



**PAMBANSANG PUNONGHIMPILAN TANOD BAYBAYIN NG PILIPINAS**  
(National Headquarters Philippine Coast Guard)  
139 25<sup>th</sup> St., Port Area  
1018 Manila

## **A D V I S O R Y   # 7 - 2021**

**To : All concerned CGD NCR-CL Commissionship and Enlistment Applicants**

**Subj : Dental Processing Guidelines for PCG Applicants during ECQ**

**Date : 09 August 2021**

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1. All CGDNCR-CL Commissionship and Enlistment Applicants are hereby directed to follow the dental processing during ECQ status:

<b>STEPS FOR DENTAL PROCESSING OF NCR-CL PCG APPLICANTS 2021</b>		
STEP 1	<b>CGD HRMU to NHPCGDD Coordination</b>	Copy furnish of List of applicants for Dental Clearance to NHPCGDD from HRMU NCR-CL
STEP 2	<b>Initial Dental Examination and Charting by Private Dentist</b>	<u>Initial Dental Requirements</u>  a. Applicant Processing Form. (encl1) <a href="https://coastguard.gov.ph/images/2019_Files/CG1/APPLICATION_FORM_2019.pdf">https://coastguard.gov.ph/images/2019_Files/CG1/APPLICATION_FORM_2019.pdf</a> b. Secure copy of patient's dental chart from any dental clinic of choice. (encl3) c. Secure copy of dental photographs (pls. see sample dental photographs for reference) (encl4) d. Government Issued ID or PSA Birth Certificate. (encl5)

		<p><i>Note: - Dental chart to be passed must be duly signed by the attending dentist with respective PRC license number and clinic/ office contact number for verification purposes. (encl3)</i></p> <p><i>- This will be the first dental visit of applicant for dental check up/ examination purposes only.</i></p>
STEP 3	<p><b>Submission of Documents (Initial Dental Requirements)</b></p> <p>From Applicant to NHPCGDD</p>	<p>HPCGDD Drop Box:</p> <p>email: <a href="mailto:HPCGDD2021@gmail.com">HPCGDD2021@gmail.com</a></p> <p><i>Note: All Initial Dental Requirements/ Documents (encl 1,3,4,5) shall be sent to above specified drop box</i></p>
STEP 4	<p><b>Evaluation of Documents (Initial Dental Requirements)</b></p> <p>Determination of Dental Charts: Dentally Fit/ Pending/ Disqualified</p>	<p>NHPCGDD Examining Officer will evaluate the applicant's submitted requirements for evaluation and possible instruction of dental treatment/ compliances of the applicant, to be submitted from NHPCGDD to HRMU NCR-CL</p> <p><i>Note: Applicants with no dental compliances shall automatically be placed to the List of Dentally Cleared Applicants</i></p>
STEP 5	<p><b>NHPCGDD Instruction to Applicants for Dental Treatment/ Compliances</b></p>	<p>All dental treatment/ compliances shall be reflected to the CGDS Referral Form with written agreement/ kasunduan, to be forwarded to the applicant via HRMU NCR-CL for the respective dental compliance/s of the applicant. (encl2)</p> <p><i>Note: This will be the applicant's second dental visit for purposes of treatment)</i></p>

STEP 6	NHPCGDD Final Dental Examination	<p>Evaluation of the treatment done by private Dentist.  NHPCGDD Drop Box:  <a href="mailto:HPCGDD2021@gmail.com">HPCGDD2021@gmail.com</a></p> <p><u>Final Dental Requirements</u></p> <ol style="list-style-type: none"> <li>Dental Referral Form with Agreement/Kasunduan duly signed by applicant. (encl2)</li> <li>Post (after) Treatment Photographs (encl4)</li> <li>Dental Certificates indicating completion of dental requirements. (encl6)</li> </ol> <p><i>Note: Dental Certificate and photographs to be passed must be duly signed by the attending dentist with respective PRC license number and clinic/ office contact number for verification purposes.</i></p>
STEP 7	<b>Submission of Results (Dentally Cleared Applicants)</b>	NHPCGDD submission of dentally cleared applicants to CGD HRMU NCR-CL.

2. For information and reference.



AGREEMENT / KASUNDUAN

Ako ay napayuhan ng Examining Officer ng Coast Guard Dental Service na ang pagpapagamot ng mga "Dental compliance" nanakalagaysa "Referral Form" ay aking personal naresponsibilidadnadapatmaipagawa.

Naipaliwanag din sa akin na ang pagpapagamotsa "Dental compliance" ay isangpartelamang ng mgakailangansa "Processing Form" ng pagapplysa Philippine Coast Guard, at ako ay malayangmagpagamotsa kung anongpanahonnaakingkagustuhan.

Naipaintindi din sa akin na ang pagtapossamga "Dental compliance" ay HINDI kasiguraduhannaako ay tanggapnasa Philippine Coast Guard, at kailangan din na ang ibang requirements tulad ng PFT, Medical, P.E., Laboratory, Neuro-Psychiatric, etc., ay kailanganmaipasa LAHAT bagoako ay maikonsiderabilangkandidato para sa enlistment / commissionship.

