

**UNIT  
STAMP**



Unit \_\_\_\_\_  
Station \_\_\_\_\_  
Date \_\_\_\_\_

## Dental Treatment by a Civilian Dental Surgeon of a Member of the PDF\*

(Please complete in BLOCK CAPITALS)

**Part A**

**Civilian Dental Surgeon**

Name of Dentist

Address of Dentist

The undermentioned is referred to you for dental treatment. The treatments permitted are listed on the reverse of this form.

NUMBER	RANK	NAME	UNIT	UNIT COST CENTRE
<input style="width: 100%;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>			

Please furnish in the space provided on the reverse of this form, precise details of the treatment provided and return this form to Formation Dental Officer at

**Authorising Officer**

Name

Number  Rank

Appointment

Signed .....  
(Authorising Officer)

**Part B**

**Formation Dental Surgeon**

**DENTAL  
OFFICER  
STAMP**

Certifying Dental Officer

PO Number

Appointment

Receipt Number

Date

Signed .....

\* This form is to be used for referrals of members of the PDF (including Reservists on full time security duties, with at least one month's service). For other Reservists use form AF 207B.  
Part A of this form will be signed by the Patient's Commanding Officer.  
Part B of this form will be signed by the Formation Dental Surgeon.  
Part C of this form will be signed by the Civilian Dental Surgeon.

**Part C**

Civilian Dental Surgeon's Invoice No. \_\_\_\_\_

Date of treatment \_\_\_\_\_

<b>TREATMENTS PROVIDED</b>				<b>FEE</b>
011	Initial Oral Examination			
012	Periodic Oral Examination			
013	Emergency Oral Examination			
024	Intraoral Radiograph, Single View			
025	Extraoral Radiograph			
027	Complete Series of Bitewings Radiographs			
043	Biopsy of Tissue			
044	Pulp Vitality Test and other Special Test			
111	Dental Prophylaxis One Treatment			
122	Topical Application of Fluoride or other Medicament			
			<b>QTY</b>	<b>FEE</b>
311	Simple Removal of Tooth including Post Operative Care	1	2	
		4	3	
321	Surgical Removal of Erupted Tooth	1	2	
		4	3	
322	Surgical Removal of Tooth, Soft Tissue Impaction	1	2	
		4	3	
323	Surgical Removal of Tooth, Partial Bone Impaction	1	2	
		4	3	
411	Pulp Capping (excluding restoration)	1	2	
		4	3	
421	Pulpotomy (excluding restoration)	1	2	
		4	3	
431	Extirpation of Pulp and Filling of an Incisor or Canine Tooth (excluding restoration)	1	2	
		4	3	
511	Restoration of One Surface Cavity	1	2	
		4	3	
512	Restoration of Two Surface Cavity	1	2	
		4	3	
513	Restoration of Cavity Involving Three or more Surfaces	1	2	
		4	3	
911	Emergency Treatment of Dental Pain	1	2	
		4	3	
931	Special Consultation Advising Brigade Dental Officer or Medical Officer	1	2	
		4	3	

Signed .....  
(Civilian Dental Surgeon)

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Total Fee**