

UNIDENTIFIED DEAD / MISSING PERSON DENTAL RECORD

NHSP FILE NO. UD _____
MP _____

PART A

☐ **UNIDENTIFIED DEAD** (To be completed by Med. Examiner and Dentist)

Med. Examiner's Name: _____

and Address: (Print) _____

Med. Examiner's Case No.: _____

Date / Town Body Found: _____ / _____

PHYSICAL DESCRIPTION

Sex	Height	Weight	Eye Color	Hair Color/Length	Approx. Age	Blood Type

Dental Exam. Performed by: _____ Date: _____

Address: _____

Dental X-rays Taken: ☐ Yes ☐ No (If "No" state reason:)

SEE PAGES 3 AND 4 DENTAL EXAMINATION PROCEDURE

Additional Notes or Comments: (From Part A or Part B)

PART B

☐ **MISSING PERSON** (To be completed by Inv. Agency and Dentist)

Reporting Agency Name: _____

and Address: (Print) _____

Agency Case No.: _____

Date / Town Reported Missing: _____ / _____

Missing Person's Name: _____

Last Known Address: _____

PHYSICAL DESCRIPTION

Sex	Height	Weight	Eye Color	Hair Color/Length	Date of Birth	Blood Type

Dentist's Name and _____

Address: _____

Description of Records Released	Original	Copy	Not Available
Treatment Record		<input type="checkbox"/>	
Dental Chart		<input type="checkbox"/>	
X-rays			

☐ All records released may be retained by State until missing person is found.

☐ Additional dental information recorded on page 4.

Delivered to the NHSP NCIC Unit by _____ Date: _____

Received at the NHSP NCIC Unit by _____ Date: _____



State of New Hampshire
DEPARTMENT OF SAFETY
DIVISION OF STATE POLICE
33 Hazen Drive
Concord, New Hampshire 03305



NHSP MP FILE No.: _____

AUTHORIZATION TO RELEASE DENTAL RECORDS AND X-RAYS

Reporting Agency: _____

Agency Case Number: _____

Name of Missing Person: _____

Date Reported Missing: _____

Under New Hampshire Law, RSA 611:33, a family member or next of kin of any person reported missing in excess of 30 days may authorize the release of dental records and X-rays of that missing person. Upon release of these reports and X-rays by the missing person's dentist(s), they will be filed at the New Hampshire State Police Headquarters until that person is found. After receiving notification that the missing person is found, the State Police will return the dental records and X-rays to the dentist(s) from whom they were obtained, or otherwise dispose of the records in accordance with RSA 611:35.

I am a family member or next of kin of the above-named missing person, and I hereby authorize the release of all dental records and X-rays to assist law enforcement agencies in locating this person.

Signature of Authorizing Person: _____ Date: _____

Name of Authorizing Person: _____

Relationship: _____ Address: _____

Name of Dentist: _____

Address: _____



State of New Hampshire
DEPARTMENT OF SAFETY
DIVISION OF STATE POLICE
33 Hazen Drive
Concord, New Hampshire 03305
(603) 223-3854



UNIDENTIFIED DEAD / MISSING PERSONS DENTAL RECORD
INSTRUCTIONS AND PROCEDURES
(RSA 611:15-a, 611:33, 611:34 and 611:35)

The Unidentified Dead / Missing Person's Dental Record Form (DSSP 126) is a dual purpose form for use by medical examiners, police agencies and dentists in complying with the above New Hampshire statutes relative to the investigation of unidentified dead cases and cases of persons reported missing in excess of 30 days.

1. Instructions for MEDICAL EXAMINERS:

In the case of UNIDENTIFIED DEAD, the medical examiner investigating the case will complete Part A on page 1. A qualified dentist designated by the medical examiner will examine the deceased and record dental information as called for on page 3 and 4. The medical examiner will then forward the completed form with dental X-rays enclosed to the New Hampshire State Police NCIC Unit.

2. Instructions for POLICE AGENCIES:

In the case of MISSING PERSONS, the principal investigating agency will complete Part B on page 1 and insure that the following procedures are followed:

- (a) Obtain written authorization from relatives or next of kin for release of dental records utilizing page 2 of the form for that purpose.
- (b) Deliver the form, preferably in hand, to the missing person's dentist, with an explanation of circumstances requiring the records.
- (c) Obtain the completed form with accompanying dental records from the dentist after ten (10) days. (Copies of records and X-rays may be obtained if dentist will not provide originals).
- (d) Present a copy of the authorization form (page 2) and a receipt for dental records to the dentist.
- (e) Deliver the entire form and all dental records to the New Hampshire State Police NCIC Unit.

3. Instructions for DENTIST are given on page 4 of the form.

4. Questions pertaining to the above procedures may be addressed to the NCIC Unit, Division of State Police, 33 Hazen Drive, Concord, New Hampshire 03305.

