NATO STANDARD

AMedP-3.1

MILITARY FORENSIC DENTAL IDENTIFICATION

Edition B, Version 2

JUNE 2026

FINAL DRAFT

NORTH ATLANTIC TREATY ORGANIZATION

ALLIED MEDICAL PUBLICATION

Published by the
NATO STANDARDIZATION OFFICE (NSO)

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NORTH ATLANTIC TREATY ORGANIZATION (NATO)

NATO STANDARDIZATION OFFICE (NSO)

NATO LETTER OF PROMULGATION

23 June 2026

1. The enclosed Allied Medical Publication AMedP-3.1, Edition B, Version 2, MILITARY FORENSIC DENTAL IDENTIFICATION, which has been approved by the nations in the MILITARY COMMITTEE MEDICAL STANDARDIZATION BOARD, is promulgated herewith. The agreement of nations to use this publication is recorded in STANAG 2464.

2. AMedP-3.1, Edition B, Version 2, is effective upon receipt and supersedes AMedP-3.1, Edition B, Version 1, which shall be destroyed in accordance with the local procedure for the destruction of documents.

3. This NATO standardization document is issued by NATO. In case of reproduction, NATO is to be acknowledged. NATO does not charge any fee for its standardization documents at any stage, which are not intended to be sold. They can be retrieved from the NATO Standardization Documents Database (https://nso.nato.int/nso/) or through your national standardization authorities.

4. This publication shall be handled in accordance with C-M(2002)60.

Thierry POULETTE
Major General, FRA (A)
Director, NATO Standardization Office

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RECORD OF RESERVATIONS

CHAPTER	RECORD OF RESERVATION BY NATIONS
Note: The reservations listed on this page include only those that were recorded at time of promulgation and may not be complete. Refer to the NATO Standardization Documents Database for the complete list of existing reservations.	

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RECORD OF SPECIFIC RESERVATIONS

[nation]	[detail of reservation]
BEL	BEL is not able to deploy an independent dental identification capability but can participate to an international identification team on a case-by-case basis
GRC	ARMY: For implementation it is required budgetary funding which is not available and could be available for 2022 or 2023. There is not adequate personnel trained on method. Training would require appx. 5 years. There are personnel shortfalls that could result for a longer time due to other needs and priorities. Participation to a multi-national team with other countries in similar situation would be preferred. In case of implementation planning for budgetary expenses, training requirements and proposing necessary legal framework will be required. AIR FORCE: HAF does not have independent forensic dental identification capability due to the lack of a legislation context regarding military forensic medicine.
HUN	HUN will not deploy an independent dental identification capability, only can participate to an identification team.
LTU	Recently deoxyribonucleic acid (DNA) testing methods are used. Panoramic dental X-ray images of the servicemen of LAF are made before deployments.
MKD	IAW the national regulations, dental forensic identification in the country is performed exclusively at the Institute for Forensic Medicine and Criminalistics in the line with the Interpol protocols. MKD Armed Forces are not able to deploy an independent capability, but can participate and help in international identification team on the case basis with personnel.
POL	Provisions of the AMedP-3.1 will be implemented after creating consistent radiological database of Polish Armed Forces personnel.
Note: The reservations listed on this page include only those that were recorded at time of promulgation and may not be complete. Refer to the NATO Standardization Documents Database for the complete list of existing reservations.	

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CHAPTER 1 INTRODUCTION

1.1. AIM

1. The aim of this Allied Medical Publication (AMedP) is to:

- define the ante-mortem, post-mortem and reconciliation processes regarding the handling, examination, interpretation and presentation of dental evidence;
- outline the operational and scientific background concerning the above processes; and
- reiterate current internationally recognized protocols and procedures for identifying individuals by their oral remains.

2. This will set the inalienable basis for interoperability in the deployed identification- scenario as well as for civil-military cooperation in multinational mass disaster-victim- identification scenarios.

