# Peace Corps Report of Dental Evaluation

**PEACE CORPS USE ONLY**

**Check one:**

- ❑ Pre-service dental exam
- ❑ Post-service dental exam
- ❑ Other *(please specify)*

**Name:** (Last, First, Middle Initial) Sex M❑ F❑

**Social Security number** **Date of birth** (MO / DAY / YR) / /

**Country of service** **Date of exam** (MO / DAY / YR) / /

**Home/permanent address**

Telephone No. ( )

**HIPAA and Privacy Act Notice:**

The information requested is collected under the authority of the Peace Corps Act, 22 U.S.C. 2501 et seq., for the purpose of determining eligibility of Peace Corps service and of documenting the basis for requested payments. Disclosure of this information is voluntary, but failure to do so will make it impossible for the Peace Corps to pay for these services. This information may be used for the routine uses described in the Privacy Act, 5 USC 552a, and in the Federal Register at 65 Fed. Reg. 53,722 (September 5, 2000) and 50 Fed. Reg. 1950, 1962 (January 14, 1985) regarding the Peace Corps system of records PC-17 (Volunteer records). It may also be subject to the Health Insurance Portability and Accountability Act (HIPAA) and current effective authorizations.

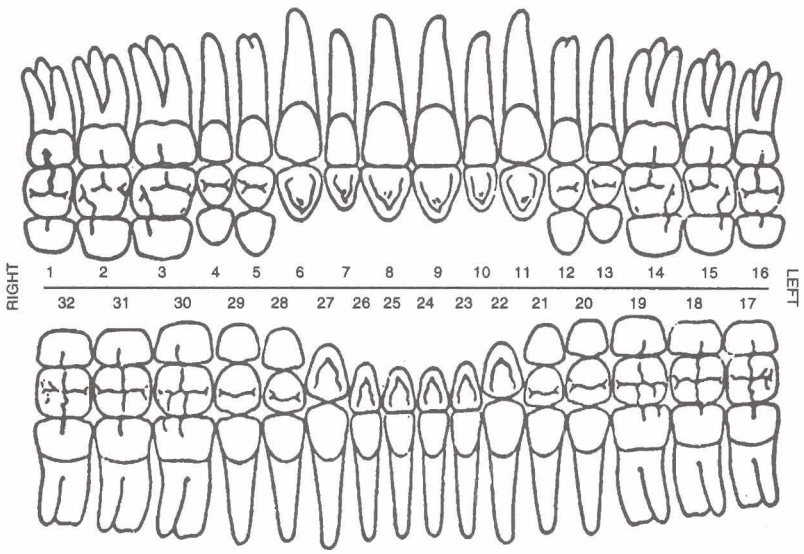
## I. General Dental Evaluation

**A. Chart existing restorations, missing ➤ teeth and endodontically treated teeth:**

❑ Check here if no existing restorations, missing teeth or endodontically treated teeth

OR

Comment on findings:

