

NATIONAL SCIENCE FOUNDATION  
**POLAR DENTAL EXAMINATION**

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_

DAY TELEPHONE#: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

YEAR OF PREVIOUS DEPLOYMENT: \_\_\_\_\_ CURRENT DEPLOYMENT DATES: FROM \_\_\_\_\_ TO \_\_\_\_\_

**AFFILIATION:**  
 NSF  S-Event or Group # \_\_\_\_\_  RPSC  VECO  Other \_\_\_\_\_

**ANTARCTIC DEPLOYMENT STATION:**  
 McMurdo  South Pole  Palmer  
 Field Camp \_\_\_\_\_  
 RVIB NB Palmer  RVIB LM Gould

**ARCTIC DEPLOYMENT STATION:**  
 Summit  Alaska  Thule  
 Other : \_\_\_\_\_

**Chart existing restorations, missing teeth and endodontically treated teeth only:**

**PERIODONTAL EVALUATION**  
 PROBINGS > 5 mm  YES  NO  
 ACTIVE DISEASE NOTED  YES  NO

**THIRD MOLAR EVALUATION**  
 3<sup>rd</sup> MOLARS PRESENT  YES  NO  
 POTENTIALLY SYMPTOMATIC  YES  NO

**ALLERGIES:**  
 \_\_\_\_\_

**Documentation of all treatment identified and rendered and original radiographs must accompany this form.**

DATES	DIAGNOSES and TREATMENTS

Attach the following **ORIGINALS** to this exam:  
 PANO OR FULL MOUTH SERIES  
 (Required first deployment and every 5 years after)  
 \*Date of last Pano or Full Mouth Series: \_\_\_\_\_

BITEWING X-RAYS, SET OF 4 MOUNTED  
 SHOWING ALL POSTERIOR TEETH  
 (Required annually – within six months of deployment)

I have thoroughly examined this candidate for travel to the Polar Regions. All necessary treatment has been performed; all evaluations completed; and the appropriate diagnostic radiographs will accompany this completed form as requested by the "Dear Dentist" letter.

\_\_\_\_\_  
**DENTIST'S NAME (PRINT)**

\_\_\_\_\_  
**DENTIST'S SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**TELEPHONE NUMBER** (include area code)

\_\_\_\_\_  
**ADDRESS**

\_\_\_\_\_  
**CITY**

\_\_\_\_\_  
**STATE**

\_\_\_\_\_  
**ZIP**

**ATTENTION EXAMINING DENTIST:**  
 Please forward completed form, all documentation of treatment and all **ORIGINAL X-rays** to:  
**RAYTHEON POLAR SERVICES COMPANY**  
**ATTN: Medical**  
**7400 S. Tuscon Way**  
**Centennial, CO 80112-3839**  
**1-800-688-8606 ext 32287**

**MEDICAL STAFF USE ONLY:**

PQ  WINTER REVIEW

NPQ