1.2. GENERAL

General points include the following.

a. Constant global social and political changes require militaries to focus both on their deployed role and on the tasks required to build internal national resilience.

b. Each NATO member country needs to be resilient to resist and recover from a major shock such as a natural disaster, failure of critical infrastructure or an armed attack.

c. Resilience is a society's ability to resist and recover easily and quickly from such shocks and combines both civil preparedness and military capacity. Robust resilience and civil preparedness in allied countries are essential to NATO's collective security and defence.

d. Disasters and attacks rarely have a singular national impact and frequently involve citizens from multiple nations.

e. Nations whose citizens have become victims of a disaster have a joint responsibility for the ethical, transparent and humane treatment of all victims. Nevertheless, it is the authorities of the country where the disaster has occurred who have the chief responsibility of managing the victims.

f. The collective experiences of dental officers serving in NATO deployed scenarios, multinational peace support operations, United Nations missions and national disaster victim identification scenarios, highlights the need for standardization of protocols, procedures and tasks where dental officers are involved in any forensic identification scenario with multinational fatalities.

g. Following a mass fatality incident, effective partnerships between nations and proficient civil-military interactions are paramount.

h. Dental officers and other personnel must be able to support the identification tasks based on their expertise and their understanding of this standard.

i. The proposal is a framework that enables available personnel to operate proficiently in a disaster victim environment, may not require additional resources, and will not supersede more strict national regulations.

CHAPTER 2 DETAILS OF THE AGREEMENT

2.1. DEFINITIONS

a.	AM	ante-mortem
b.	DNA	deoxyribonucleic acid
c.	DO	dental officer
d.	DVI	disaster victim identification
e.	FDI	Fédération dentaire internationale – World Dental Federation
f.	friction ridge analysis	comparison, evaluation and verification of patterns from fingertips, palms, etc.
g.	identification	legal determination based on the scientific matching of information on missing persons with unidentified
h.	INTERPOL	International Criminal Police Organization – ICPO
i.	ISO	International Standardization Organization
j.	PM	post-mortem
k.	reconciliation	comparison between AM and PM
l.	SLR camera	single lens reflex camera

2.2. AGREEMENT

Participating nations agree to:

- train DOs and other personnel to perform AM, PM and reconciliation tasks so that they are able to follow the procedures outlined in this AMedP to ensure a reproducible outcome admissible as evidence (Annexes A, B, C);

- ensure DOs and other personnel can use forensic dental equipment appropriately and safely (Annex D); and

- use the INTERPOL dental identification documentation and ISO 3950 designation system (FDI notation) to chart of all dental data and evidence, when operating in multinational or civil-military scenarios. (Annexes E, F).

2.3. IMPLEMENTATION

This AMedP is considered implemented when a nation has issued the necessary orders or instructions to the forces concerned, putting the principles and protocols of this agreement into effect.

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CHAPTER 3 DETAILS OF THE AGREEMENT

3.1. SCIENCE AND POLITICS

1. It is internationally accepted that primary identifiers are the most reliable methods by which identification can be confirmed. These primary identifiers are friction ridge analysis, forensic odontology and DNA analysis. These methods of identification are complementary, and circumstances will dictate when one or more of them are used to establish identity of unknown human remains. Each primary identifier can stand alone as the sole evidence to make a positive identification; however, all possible methods of identification should be used to identify human remains.

2. The key principle in any method of identification is the comparison of the unknown with the known.

3. The unique structures and traits of human teeth and jaws can be used in the identification process. Dental data recovered and recorded at the time of post-mortem (PM) examination is compared to ante-mortem (AM) data recorded during their lifetime.

4. The teeth are well protected in the oral cavity and are able to withstand many external influences at, near, or after the time of death. Teeth and restorations are often the last remaining primary identifiers.

5. Dental treatment is unique to an individual and therefore conveys valuable information for identification purposes.

6. In the absence of dental treatment, anatomical characteristics of the teeth and jaws can also provide useful data to support identification.

7. Based on their professional knowledge and expertise in clinical treatment and diagnosis, dental officers (DOs) are uniquely placed to assume responsibility for the:
   - handling;
   - examination;
   - interpretation; and
   - presentation

   of all oral evidence from human remains in the identification process.

