

MEMORANDUM FOR: Dental Treatment Facility

Date: _____

FROM: FSS/FS

SUBJECT: Dental Clearance

1. _____ has been selected for relocation to _____ . Responsible gaining MAJCOM/SG is _____ . The member has a projected departure date of _____ with an RNLTD of _____ . Member's projected AFSC is _____ .
2. Please take action to ensure member is cleared to proceed on PCS. Return endorsed memorandum upon final clearance.

Signed
 FSS/FS

1st Ind, Dental Treatment Facility

Date: _____

TO: FSS/FS

- () Member is qualified to proceed on PCS
- () Member is not qualified to proceed on PCS. Please take immediate action to cancel or delay the assignment. The following information is provided to support the request for assignment cancellation or delay.

 (Name, Grade of Dental Representative)