



DEPARTMENT OF THE NAVY

NAVAL DENTAL CENTER  
2310 CRAVEN ST.  
BOX 368147  
SAN DIEGO, CALIFORNIA 92136-5596

NAVDENCENS DIEGO INST 6620.3A CH-1

01

23 JAN 1996

NAVDENCEN SAN DIEGO INSTRUCTION 6620.3A CHANGE TRANSMITTAL 1

Subj: POLICY FOR SPACE AVAILABLE DENTAL CARE

1. Purpose. To make pen and ink changes to the basic instruction.

2. Action

a. Page 1, on instruction heading NAVDENCEN SAN DIEGO INSTRUCTION 6620.3, change the instruction number to be 6620.3A.

2. Annotate CH-1 in upper right hand corner of the basic instruction, date and file.

A handwritten signature in black ink, appearing to read "R. C. Meledez", written in a cursive style.

R. C. MELENDEZ

Dist:  
List 1, Case, 1, 3





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NAVDENCENS DIEGO INST 6620.3A  
01  
11 DEC 1995

NAVDENCEN SAN DIEGO INSTRUCTION 6620.3

From: Commanding Officer, Naval Dental Center, San Diego, CA

Subj: POLICY FOR SPACE AVAILABLE DENTAL CARE

Ref: (a) NAVMEDCOMINST 6320.3B  
(b) NAVDENCENINST 6320.5C  
(c) MANMED Articles 6-107 to 6-121

Encl: (1) Informed Consent For Pediatric Dental Treatment

1. Purpose. To issue policy and guidance for space available dental care within Naval Dental Center, San Diego in compliance with references (a) and (b).

2. Cancellation. NAVDENCLINIC Instruction 6620.3.

3. Definitions

a. Dental Care. Treatment which will prevent or remedy diseases, disabilities, and injuries to the teeth, jaws, and related structures and thereby contribute to maintenance or restoration of the dental health of an individual.

b. TRICARE - Family Member Dental Plan (FMDP). The FMDP is a comprehensive dental plan available to the family members of the Uniformed Services. Family members wishing to participate in the FMDP must live in the United States, Guam, Puerto Rico, or the U.S. Virgin Islands and their sponsor must intend to remain on active duty for at least 24 months. Sponsors may enroll their family members by completing DD Form 2494 or 2494-1 at their personnel office.

(1) As of 1 October 1995, the TRICARE - Family Member Dental Plan (FMDP) allowed enrollment of members with 12 to 23 months remaining active duty service commitment who are returning with their family members from an overseas permanent duty station.

(2) Enrollment in the FMDP should be encouraged at least 30 days prior to leaving the overseas duty location. This will result in earlier access to family member dental care as coverage does not take effect until the month following completion of the enrollment form.



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4. Policy

a. Mission of Navy Medical Department Facilities. The primary mission of Navy Medical Department facilities is to provide medical and dental care for members of the Navy and Marine Corps and for members of the other uniformed services who may be sick, injured or disabled. In addition, Navy Medical Department facilities may provide medical and dental care to family members of military personnel, to members not on active duty, and to such other persons as authorized by law, U. S. Navy regulations, and Department of Defense directives. These authorizations also provide that Navy Medical Department facilities may be called upon to furnish medical and dental care, under laws of humanity or principles of international courtesy, to civilians and to other persons not otherwise entitled to medical and dental care.

b. Restrictions. Provide care to all eligible beneficiaries subject to the capabilities of the professional staff and the availability of space and facilities.

c. Priorities. When care cannot be rendered to all eligible beneficiaries, the priorities in the following chart will prevail. Make no distinction as to the sponsoring uniformed service when providing care or deciding priorities.

PRIORITIES FOR VARIOUS CATEGORIES OF PERSONNEL  
ELIGIBLE FOR CARE IN NAVY MEDICAL DEPARTMENT FACILITIES

Priority

Category

- |    |  |
|----|--|
| 1. | A. Members of the Uniformed Services on active duty (including active duty for training and inactive duty training) and comparable personnel of the NATO nations meeting the conditions prescribed in reference (a). |
|    | B. Members of a Reserve Component of the Armed Forces and National Guard personnel under orders.   |
| 2. | A. Family members of active duty members of the uniformed services, family members of persons who died while in such a status, and the family members of active duty   |

members of NATO nations meeting the conditions prescribed in Section E of reference (a).