8. Dental evidence can lead to identification when the following procedures take place:
   - reconstruction of AM data from dental and other available records;
   - recovery, examination and compilation of all dental evidence from PM remains;
   - comparison of the AM and PM records in order to ascertain whether identification is possible; and

- coordination and presentation of the findings to the person in charge of the identification process to facilitate the issuing of death certificates.

9. Internationally, with a shift in emphasis in NATO doctrine towards joint and combined operations requiring a higher degree of flexibility and mobility, there is a need to ensure that all participants of this STANAG follow a standardized approach to forensic dental identification. This enables multi-national cooperation within the operational area.

10. Forensic dental identification is an essential aspect of the resilience a nation needs to recover from incidents such as a natural disaster, failure of critical infrastructure or armed attacks.

11. These situations often require the close interaction between civilian and military capacities, and, as such, robust standardized operational procedures in the field of forensic dentistry field are essential.

3.2. OVERVIEW OF THE DENTAL IDENTIFICATION PROCESS

Figure 3.1 below provides an overview of the dental identification process.

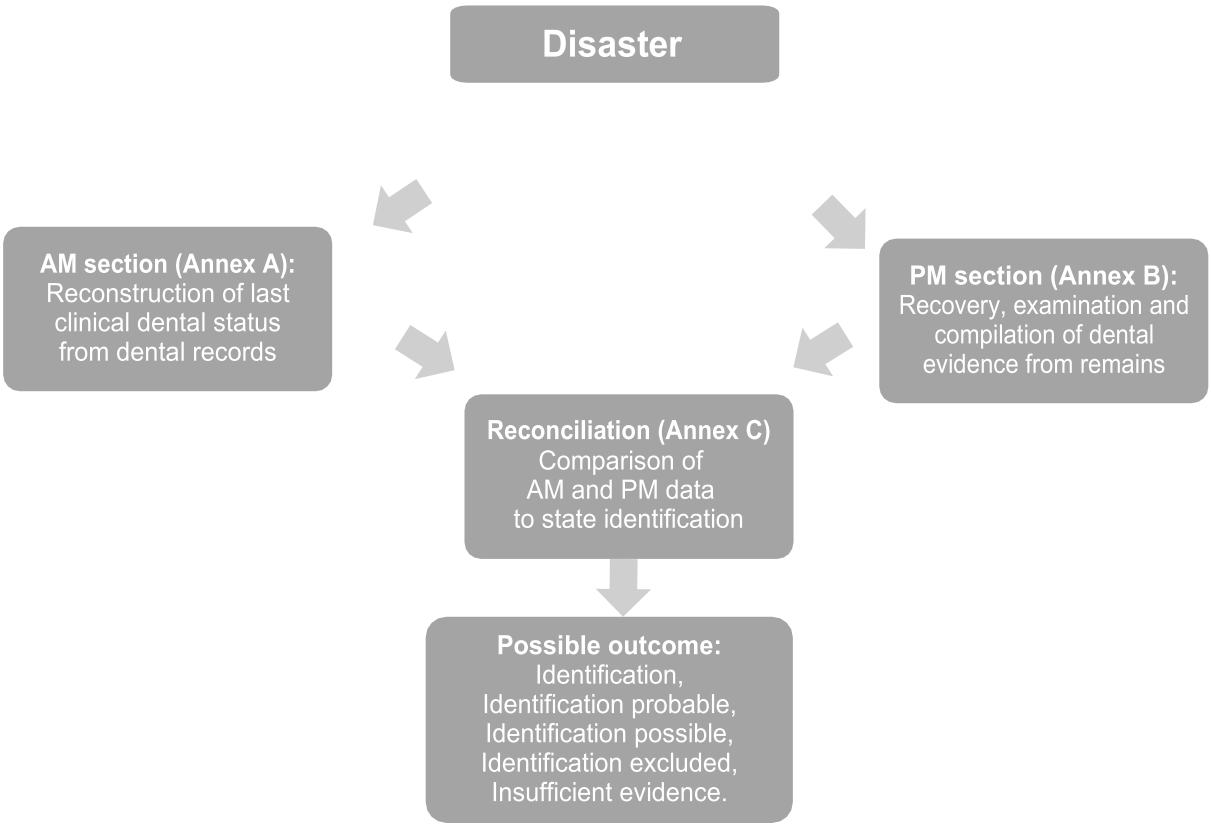

Figure 3.1: Overview of the dental identification process

3.3. GENERAL INFORMATION:

1. DOs need to be fully prepared in terms of general knowledge of the identification (ID) process.

2. Securing the AM dental records is a crucial step in dental identification. The quality of these records is dependent on dental care providers keeping accurate records of the dental status of their patients. Meticulous evaluation of the original materials facilitates the creation of an accurate record of the status of the patient's mouth at the time of the last known dental visit. The AM forensic record should be recorded in a format that provides an accurate contemporaneous dental record. (Annex A)

3. The goal of the PM dental examination is to locate, identify, and document anatomical structures, dental restorations, and dental appliances that will aid the comparison process. The more information documented in this examination, the greater the likelihood of successful comparison to an AM record. (Annex B)

4. DOs must be competent in the use of forensic equipment. (Annex D) The equipment list is not mandatory or exhaustive, but its use is recommended as it contains the most common equipment required to ensure a reproducible outcome. Nations will supply their own equipment and determine how they can achieve a thorough ID process and the required reproducible outcome.

