule Compliance in DoD Health Care Programs*, 13 March 2019

DoWI 6025.19, *Individual Medical Readiness Program*, 13 July 2022

DoDI 6040.45, *DoD Health Record Life Cycle Management*, 16 November 2015

DoDI 8580.02 *Security of Individually Identifiable Health Information in DoD Health Care Programs*, 12 August 2015

DoDD 6010.04, *Healthcare for Uniformed Services Members and Beneficiaries*, 17 August 2015

DODM 5210.42_DAFMAN 13-501, *Nuclear Weapons Personnel Reliability Program (PRP)*, 03 April 2024

DoDM 6025.18, *Implementation of the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule in DoD Health Care Programs*, 13 March 2019

DAFI 31-117, *Arming and Use of Force*, 28 January 2025

DAFI 32-7091, *Environmental Management Outside the United States*, 19 September 2024

DAFI 36-2678, *Civil-Military Innovation Readiness Training (IRT)*, 08 June 2022

DAFI 36-2910, *Line of Duty (LOD) Determination, Medical continuation (MEDCON), Incapacitation (INCAP) Pay*, 03 September 2021

DAFI 38-101, *Manpower and Organization*, 29 August 2019

DAFI 41-106, *Medical Readiness Program*, 29 July 2020

DAFI 44-119, *Medical Quality Operations*, 16 August 2011

DAFI 48-145, *Occupational and Environmental Health Program*, 22 September 2022

DAFI 90-302, *The Inspection System of the Department of the Air Force*, 15 March 2023

DAFMAN 32-7002, *Environmental Compliance and Pollution Prevention*, 13 June 2025

DAFMAN 36-2102, *Base-Level Relocation Procedures*, 16 December 2020

DAFMAN 36-2136, *Reserve Personnel Participation*, 15 December 2023

DAFMAN 48-108, *Physical Evaluation Board Liaison Officer (PEBLO) Functions Pre-Disability Evaluation System (DES) and Medical Evaluation Board (MEB) Processing*, 05 August 2021

DAFMAN 48-146, *Occupational Health Program Management*, 01 December 2022

DAFMAN 41-210, *Patient Administration Support*, 26 September 2025

DAFMAN 48-123, *Medical Examinations and Standards*, 08 December 2020

DAFMAN 90-161, *Publishing Processes and Procedures*, 18 October 2023

AFI 10-201, *Force Readiness Reporting*, 05 June 2024

AFI 10-250, *Individual Medical Readiness*, 22 July 2020

AFI 33-322, *Records Management and Information Governance Program*, 23 March 2020

AFI 44-102, *Medical Care Management*, 17 March 2015

AFI 44-104, *Military and Civilian Consultant Program and Medical Enlisted Career Field Manager Program*, 15 April 2015

AFI 44-108, *Infection Prevention and Control Program*, 05 June 2019

AFI 48-133, *Duty Limiting Conditions*, 07 Aug 2020

AFMAN 48-148, *Ionizing Radiation Protection*, 20 July 2020

DHA-PI 6025.19-Volume 2, *Medical Readiness Services Provided to Members of the Reserve Components in MTFs and DTFs*, 23 October 2021

DHA-PI 6490.03, *Deployment Health Procedures*, 17 December 2019

DHA-PM, 6010.01, *Healthcare Benefit Eligibility Verification and Patient Registration Procedures*, 14 January 2020, as amended

DHA-PM 6040.45, *Volume 2, DoD Health Record Lifecycle Management Outpatient Record Components and Dental Records*, 16 December 2021

NATO STANDARD, AMedP 3.1, *Military Forensic Dental Identification, Edition B, Version 1*, 15 July 2020

Air Force Surgeon General Memorandum, “*Special Pass ODE MACH-R Program*,” 20 May 2023

Air Force Tactics, Techniques and Procedures 3-42.71, *Expeditionary Medical Support (EMEDS) and Air Force Theater Hospital (AFTH)*, 17 September 2024

Prescribed Forms

None

Adopted Forms

Department of Defense (DD) Form 2813, *Active Duty Reserve Forces Dental Examination*