FOR COMPLETION BY DENTIST'S OFFICE

Dentist Name: _____ Telephone #: _____

Address: _____

Missing Person's Name: _____ Soc. Sec. #: _____

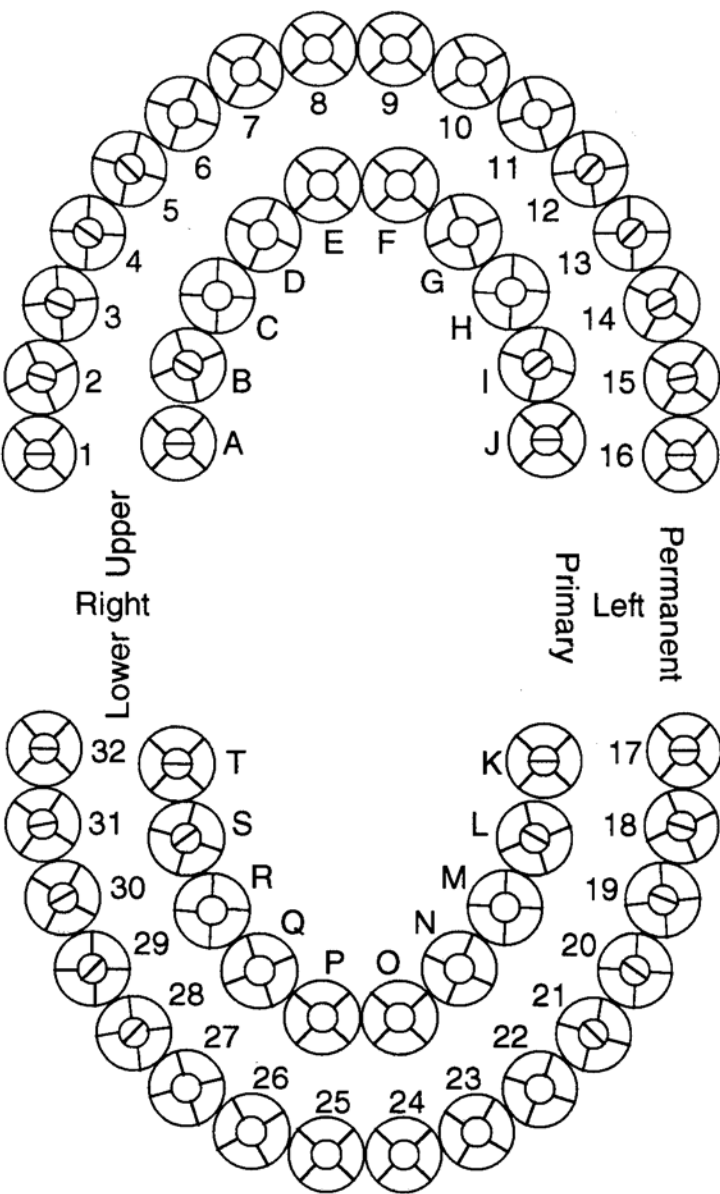
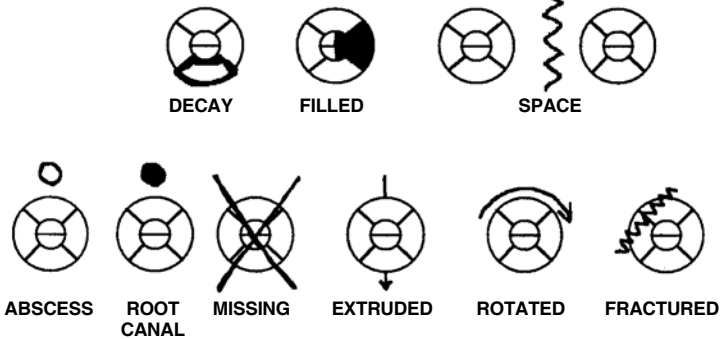
Patient's Dental Insurance Company: _____

Address of Carrier: _____ Group #: _____

Comments: _____

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1. Please complete the dental chart appearing on the back of this form. It is suggested that you first "re-do your dental work on paper" by chronologically transcribing your written record of treatment onto one of your own standard dental charts. This may then be neatly and accurately transferred to the chart in this form.
 2. Describe the nature of services you performed, or were historically performed, next to the corresponding tooth number on the right side of page 5. Each space should have a notation, to include "essentially normal" or "not recorded". Among features to be recorded may be: restorative materials used, condition of restorations, competency of work; erosion, abrasion, hypoplasia; stain, tarter, perio problems; prior notation of evidence of systemic diseases, allergies, reactions, occupations, habits; soft tissue features, rugae, arch and palatal form, occlusion; unusual radiographic features, endodontic, surgical intervention; foramen and sinus features; dilacerations, impactions, exostoses, retained root tips and foreign objects, amalgam tattooing, wiring and staples, pins and posts; crown types and materials; prosthetic materials, used, tooth molds and shades; frenum, palatal, and other accommodations; rest, abutment and pontic adaptations; major and minor connector designs and material.
 3. Note the name and address of other dentists (including specialists) who have provided services, according to your records, in the comments section.
 4. Within ten (10) days of receipt of "Authorization to Release Dental Record", you will be contacted by the authorities and arrangements will be made to pick up the completed form, along with the patient's chart (and X-rays).
 5. Be sure to maintain a copy of the signed "Authorization to Release Dental Records", along with a signed, dated receipt for those records and X-rays.

LEGEND:



COMMENTS: _____

DESCRIPTION OF DENTAL SERVICES OR UNUSUAL CHARACTERISTICS

1	_____	
2	_____	
3	_____	
4	_____	A
5	_____	B
6	_____	C
7	_____	D
8	_____	E
9	_____	F
10	_____	G
11	_____	H
12	_____	I
13	_____	J
14	_____	
15	_____	
16	_____	
17	_____	
18	_____	
19	_____	
20	_____	K
21	_____	L
22	_____	M
23	_____	N
24	_____	O
25	_____	P
26	_____	Q
27	_____	R
28	_____	S
29	_____	T
30	_____	
31	_____	
32	_____	