5. The reconciliation process will compare completed AM and PM records. Although this can be done manually for individual identifications, in multiple fatality incidents the use of digital data collation and comparison is recommended to ease the search and comparison of the AM and PM records and to ensure a reproducible outcome. (Annexes C, G).

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ANNEX A ANTE MORTEM PROCEDURES

Step 1	contact dental care providers of suspected fatality	- obtain dental documentation for each suspected fatality - the quality of the AM dental records is critical to dental identification - all forms of dental information should be used to gain as much AM data as possible - under no circumstances should any assumptions be made - the older the AM records, the higher the potential for inconsistencies
Step 2	evaluate the dental records in order to get most recent overall picture of the clinical situation in the oral cavity at time of last recorded dental visit	- file latest dental record using the ISO 3950 for designation of teeth and areas of the oral cavity - use radiographs and other imaging available - ensure that the radiographs have been viewed in the correct orientation particularly if viewing copies of radiographs - use models and casts of the dentition
Step 3	complete INTERPOL AM 600's form (Annex F) every available detail will be of use during comparison	- use available technology to facilitate data collation especially in large scale DVI scenarios - INTERPOL recommends "DVI System International" by Plass Data® in the multinational and civ- mil setting - use INTERPOL 600's form for AM documentation - use ISO 3950 for charting in multinational and civ-mil setting - use black ink when charting manually - if an error is made during charting, either commence a new chart or initial all mistakes for legal purposes - use the same dental charting nomenclature for both AM and PM data and evidence collection - work in reverse chronological order and list every treatment that has been carried out since the last record was compiled - add every cavity, restoration, crown, implant, lost tooth, etc. into the form - record every detail concerning the status of each tooth - document type and serial numbers of dental Implants - document type and extension of dentures or orthodontic appliances - follow documentation timeline carefully - complete the document carefully, leave no empty boxes - have a second DO double-check the documentation

		- resolve any discrepancies in the chronology
Step 4	prepare and hand over the results to reconciliation	- ensure the AM section knows how to contact the PM and RECONCILIATION sections in case clarification is required - AM records without a body will not result in an identification

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ANNEX B POST MORTEM PROCEDURES

Text.

