



REPLY TO  
ATTENTION OF

DEPARTMENT OF THE ARMY  
MARQUETTE UNIVERSITY ARMY R.O.T.C.  
3RD BRIGADE, U.S. ARMY CADET COMMAND  
OLD GYM, ROOM A100, P.O. BOX 1881  
MILWAUKEE, WI 53201-1881  
(414) 288-7195

ATCC-CWI-MU

MEMORANDUM FOR RECORD

SUBJECT: Dental X-rays

I certify that I have dental x-rays/panograph on file with the following dental office.

\_\_\_\_\_  
(Cadet's Printed Name)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Dentist's Name)

\_\_\_\_\_  
(Dental Office Address)

\_\_\_\_\_  
(Dental Office Telephone Number)

\_\_\_\_\_  
(Cadet's Signature)