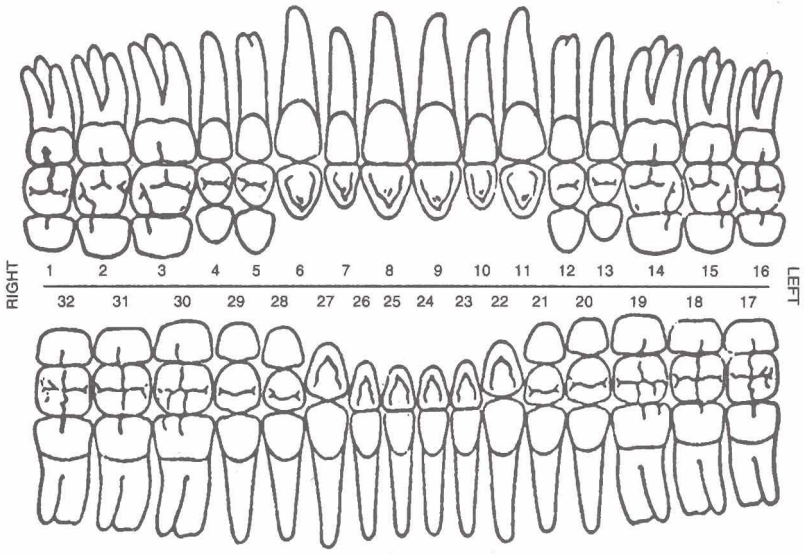



**B. Chart diseases, abnormalities and all recommended treatments: ➤**

❑ Check here if no disease, abnormality or recommended treatment

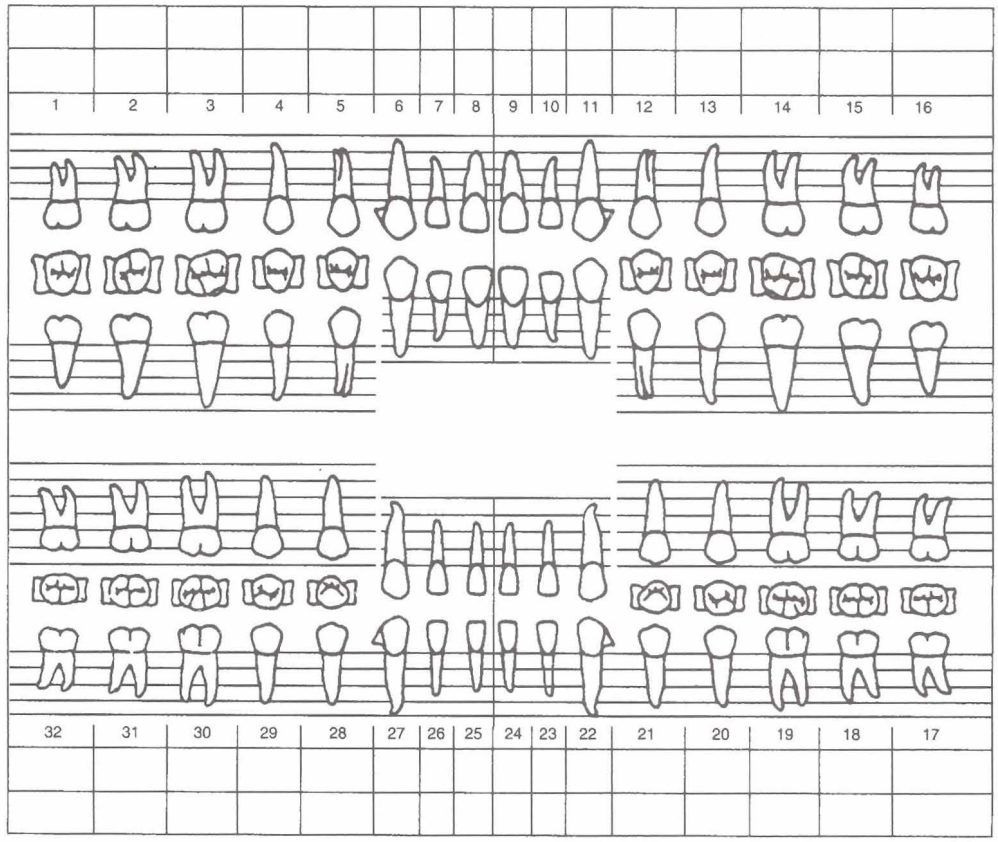
OR

Comment on findings:



## II. Periodontal Evaluation

### A. Chart periodontal probings, gingival recession, and mobility




**Calculus Deposits:** ❑ Light ❑ Moderate ❑ Heavy

### B. Identify by number all teeth with:

| | | |
|---|---|---|
| Areas of bleeding upon probing | ❑ None | ❑ Affected teeth: _____ |
| Areas of suppuration | ❑ None | ❑ Affected teeth: _____ |
| Furcation involvement | ❑ None | ❑ Affected teeth: _____ |
| Insufficient attached gingiva | ❑ None | ❑ Affected teeth: _____ |

### C. Periodontal Classification:

❑ No Disease

❑ Class I: Gingivitis
❑ Class II: Early Periodontitis
❑ Class III: Moderate Periodontitis
❑ Class IV: Advanced Periodontitis

### D. Recommended periodontal therapy:

## III. Third Molar Evaluation

A. ❑ No history of pericoronitis
❑ History of pericoronitis
*Please provide dates:*

B. ❑ Third molar extraction not recommended
❑ Third molar extraction recommended
*Please specify recommended extractions:*

## IV. TMJ Evaluation

❑ No history of TMD
❑ History of TMD symptoms
*Please describe treatment provided, dates, and if symptoms are present at this time:*

## V. Bruxism

❑ No history of bruxism
❑ History of bruxism
*Please describe any bruxism habit, presence of wear facets or need for occlusal guard:*

## VI. Prosthesis

❑ No prosthesis present
❑ Prosthesis present
*Please describe the nature and extent of the prosthesis (e.g., full or partial dentures, bridge, etc.) and the need for repair or replacement:*

## VII. Treatment

List all treatment completed after this examination. Do not include treatment planned but not yet completed.

| Treatment | Date Completed | Signature of Dentist |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Applicant SSN:

INCOMPLETE FORMS WILL BE RETURNED
AND MAY DELAY PROCESSING!

**Dental examination is complete only when:**

1. The dentist has completed all sections of the charting form.
2. The dentist has signed and dated the form.
3. The dentist has listed all treatments completed in Section VII.

➤ **Applicants only:**
The dentist has included one of the following sets of X-rays:

1) A full mouth series, or
2) A Panorex with bitewing X-rays.
   - Periapical or Panorex films must be less than two years old.
   - Bitewing X-rays must be less than one year old.
   - All films must be original films, not duplicates.

➤ **Close-of-service only:**
The dentist has included bitewing X-rays.

Dentist's signature

Date

Dentist's license number

State

Dentist's name, address and phone number

## FOR PEACE CORPS USE ONLY ➤

**Office of Medical Services Dental Consultant · Dental Clearance Notes and Recommendations**

❒ Dental Clearance Pending Date

Reason for Pending:

❒ Dental Clearance Date

❒ Dental Clearance with Restrictions Date

Specify restrictions:

Signature Date