

CHAPTER 11

DENTAL SERVICES

11-1. Concept of Operations

Dental services are provided to—

- Maintain oral health.
- Enhance combat readiness.

Providing dental services as far forward as possible minimizes the amount of time lost by a soldier to receive treatment.

11-2. Dental Surgeon

a. A dental officer is assigned to a staff position at the MEDCOM and the medical brigade. The dental surgeon of the TA MEDCOM is normally delegated technical control of subordinate dental units and serves as TA dental surgeon. The dental surgeon advises the commander on matters pertaining to the dental services of the command. He advises the staff surgeon on all matters that impact on the health of the command from a dental perspective. The dental surgeon must be aware of operational and tactical plans to ensure that the dental services plan conforms to them. He cooperates with the surgeon in establishing the HSS plan which may include the dental plan or a portion of it as a special paragraph of the HSS annex.

b. The senior dental officer organic to the division is dual-hatted as the assistant division surgeon for dental activities and DISCOM dental surgeon. This is in addition to his duty to provide dental care. As the division dental surgeon/DISCOM dental surgeon, he provides staff and technical supervision of division dental assets. He provides consultation to the division and DISCOM commanders on the dental health of their commands.

11-3. Dental Units

Dental support in a theater of operations is provided by a combination of divisional dental support, hospital dental support, and area dental support.

a. Echelon II Dental Support. (See Chapter 3 for a discussion on the echelons of care.) Echelon II dental support is provided by a dental officer and enlisted personnel organic to medical companies of divisions, separate brigades, and Special Forces groups. These services are characterized by emergency dental care. Emergency care includes replacing a troublesome restoration, extracting a tooth, or performing other immediately necessary dental procedures. Patients are returned to duty as quickly as possible or prepared for evacuation to a higher echelon of care.

b. Echelon III and IV Dental Support. Hospital and convalescent centers have organic dental services for the treatment of patients admitted to these facilities. Dental personnel provide dental treatment services to staff and patients. Oral surgery services are provided to inpatients and to patients referred from other dental organizations. Area dental support units augment the hospital dental staff for routine dental treatment.

c. Area Dental Support. Area dental support is provided in the CZ and COMMZ by dental personnel assigned to a dental headquarters and service team, TOE 08-670H8. Priority of treatment in forward areas is given to combat, CS, and CSS personnel in divisions, separate brigades, and Special Forces groups.

(1) *Mission.* The dental headquarters and service teams provide dental support in a theater of operations.

(2) *Assignment.* Unless specifically limited by capabilities, the elements of this TOE may be assigned to medical command, or medical brigade.

(3) *Capabilities and basis of allocation.* Specific capabilities and basis of allocation of the units organized under this TOE are listed below:

(a) *Team AI, dental service headquarters.* This team commands and controls four to eight dental service detachments (HA) along with

any required dental service augmentation teams (HB, HC, and HD), and a central dental laboratory team (HE). Team AI provides technical expertise, coordination, and support to subordinate units for accomplishing their organizational medical equipment maintenance. It is allocated to TA on the basis of one per four to six dental service detachments (HA).

(b) *Team HA, dental service detachment.* Team HA may be attached to Team AI. Team HA provides command and control for attached dental teams (HB, HC, and HD). It also provides outpatient dental treatment to include routine and emergency care and consultation service on an area basis of 20,000 troops in a theater of operations. This team may be divided into subteams as required to provide dental service for small or forward troop concentrations. The basis of allocation for Team HA is one per 20,000 troops supported.

(c) *Team HB, dental service augmentation, general dentistry.* This team is normally attached to Team HA or AI. It augments existing dental facilities to provide outpatient dental service to include routine and emergency care for approximately 5,000 troops. Its basis of allocation is one per 5,000 troops not otherwise supported by dental service detachment, Team HA.

(d) *Team HC, dental service augmentation, removable prosthodontics.* This team is

normally attached to Team HA or AI. It augments existing dental treatment facilities to provide increased dental removable prosthodontic services in support of a troop population of 80,000 troops. It is allocated to TA on the basis of one per 80,000 personnel supported.

(e) *Team HD, dental service augmentation, fixed prosthodontics.* This team is normally attached to Team HA or AI. It augments existing dental treatment facilities to provide fixed prosthodontic service in support of a troop population of 80,000. It is allocated to TA on the basis of one per 80,000 personnel supported.

(f) *Team HE, central dental laboratory.* This team is normally attached to Team AI. It provides prosthodontic support, including procedures requiring special fabrication methods, to dental units or facilities that collectively support 200,000 troops. It operates as a fixed facility in the COMMZ. Its basis of allocation is one per 200,000 troops to be supported when dental laboratory support is to be provided in the theater.

11-4. Conversion of Dental Units

Dental units described in this chapter are organized under the H-edition TOE. However, units will be converted (or are in the process of conversion) to the L-edition TOE described in Appendix G.