

# IMPORTANT INFORMATION FOR FLYERS

## If You Have Dental Treatment You Must Notify Medical Admin

If you see a **civilian dentist** for anything other than your annual/semi-annual exam or cleaning you must notify Medical Admin and will be DNIF until a Flight Surgeon can review your dental treatment. This is per AFI 48-123 6.21.2.

You must notify medical admin if treatment from a **military dentist** includes the following:

- 1) Local Anesthesia (Numbing) for (fillings, crowns, deep cleanings) will be DNIF for 8 hrs. No 1418 required
- 2) Root Canal Procedures – 1418 Required
- 3) Extractions – 1418 Required
- 4) Dental Infections/Abscesses – 1418 Required
- 5) Dental Implants – 1418 Required
- 6) Guided Tissue Membranes – 1418 Required
- 7) Dentists may at their discretion recommend DNIF for other procedures – 1418 Required

RECOMMENDATION FOR FLYING OR SPECIAL OPERATIONAL DUTY - DENTAL			
<small>(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974 - Use blanket PAS - DD Form 2005)</small>			
TO:		FROM:	
NAME (Last, First, Middle Initial)		GRADE	SSN
			ORGANIZATION
DIAGNOSIS		TREATMENT	
MEDICATION ADMINISTERED Local anesthesia: <input type="checkbox"/> YES <input type="checkbox"/> NO Other:		MEDICATION PRESCRIBED	
<input type="checkbox"/> RECOMMEND NO PARTICIPATION IN FLYING OR SPECIAL OPERATIONAL DUTY FOR _____ HOURS OR _____ DAYS.			
<input type="checkbox"/> PATIENT TO RETURN TO CLINIC FOR FOLLOW-UP EVALUATION ON _____.			
<input type="checkbox"/> RECOMMEND RETURN TO FLYING OR SPECIAL OPERATIONAL DUTY.		<input type="checkbox"/> FSO NOTIFIED BY PHONE.	
TYPED OR PRINTED NAME AND GRADE OF DENTAL OFFICER		SIGNATURE	
		DATE	
<b>I CERTIFY that i understand the above recommendation.</b>			
SIGNATURE OF PATIENT		DATE	