Step 1	identify all dental remains as such	- dental PM examination is best done after the medical PM examination as access, irrigation, cleaning and exposure of the oral cavity may be more easily achieved - where remains are heavily burned, DOs should take photographs, examine the teeth and take radiographs before the medical examination - thorough examination is critical as there may only be one chance to get accurate PM dental information
Step 2	access to oral cavity should be as minimally invasive as possible	- try opening the mouth with the help of a spreader or similar tool - if facial dissection and removal of jaws is required, the coroner, medical examiner or other official must grant permission - bag and label every removed part of the body and must be kept with the body/other remains
Step 3	examine the present dental situation, personal safety measures are to be taken at all times	- two DOs will be working to reduce the chance of errors - the first DO will perform the initial examination of the remains while the second charts - the DOs then switch roles and repeat the process - start with a thorough examination of the oral cavity area followed by careful cleaning of the dental remains with a toothbrush and a cleaning agent - handle incinerated teeth with added caution as they may be brittle - use dental mirror and equipment that helps to get a better view of the dental situation - record all types of findings - be sure to chart all tooth-colored restorations as these can be easily missed - use of transillumination or ultraviolet LED illumination may help finding tooth-colored restorations made of composites - use acid etch or dye to help identify tooth-colored restorations made of composites - chart any tooth not seen in the oral cavity - chart any tooth that was clearly lost or avulsed PM - never assume that loose teeth found in a body bag belong to the PM remains within it

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ANNEX C RECONCILIATION PROCEDURES

Step 1	compare AM and PM data using the Dental Reconciliation Sheet (Annex G)	- when using digital data collation systems, the system will provide automated comparison and probabilities of matches that will be submitted - DOs are required to manually go through and compare each of the generated matches - use the ISO 3950 system for charting in multinational and civilian-military settings - INTERPOL recommends “DVI System International” by Plass Data® in the multinational and civ-mil setting - use black ink when charting manually - when manually checking matches work through AM and PM details and identify the most possible matches based on unique findings such as: • missing teeth • unrestored dentition. • dentitions with routine restoration. • dentitions with crown and bridgework. • dentitions with dentures. • dentitions with implants.
Step 2	search for inconsistencies between AM and PM data and evaluate the probability of matches	- use PM and AM forms and compare all aspects of the findings - discrepancies must be resolved - DOs must reconcile inconsistencies - if inconsistencies cannot be explained, immediate identity is not possible
Step 3	if match is likely	- check x-rays • root filling and their shape • crowns and bridgework • shape of dental roots • any other comparable information - check images for patterns of restorations - check dentures, orthodontic appliances and dental implants - one unexplainable discrepancy is more important than many consistencies

Step 4	**result of reconciliation**	- **Identification** - **Identification probable** - **Identification possible** - **Identification excluded** - **Insufficient evidence**
Step 5	identification of human remains with presentation to identification board	- have the documentation double-checked by a second DO - present the results to the board and be ready to provide a detailed explanation

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ANNEX D FORENSIC DENTAL IDENTIFICATION EQUIPMENT LIST

The recommended equipment list contains common equipment familiar to all nations. Reproducible outcomes are more likely achievable if all nations use the same equipment.

ABFO No 2 Scale
Acid etch
Adhesive labels
Alcohol spray
Alcohol wipes
Annex A, AM procedures
Annex B, PM procedures
Annex C, Reconciliation procedures
Annex E, ISO - Universal nomenclature comparison chart
Annex G, dental reconciliation sheet
Aprons, surgical, disposable
Bags, garbage
Bags, plastic, zip-lock large
Bags, plastic, zip-lock small
Bite blocks
Bone mallet
Boots, rubber
Bowl, clinical kidney shaped
Camera digital memory cards (spare)
Camera ringflash, speedlight for dental photography
Camera, digital camera (SLR) with macro-lens
Cassettes for dental instruments
Cat Litter
Cellulose wadding
Clipboards
Colander
Computer, laptop
Cotton wool rolls
Dental codes, laminated
Dental probes, hooked
Dental probes, periodontal
Dental probes, straight
Extension cord, surge protected 10 m
Eye protection (facial shield)
Facemasks, disposable (several sizes latex-free)
Gaffer's Tape
Gauze pads
Gloves, household
Gloves, rubber disposable (several sizes, latex-free)
Glue stick
Gowns, surgical, disposable (long with cuffs, latex-free)
Hand saw
Handles mouth mirror
Hats, surgical, disposable (latex-free)
Hazmat Protective Suit (Tyvek Suit)

