

Sample Urgent Care LOD Memorandum for  
Active Duty Dental Program  
[COMMAND LETTERHEAD]

**From:** *[Command name and mailing address for reply mail]*

**To:** United Concordia Companies, Inc.  
ADDP Unit/LOD  
P.O. Box 69431  
Harrisburg, PA 17106-9430

***Signed copy may also be emailed to [addpcm@uccci.com](mailto:addpcm@uccci.com)***

**SUBJECT: Active Duty Dental Program – Urgent Dental Care Request for Reserve Component Service Member on Active Duty Status for 30 days or Less**

1. Authorization is requested for civilian dental care that qualifies as LOD urgent dental care. Urgent care is defined as services required to prevent serious deterioration of health and oral health following the onset of an unforeseen condition (i.e., severe oral pain, bleeding, infection, unexplained swelling in the oral cavity or supporting structures, fever associated with a potential oral abscess, broken filling/restoration that will not allow the service member to perform the mission). Treatment for the urgent care condition must be completed while the service member is on active duty status.

2. *(Service Member's Rank and Full Name)* had an urgent dental condition during active duty status of 30 days or less which required dental treatment.

3. Following is *(Service Member's Name)* Information:

- a. Branch of Service: (USAR, ARNG, USNR, USMCR, USAFR, ANG, USCGR)
- b. Rank/Grade:
- c. SSN:
- d. Home Address:
- e. Phone (cell number is preferable):
- f. Date of Birth:
- g. Date of Dental Illness:
- h. Date of Dental Treatment:
- i. Date(s) of Active Duty Status: (From:                      To:                      )
- j. Service Member's Military Unit Assignment

4. *(Service Member's Rank/Name)* and description of dental urgent care condition and treatment provided.

5. My point of contact is: *(Name, Rank, and Telephone Number of Command's Medical Representative)*

*[Signed by Commander or Designated Representative]*