Pirma ng Aplikantesaibabaw ng pangalan

Witnessing Dental Personnel

Petsa

HEADQUARTERS PHILIPPINE COAST GUARD  
(PunonghimpilanTanodBaybayin ng Pilipinas)  
COAST GUARD DENTAL SERVICE  
139 25<sup>th</sup> St., Port Area  
1018 Manila

REFERRALFORM

DATE: INITIAL DENTAL EXAMINER:

LAST NAMEFIRST NAMEM.I.

COMMISSIONSHIP  
ENLISTMENT  
LATERAL ENTRY

MALE  
FEMALE  
APPLICANT

OLD APPLICANT  
NEW

ADDRESS:  
COURSE:  
SKILLS:

BIRTHDATE:CONTACT NO:

DENTAL REQUIREMENTS: (TO BE MARKED BY EXAMINING OFFICER/DENTIST)

ORAL PROPHYLAXIS

RESTORATION : 8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7  
(PERMANENT) 8

8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7  
8

ROOT CANAL TREATMENT (RCT):

TOOTH EXTRACTION: 8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7  
8

8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7  
8

ODONTECTOMY:

PROSTHODONTICS (Bilateral RPD) MAX MAND

OTHERS:

NAME OF CLINIC WITH  
CONTACT NUMBER

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
COMPANY \_\_\_\_\_

AGE \_\_\_\_\_  
SEX \_\_\_\_\_  
DATE \_\_\_\_\_

DENTAL EXAMINATION CHART

		LC	✓	EXO	✓	LC	LC	LC	LC	✓	M	LC	LC	✓	
18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38
		LC	M	✓	G.I.	✓	✓	✓	✓	✓	G.I.	M	M	M	

SAMPLE ONLY

PCD - Plaque and Calcular Deposits  
TF - Temporary Filling  
EXO - Extraction  
AM - Amalgam  
C - Recementation Of Fixed Bridge  
LCF - Light Cure Filling  
M - Missing

C - Caries  
RCT - Root Canal Treatment  
IT - Impacted Tooth  
FB - Fixed Bridge  
RPD - Removable Partial Denture  
CD - Complete Denture