DD Form 2992, *Medical Recommendation for Flying or Special Operational Duty*

DAF Form 847, *Recommendation for Change of Product*

AF Form 55, *Employee Safety and Health Record*

AF Form 469, *Duty Limiting Condition Report*

AF Form 696, *Dental Patient Medical History*

AF Form 1418, *Recommendation for Flying or Special Duty Dental*

SF 603/SF 603A, *Dental Record –Chronological Record of Dental Care*

Abbreviations and Acronyms

AAMI—Association for the Advancement of Medical Instrumentation

AD—Active Duty

ADDP—Active Duty Dental Program

AF—Air Force

AFDS—Air Force Dental Service

AFDRAP—Air Force Dental Readiness Assurance Program

AFI—Air Force Instruction

AFMAN—Air Force Manual

AFMEDCOM—Air Force Medical Command

AFPD—Air Force Policy Directive

AFR—Air Force Reserve

AFSC—Air Force Specialty Code

ANG—Air National Guard

ARC—Air Reserve Component

ASIMS—Aeromedical Services Information Management System

AUoF—Arming and Use of Force

BMT—Basic Military Training
CMA—Competent Medical Authority
CMRP—Comprehensive Medical Readiness Program
D-DNBI—Dental - Disease and Non-Battle Injury
DAF—Department of the Air Force
DAFI—Department of the Air Force Instruction
DAFMAN—Department of the Air Force Manual
DD—Defense Directive
DHA—Defense Health Agency
DHA-PI—Defense Health Agency-Procedural Instruction
DHA-PM—Defense Health Agency-Procedures Manual
DoD—Department of Defense
DoDD—Department of Defense Directive
DoDI—Department of Defense Instruction
DRC—Dental Readiness Classification
DRCS—Dental Research and Consultation Service
EHR—Electronic Health Record
ETP—Exception to Policy
FMR—Fully Medically Ready
GDE—Graduate Dental Education
GMU—Guard Medical Unit
HIPAA—Health Insurance Portability and Accountability Act
HPERB—Health Professions Education Requirements Board
IAW—In Accordance With
IMR—Individual Medical Readiness
IPC—Infection Prevention and Control
LOD—Line of Duty
MACH-R—Medics Advancing Community Healthcare for Readiness
MDG—Medical Group
MDG/CC—Medical Group Commander
MTF—Military Treatment Facility
NMR—Not Medically Ready

ODE—Off Duty Employment
OMFS—Oral Maxillofacial Surgery
OPR—Office of Primary Responsibility
OSHA—Occupational Safety & Health Administration
PCS—Permanent Change of Station
PMR—Partially Medically Ready
PPC—Personnel Processing Code
PRAP—Personal Reliability Assurance Program
PRP—Personnel Reliability Program
RDD—Required Delivery Date
RegAF—Regular Air Force
RegSF—Regular Space Force
RMU—Reserve Medical Unit
SDP—Sensitive Duties Program
SG—Surgeon General
SGD—Chief of Dental Services
SGMED—Director of (Medical) Policy & Resources
STR—Service Treatment Record
TDY—Temporary Duty
TTG—Technical Training Graduate
USAF—United States Air Force
USSF—United States Space Force
USU—Uniformed Services University

Office Symbols

AF/SGMED—Director of (Medical) Policy & Resources
AF/SG—Department of the Air Force Surgeon General

Terms

Air Reserve Component (ARC)—An overarching term used when referring to both the Air National Guard (ANG) and Air Force Reserve (AFR) together.

Attachment 2

SAMPLE MEMORANDUM OF UNDERSTANDING

Figure A2.1. Sample Memorandum of Understanding for Deployed Air Reserve Component (ARC) Member Undergoing Orthodontic Treatment.

<p>MEMORANDUM FOR [Member's Rank and Name]</p> <p>FROM: [Dental Clinic / Provider]</p> <p>SUBJECT: Memorandum of Understanding – Deployed Air Reserve Component (ARC) Members Undergoing Orthodontic Treatment</p> <ol style="list-style-type: none"> 1. I acknowledge and understand the following conditions regarding my orthodontic treatment during my deployment: 2. a. The Department of the Air Force (DAF) is not responsible for the continuation of my orthodontic treatment, nor for any adverse consequences resulting from the interruption of treatment while I am in a deployed status. 3. b. Orthodontic services are not available in the expeditionary environment. 4. c. All expenses associated with the requirements outlined in this memorandum, including appliance deactivation, removal, or replacement, are my sole financial responsibility. 5. I understand and will comply with the following mandatory requirements based on my deployment duration: 6. a. For deployments of 179 days or less: My active orthodontic appliances must be deactivated by my civilian orthodontist prior to deployment. 7. b. For deployments of 180 days or more: I should have my civilian orthodontist remove all active orthodontic appliances and replace them with passive retainers prior to deployment. <p>[Patient's Printed Name, Rank, and Organization]</p> <p>[Patient's Signature] //SIGNED//</p> <p>[Date]</p> <p>[Dentist's Printed Name, Rank, and Title]</p> <p>[Dentist's Signature] //SIGNED//</p> <p>[Date]</p>
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