- B. Retired members of uniformed services and their dependents of deceased retired members.
- 3. A. Civilian employees of the Federal Government under the limited circumstances covered by the Federal Employees' Health Service Program.
- 4. A. All others.

5. Guidance. The following information is for the guidance of Branch Directors in implementing the policy above:

a. Branch Directors shall make all determinations regarding the capabilities of the professional staff and the availability of space and facilities. Their decisions are incontrovertible in this matter.

b. Verification of eligibility will be determined in accordance with reference (b). For active duty family members, determine enrollment in the FMDP.

c. Space available care is not authorized for family members enrolled in the FMDP, except for services not covered by the plan. An exception may be granted if care is requested to support a Navy training program.

d. Initial examination appointments and treatment will occur primarily on a non-appointment, space available basis. In clinics where operational requirements permit, appointments may be scheduled commensurate with space available for sequential treatment necessary to provide continuity of care. Scheduled appointment periods will be those which are currently under-utilized by active duty members.

e. Space available appointments will not exceed a 14 day commitment in order to provide flexibility and responsiveness to active duty requirements.

f. Preventive dentistry procedures will be offered to the maximum extent possible.

g. Specialty care will be determined on a case by case basis and will be limited to care essential for the completion of other required treatment.

h. Dental records will be prepared, arranged, and maintained as directed by reference (c), and supplementary current directives.

(1) Dental radiographs are an important adjunct to diagnosis and the record of care. They should only be taken as required by the examining or treating dental officer for care provided by the military dental clinic. Dental radiographs will not be taken on a prescription basis from civilian dentists.

(2) Duplicate radiographs, if available, and copies of dental records may be provided by mail upon written request of civilian dentists after the patient has signed a NAVMED 6150/8, Outpatient Record Release Request and Transfer Receipt.

i. Family members and retired members should not be referred to other branches or to another military facility simply because space is not available. Space available patients should be referred only for advanced specialty consultation or for treatment of urgent dental health care problems (e.g., blood dyscrasias or clotting disorders, unstable cardiovascular disease or uncontrolled diabetes, etc.). As directed by reference (b), this type of patient referral will be the basis by which Dental Departments at Naval Hospitals will utilize their space availability. The following protocol will be followed for advanced specialty consultation or treatment:

(1) The requesting clinic will call the providing clinic in advance for consultation appointments.

(2) The request will be written on an SF-513, Consultation Sheet with diagnostic workup.

(3) The patient will carry his/her full dental record.

(4) The providing clinic will direct return of the patient and provide a written response. In addition, an extra courtesy copy with the response will be mailed to the referring dental officer.

j. Dental officers should not recommend any particular civilian dentist by name. When possible, cooperation with

civilian dentists should provide for coordination of treatment plans and continuity of care.

k. Children will be treated similar to adults in most branch clinics to the extent that personnel and facilities are available. The Pediatric Department of Naval Dental Center San Diego may appoint children commensurate with the Department's educational and training requirements. Appointed pediatric patients may be selected from among those enrolled in the FMDP when their dental needs coincide with departmental requirements.

(1) Children under the age of 18 will not be examined or treated unless the sponsor/parent/guardian is physically present in the clinic at the time of the appointment.

(2) Informed consent will be required for care of family members who are minors. The Pediatric Dentistry Informed Consent Form (Enclosure (1)) is the document used for this purpose and it will be maintained in the permanent dental record.

(3) Children shall be treated to the extent of their cooperation. If a child does not display acceptable behavior while in the clinic for a dental appointment, the parent will be informed that the child is not amenable to treatment and that it may be necessary to consult with a civilian pediatric dentist for treatment at their own expense.

