

# Raytheon Polar Services Company

7400 S. Tucson Way, Centennial, CO 80112-3938  
(303) 790-8606 (800) 688-8606 FAX (303) 649-9275

Dear Dentist:

This person is being considered for participation in the United States Antarctic Program (USAP). Antarctica is isolated and lacks dental facilities, therefore the state of the dental health of the candidates is important and **all preventive and corrective procedures must be completed before deployment.**

All participants must be free of dental disease and all treatment must be completed three weeks prior to deployment. This means there must be no caries, active periodontal disease, potential endodontic disease, prosthetic deficiencies, potentially symptomatic wisdom teeth or any uncompleted treatment. Additional treatment or procedures may be required before this person can deploy to Antarctica. All dental work must be completed, documented and sent to RPSC Medical for review in order for the candidate to be dentally qualified for deployment.

**All Candidates are required to:**

## **I. DOCUMENTATION OF DENTAL EXAMINATION**

Please chart all existing restorations, missing teeth and endodontically treated teeth only on the Dental Examination Form. The treating Dentist must sign the Dental Examination Form and document all completed work.

## **II. THIRD MOLARS**

To qualify for deployment to Antarctica with the USAP, treatment must be completed three weeks prior to deployment in order for the dental condition to stabilize before deployment.

Third molars must be extracted if they are symptomatic or any of the following are present:

1. Periodontal probe can contact the crown of an erupted third molar;
2. Bleeding or poor hygiene is evident in the third molar area;
3. Pseudo pockets, bony pockets are present;
4. Soft tissue extends onto the occlusal surface of the third molar;

## **III. RADIOGRAPHS**

**ORIGINAL MOUNTED RADIOGRAPHS** must be included with the Dental Examination Form. **Copies or poor quality radiographs will not be accepted.** Digital radiographs can be sent in high-resolution JPEG format or printed in high resolution on glossy photographic paper. Radiographs become a part of the candidate's USAP record and **WILL NOT BE RETURNED** to you or the candidate, so you may wish to use a double film pack to retain original radiographs for yourself. Necessary radiographs include:

1. Set of four **ORIGINAL** bitewing x-rays **mounted** - showing crestal bone and all posterior teeth and **contacts clearly**. These films must be taken within 6 months of the deployment date and must accompany the completed examination form.
2. Panoramic and/or mounted full mouth survey - Must have been taken within 5 years of deployment date and updated every five years.
3. A periapical (PA) film of all endodontic work, crowns, and extensive restorations.

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## **IV. ORTHODONTICS**

Candidates with fixed orthodontic appliances or undergoing any active treatment may be considered for short deployments, only with written approval from the attending provider and approval from the RPSC Dental Reviewer.

1. Unrestricted Clearance – Fixed or removable orthodontic retainer only, with no active appliance.
2. Restricted Clearance for deployments up to six months – Candidates undergoing orthodontic treatment who do not require treatment for the period of deployment and who have not had active treatment for two months prior to deployment.

In view of the fact that there will be no orthodontic care, and in most cases, no dental care available, consideration should be given to placing the candidate in passive appliances or passive retention for the period of deployment.

## **V. SUBMISSION OF DENTAL FORM AND RADIOGRAPHS**

Send the signed, completed examination form, documentation of treatment, and ORIGINAL radiographs or digital files to RPSC Medical. (Digital files may be sent to [medical@usap.gov](mailto:medical@usap.gov))

## **VI. PAYMENT**

Insurance submission and payment of out-of-pocket fees/deductibles for all dental work, including exam, radiographs, and any necessary treatment **IS THE RESPONSIBILITY OF THE CANDIDATE.**

**THANK YOU FOR YOUR COOPERATION WITH THIS  
DENTAL EXAMINATION.**

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. Tucson Way**  
**Centennial, CO 80112-3839**  
**1-800-688-8606 ext 32287**

**MEDICAL STAFF USE ONLY:**

PQ  WINTER REVIEW   
 NPQ