Headlight (with spare bulbs and batteries)
Hemostats, curved
Hemostats, straight
Henning plaster spreader or other instrument to open jaws
Hole punch
Hydrogen peroxide
Impression trays
INTERPOL AM forms
INTERPOL PM forms
ISO 3950 - Dentistry - Designation of teeth and areas of the oral cavity
ISO 20888 - Dentistry - Terminology for forensic oro-dental data
ISO 10394 - Dentistry - Designation system for supernumerary teeth
ISO 25677 - Dentistry - Designation system for implant location
Light boxes
Light, pen light, fiber optic light (with spare bulb/batteries)
Magnifying glass/loupes
Markers, permanent
Medical waste container
Mixing bowl
Modelling Clay (Play Dough)
Molt mouth props
Mouth mirrors
Notebooks
Paper towel
Parcel string
Pencils
Pens
Permanent Marker Pens
Photograph cheek retractors
Photograph intraoral mirrors
Plaster of Paris
Radiographic film mounts
Radiographic films
Radiographic film processing chemicals and equipment
Radiographic sensor set (digital)
Radiographic unit, portable dental (with reserve battery)
Respirator Half Mask
Ruler, folding
Scalpel blades No 20
Scalpel handles No 4
Scissors, curved pointed
Scissors, office
Scissors, straight
Skull key
Sodium hypochlorite solution
Software, current version of KMD PlassData DVI
Software, current version of Microsoft Office®
Software, current version of Microsoft Windows®
Spatula
Stapler
Staples remover
Superglue
Syringe, irrigation

Tape measure
Tongue depressors
Toothbrushes
Trays
UV Torch Light

ANNEX E COMPARISON OF ISO 3950 AND UNIVERSAL NOMENCLATURE

1 Use of a “common language” is central to optimizing the reliability of the identification process. All participants of this STANAG will use the ISO 3950 notation when operating in multinational or civil-military disaster victim identification (DVI) scenarios.

2 The tables below are provided as a reference tool for dental officers (DOs) who are not familiar with the ISO 3950 notation or the Universal Numbering System. It is important for all DOs to understand both systems so that they can accurately assess ante-mortem (AM) records that use either notation.

ISO 3950 Scheme

Right								Left								
00																Oral cavity
01																Maxillary area
10								20								Quadrant
03					04						05					Sextant
18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28	Permanent teeth
			55	54	53	52	51	61	62	63	64	65				Deciduous teeth
			85	84	83	82	81	71	72	73	74	75				Deciduous teeth
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38	Permanent teeth
08					07						06					Sextant
40								30								Quadrant
02																Mandibular area

UNIVERSAL Scheme

Permanent teeth															
upper right								upper left							
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17
lower right								lower left							

Deciduous teeth											
upper right						upper left					
	A	B	C	D	E	F	G	H	I	J	
	T	S	R	Q	P	O	N	M	L	K	
lower right						lower left					

Permanent Teeth Comparison

ISO 3950 (FDI Notation):

18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38

UNIVERSAL:

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

Deciduous Teeth Comparison

ISO 3950 (FDI Notation):

55	54	53	52	51	61	62	63	64	65
85	84	83	82	81	71	72	73	74	75

UNIVERSAL:

A	B	C	D	E	F	G	H	I	J
T	S	R	Q	P	O	N	M	L	K

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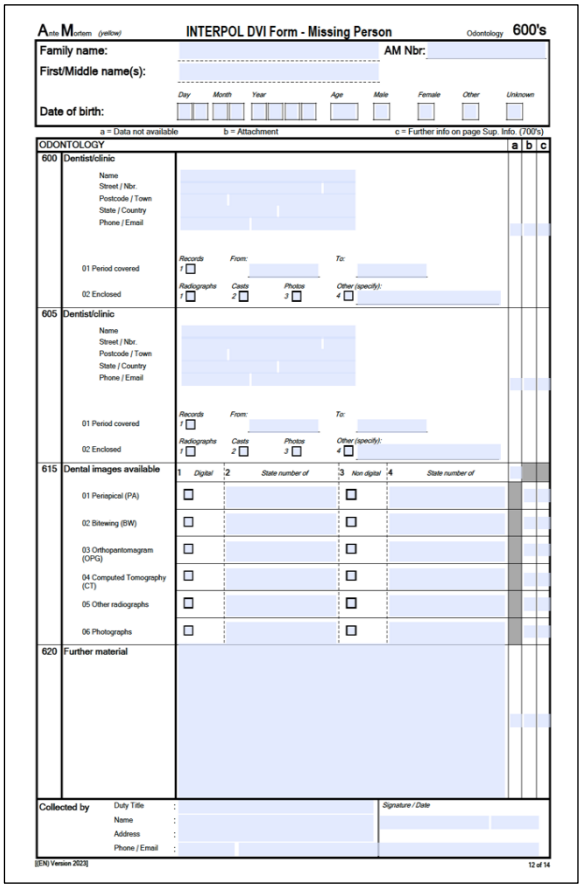
ANNEX F INTERPOL FORMS

Missing Person Form (AM) – Odontology Section 600's:



Ante Mortem (yellow) INTERPOL DVI Form - Missing Person Odontology 600's

Family name: AM Nbr:

First/Middle name(s):

Date of birth: Day Month Year Age Male Female Other Unknown

a = Data not available b = Attachment c = Further info on page Sup. Info. (700's)

ODONTOLOGY a b c

600 Dentist/clinic
Name
Street / Nbr.
Postcode / Town
State / Country
Phone / Email
01 Period covered Records 1 From: To:
02 Enclosed Radiographs 1 Casts 2 Photos 3 Other (specify): 4

605 Dentist/clinic
Name
Street / Nbr.
Postcode / Town
State / Country
Phone / Email
01 Period covered Records 1 From: To:
02 Enclosed Radiographs 1 Casts 2 Photos 3 Other (specify): 4

615 Dental images available 1 Digital 2 State number of 3 Non digital 4 State number of
01 Periapical (PA)
02 Bitewing (BW)
03 Orthopantomogram (OPG)
04 Computed Tomography (CT)
05 Other radiographs
06 Photographs

620 Further material

Collected by Duty Title : Name : Address : Phone / Email : Signature / Date

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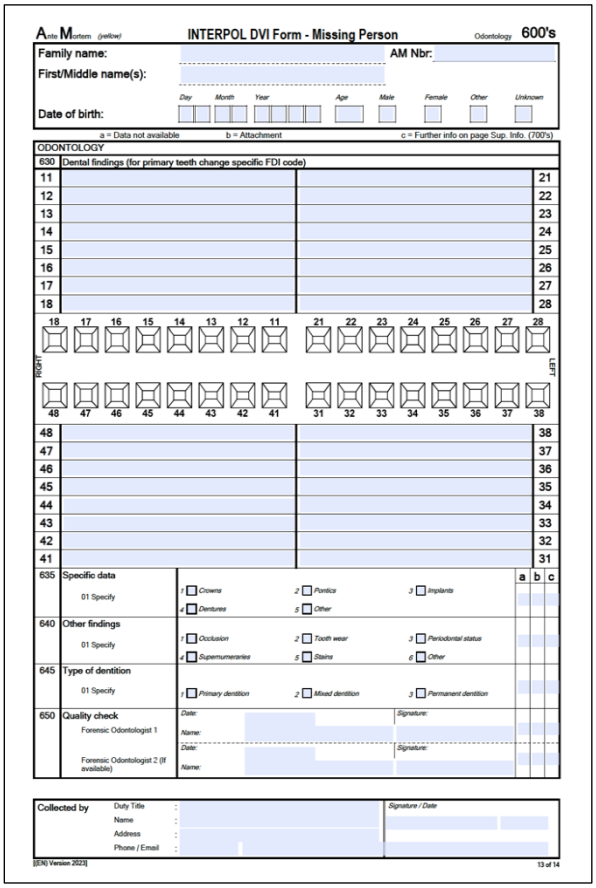