**PROCEDURE DONE :**

Dentist
License Number

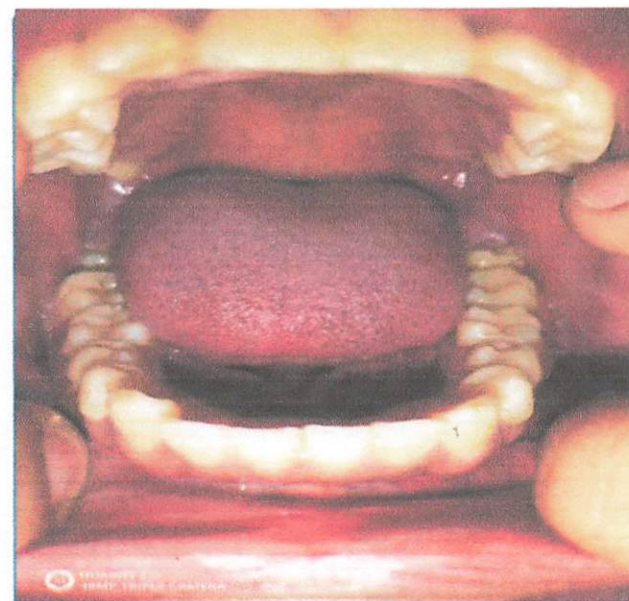
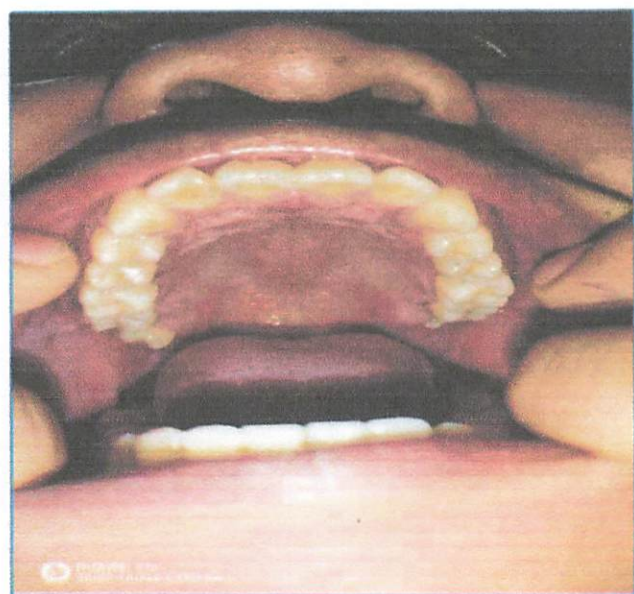
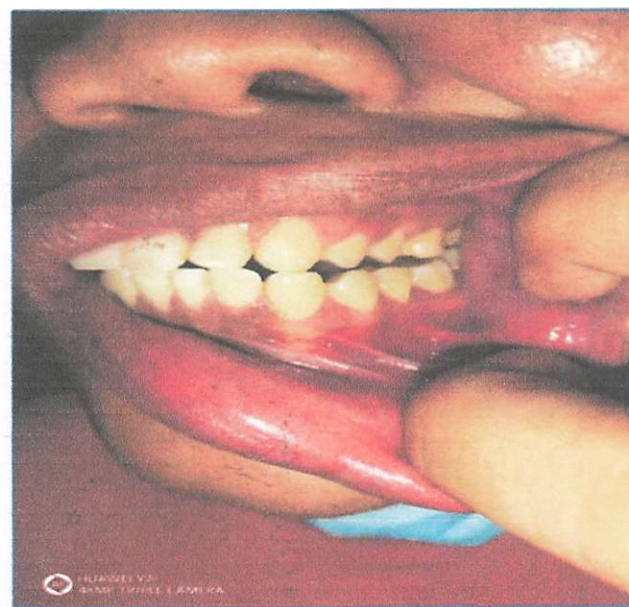
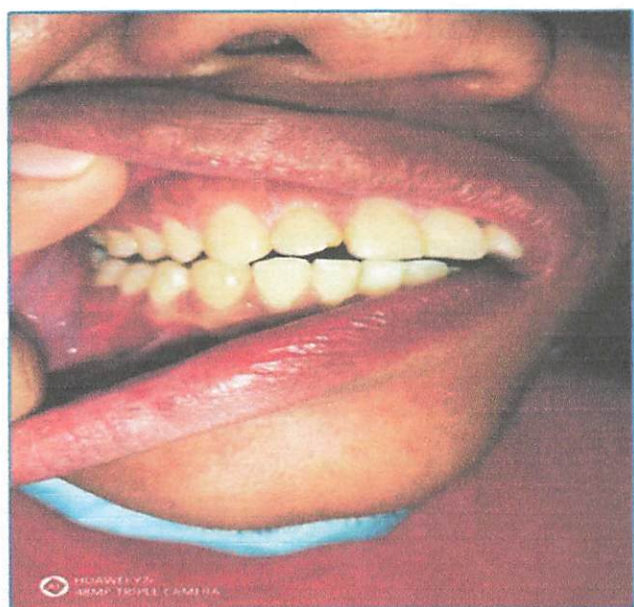
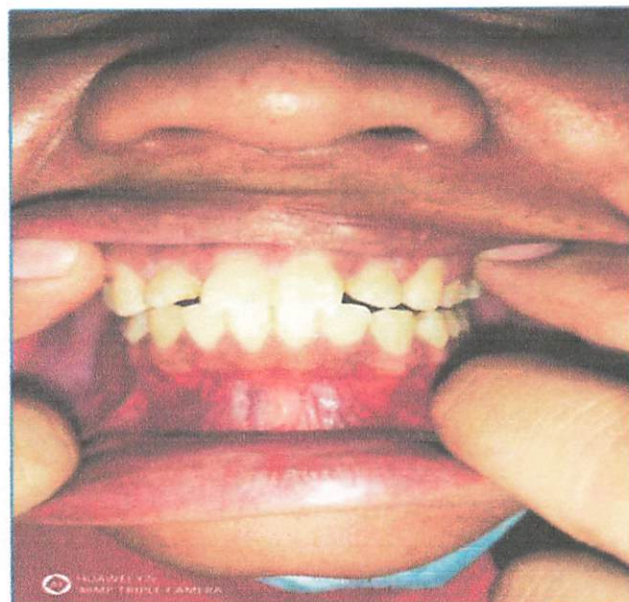
NAME AND SIGNATURE  
LICENSE NUMBER



Encl 4:



*Note: Do not cover the eyes in actual submission*





Encl 5:



Or



Encl 6:

**NAME OF CLINIC/ DENTIST  
WITH CONTACT NUMBER**  
*Dentist*

Clinic Address	Clinic Hours	Dentist's Address
175 St. Lawrence St. Singapore, 104511 (Phone Number) Fax: 1234567	9:00 AM 5:00 PM Monday - Friday By Appointment	123 Street St. Singapore, 12345 (Phone Number) Fax: 1234567

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Patient Name: John K. Lee  
Age: 35 Date: 10/1/2000

To whom it may concern,

This is to certify that John K. Lee have attended to the dental treatment of John K. Lee and (he)/she was diagnosed with Cracked tooth on tooth no. 47.

Dental procedure/s performed: Restoration filling (light cured) on tooth no. 26  
Tooth extraction (Badly Broken crown) on tooth # 47

This certification is issued upon the request of the above name for whatever purpose it may serve

Remarks: \_\_\_\_\_

**NAME OF DENTIST WITH SIGNATURE**  
Lic # : **LICENSE NUMBER**