

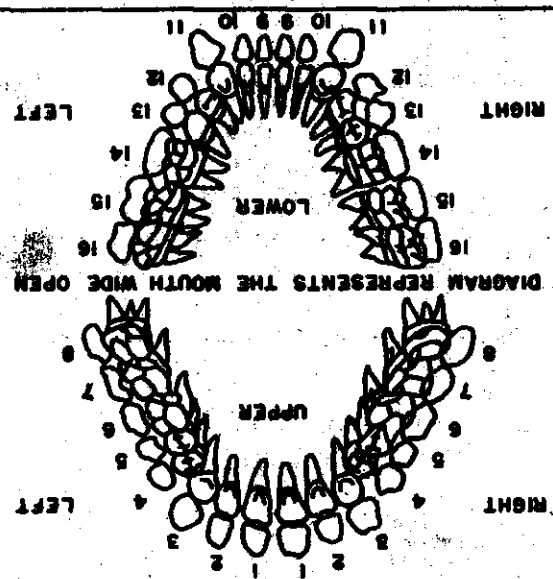
INSTRUCTIONS:

1. AGENCY AND ATTENTION TO BE IN THE PREPARATION OF THIS CHART ARE OF PARAMOUNT IMPORTANCE, IF SAME IS TO BE OF MAXIMUM VALUE.

2. NOTE CAREFULLY THAT: SYMBOLS INDICATING MISSING TEETH, CAVITIES AND BRIDGE-WORK ARE TO BE INSERTED IN WHOLE BOX; SYMBOLS INDICATING TYPE OF FILLING ARE TO BE INSERTED IN UPPER HALF OF BOX; AND SYMBOLS INDICATING LOCATION OF FILLING ARE TO BE INSERTED IN LOWER HALF OF BOX.

3. ANY ABNORMALITIES SUCH AS MALPOISED, MALFORMED OR DISCOLORED TEETH, ETC. SHOULD BE NOTED. DENTAL WORK NOT COVERED ABOVE WILL BE INDICATED, E.G., PORCELAIN CROWNS, GOLD CROWNS (FULL OR 3/4), 5/8 GOLD CROWN WITH SILICATE WINDOW.

4. FOR INFORMATION OF STANDARD NUMBERS OF TEETH, SEE DIAGRAM BELOW.



REMARKS:

SIGNATURE OF PERSON WHO PREPARED CHART
[Handwritten Signature]

VERIFIED BY DRS OFFICER
[Handwritten Signature]

ANDREW L. MORGAN Capt. MC, Asst. Insp. *
NAME AND RANK TYPED OR PRINTED

CARISTINO M. ABELLAR 2nd Lt FA
NAME AND RANK TYPED OR PRINTED

USAF Cemetery No. 2, Ft. Snöch, NG
PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

October 22, 1947
DATE