6. Action. Branch Directors will ensure the policy and guidance contained herein receive the widest dissemination and compliance.

7. Forms

a. NAVMED 6150/8, Outpatient Record Release Request and Transfer Receipt, S/N 0105-LF-206-1640 is available from the Navy Supply System and may be requisitioned per NPFC P-2002-D.

b. Standard Form 513, Consultation Sheet, S/N7540-00-634-4127 is available from the Navy Supply System and may be requisitioned per NPFC P-2002-D.

  
R. C. MELENDEZ

Distribution:  
List 1, Case 1

## INFORMED CONSENT FOR PEDIATRIC DENTAL TREATMENT

We must obtain your consent before providing dental treatment to your child. Please read this form carefully and ask about anything that you do not understand.

1. TREATMENT PROCEDURES: I hereby authorize Dr.(s) \_\_\_\_\_ to perform upon my child (or legal ward) the following dental procedures, including any necessary or advisable local anesthesia, radiographs (x-rays) or diagnostic aids:

- \_\_\_\_\_ Preventive treatments (tooth cleaning/polishing, topical fluoride, and application of plastic "sealants" to the grooves of teeth.)
- \_\_\_\_\_ Removal of decay and placement of dental restorations ("fillings") or crowns ("caps").
- \_\_\_\_\_ Treatment of missing teeth with dental prosthesis ("plate") or space maintaining appliance.
- \_\_\_\_\_ Removal of the following teeth: \_\_\_\_\_
- \_\_\_\_\_ Treatment(s) of diseased, infected, or injured oral tissue as described: \_\_\_\_\_

PLEASE NOTE: Space maintaining appliance(s) may be advisable after tooth extraction to prevent potential shifting of teeth and subsequent deformities of the jaw. The responsibility for obtaining this treatment belongs to you, the parent or guardian. We want you to understand that the Navy is not responsible or obligated to replace teeth which must be removed or to provide space maintaining appliances for your child. Also, we cannot be responsible for future damages if you neglect to obtain this care in a timely manner.

2. BEHAVIOR MANAGEMENT: The following procedures may be used in order to provide a safe, positive dental experience and quality dental treatment for your child.

- a. Verbal encouragement will be used, including more strict tones if necessary.
- b. Parents may be asked to leave the room to redirect the child's attention to the doctor.
- c. Physical restraint devices including a "papoose" board and mouth prop. These prevent injury by restricting sudden movements. A mouth prop is routinely used to help every child keep his/her mouth open for the required period.
- d. Oral sedation may also be considered for complex cases.

These procedures are commonly used in pediatric dentistry to ensure the safety and proper treatment of your child. I hereby authorize use of the following behavior management techniques on any child.

- \_\_\_\_\_ Use of physical restraint or retraining device(s).
- \_\_\_\_\_ Use of oral sedative drugs to control apprehension and/or disruptive behavior.

3. This treatment plan and alternate methods (if any) have been adequately explained to me, along with the advantages and disadvantages of each. I am advised that although good results are expected, they cannot be guaranteed due to possible complications or circumstances beyond the control of the dentist and staff. I further acknowledge that there are risks associated with any dental or oral surgery procedures (including the administration of anesthesia and sedation).

These include but are not limited to pain, swelling, bleeding, discoloration/bruising, nausea, vomiting, allergic reactions and infections. Severe or even life-threatening complications have been reported with the use of drugs for sedation.

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4. I also authorize the use of photographs, radiographs, other diagnostic materials and treatment records for the purposes of teaching, research and scientific publications.

5. I hereby state that I have read and understand this consent form, and that all questions have been answered in a satisfactory manner. I also understand that I have the right to be provided with answers to questions which may arise during the course of my child's treatment.

6. I further understand that this consent will remain in effect until such time that I choose to terminate it.

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Patient's name: \_\_\_\_\_

Parent / Guardian Name (*Print*): \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_ Witness: \_\_\_\_\_

I certify that I explained the above procedures to the parent or legal guardian before requesting their signature.

\_\_\_\_\_  
(*Signature of Dentist*)