NamUs Odontology Services

The National Missing and Unidentified Persons System (NamUs) is a national information clearinghouse and resource center for all missing, unidentified, and unclaimed person cases throughout the United States.

Dental records provide an opportunity to make rapid, cost-effective, detailed comparisons between individuals. Agencies can directly upload dental information for missing and unidentified person cases to NamUs. Additionally, NamUs odontologists provide assistance with scanning, analyzing, coding, and comparing dental records, as well as the completion of NCIC dental worksheets to facilitate inclusions and exclusions of potential case matches. In order to ensure the accuracy of cases, the following information allows for your case to be easily processed. Please see the general guidelines of what should be submitted to a dentist office for records to be procured.

### Dental Records Request Checklist

**What does the Dental Office need to provide?**
- Complete dental office contact information
- Patient personal information records
- Patient billing records indicating restorative treatment (Fee information may be redacted)
- Dental charts showing pre-existing restorations and dental conditions
- Treatment plan charting for recommended dental procedures to be done
- Progress notes of dental treatment performed on specific dates, including dental materials, tooth surfaces restored, and referrals for dental specialty treatment in another office. These are commonly for root canals, gum treatments, orthodontics, and oral surgery (implants and wisdom teeth)
- Dental Radiographs (must be conventional film or digital images (Printed or scanned copies are unacceptable)
- Intra-oral photographs

**Be prepared to provide the following:**
- Your agency’s case number for the individual in question
- The NamUs case number associated with this individual
- The individual’s name and date of birth
- The name of the dental office or practice
- Contact information for the dental office or practice, including address and phone number

**Additional questions?**
- Once you have obtained the records from the dental office, visit namus.nij.ojp.gov/library for more information on entering and updating a case
- If you need additional support or have questions, please contact your assigned Regional Program Specialist

NamUs.nij.ojp.gov
Dear Doctor,

Please review the following checklist for dental records pertinent for this NamUs investigation. By providing the records detailed below for the named individual on this form, you are assisting with their possible identification.

The HIPAA Privacy Rule contains an exception for law enforcement purposes (45 CFR § 164.512(f)), which permits a covered entity to disclose Personal Health Information to law enforcement officials without patient authorization. For more information on the authorization to release records, please review page two of this document.

Patient Name/ME Case Number: _________________________________________________________________

Dentist/Practice Name/ME Office: ________________________________________________________________

Address: ______________________________________________________________________________________

Office Phone Number: ___________________________________________________________________________

A. Dental Treatment Records (written or digital). Please include:

• Complete dental office contact information
• Patient personal information records
• Patient billing records indicating restorative treatment. Note: Fee information may be redacted.
• Dental charts showing pre-existing restorations and dental conditions
• Treatment plan charting for recommended dental procedures to be done
• Progress notes of dental treatment performed on specific dates. These notes should include dental materials and tooth surfaces restored. Referrals for dental specialty treatment in another office. These are commonly for root canals (endodontics), gum treatments (periodontics), orthodontics, and oral surgery (implants and wisdom teeth)

B. Dental Radiographs: Please mark with date taken and Right-Left orientation. Xerox copying of films should NOT be done. Copying machines do not produce adequate resolution for dental charting purposes. Instead, please submit:

• Conventional film: Individual films or complete upper and lower jaw films (panorex). Original films are best evidence. Computer scanning of the original films is acceptable if processed at 300 dpi (photo quality resolution) with correct brightness and contrast settings for the scan.

• Digital radiograph images: Printed or Xerox copies are NOT acceptable. These images should be copied and saved in JPEG or TIFF formats which can either be emailed or placed on a flash drive for shipment.

C. Clinical Facial and Intraoral Photographs: These may be copied and saved in JPEG or TIFF formats and emailed or saved to a flash drive.

Agency Case Number: ________________________________
Request for Missing Persons Dental Records

The requesting agency should complete one of the two sections below to indicate the preferred recipient of the medical/dental records pertinent to this case.

SECTION 1. AUTHORIZATION TO RELEASE MEDICAL/DENTAL RECORDS TO NAMUS

Please complete the following section to authorize the dental office to release medical and dental records to the assigned Regional Program Specialist.

Missing Person’s Name: ________________________________________________________________

Missing Person's Date of Birth: _______________________________________________________

I am the investigating law enforcement officer for the above-named person and I hereby authorize the release of dental records to the NamUs staff member identified below to assist criminal justice agencies in identifying the missing person. I understand that the term “dental records” means written treatment records, x-rays, photographs, etc.

RELEASE RECORDS TO:

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Signature of Investigator: _______________________________________________________________

Printed Name of Investigator: ___________________________________________________________

SECTION 2. SEND MEDICAL/DENTAL RECORDS TO REQUESTING AGENCY

Please complete the following section to authorize the dental office to release medical and dental records to the requesting agency.

SEND RECORDS TO: ATTN: _____________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Signature of Investigator: _______________________________________________________________

Printed Name of Investigator: ___________________________________________________________