Ante Mortem (yellow) INTERPOL DVI Form - Missing Person Odontology 600's

Family name: AM Nbr:

First/Middle name(s):

Date of birth: Day Month Year Age Male Female Other Unknown

a = Data not available b = Attachment c = Further info on page Sup. Info. (700's)

ODONTOLOGY

630 Dental findings (for primary teeth change specific FDI code)

11		21
12		22
13		23
14		24
15		25
16		26
17		27
18		28

18 17 16 15 14 13 12 11 21 22 23 24 25 26 27 28

RIGHT LEFT

48 47 46 45 44 43 42 41 31 32 33 34 35 36 37 38

48		38
47		37
46		36
45		35
44		34
43		33
42		32
41		31

635 Specific data a b c
01 Specify 1 Crowns 2 Pontics 3 Implants 4 Dentures 5 Other

640 Other findings
01 Specify 1 Occlusion 2 Tooth wear 3 Periodontal status 4 Supernumeraries 5 Stains 6 Other

645 Type of dentition
01 Specify 1 Primary dentition 2 Mixed dentition 3 Permanent dentition

650 Quality check
Forensic Odontologist 1 Date: Signature: Name:
Forensic Odontologist 2 (If available) Date: Signature: Name:

Collected by Duty Title : Name : Address : Phone / Email : Signature / Date

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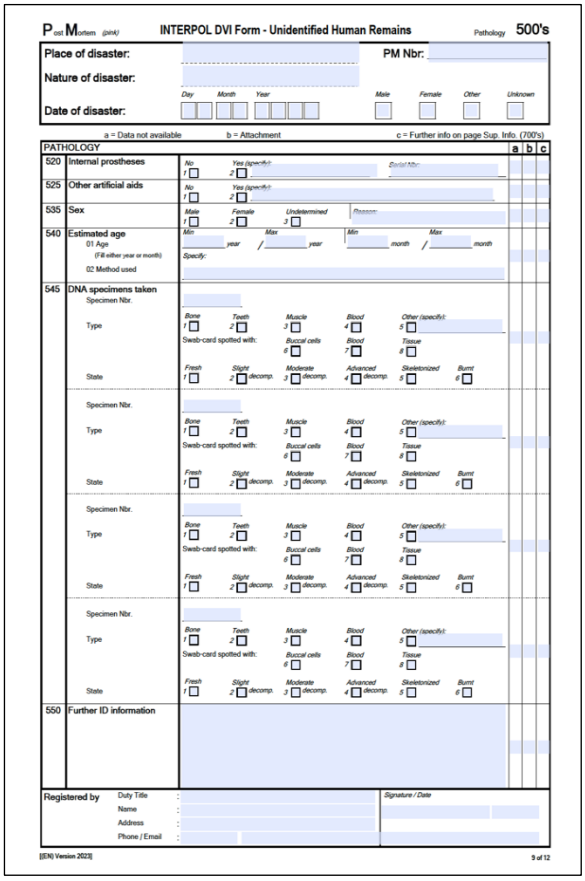
Unidentified Human Remains Form (PM) – Odontology Section 600's:



Post Mortem (pink) INTERPOL DVI Form - Unidentified Human Remains Pathology 500's

Place of disaster: PM Nbr:

Nature of disaster:

Date of disaster: Day Month Year Male Female Other Unknown

a = Data not available b = Attachment c = Further info on page Sup. Info. (700's)

PATHOLOGY a b c

520 Internal prostheses — No 1 / Yes (specify) 2 / Serial Nbr:

525 Other artificial aids — No 1 / Yes (specify) 2

535 Sex — Male 1 / Female 2 / Undetermined 3 / Reason:

540 Estimated age — 01 Age (Fill either year or month): Min year / Max year / Min month / Max month; Specify: — 02 Method used

545 DNA specimens taken — Specimen Nbr. / Type: Bone 1, Teeth 2, Muscle 3, Blood 4, Other (specify) 5; Swab-card spotted with: Buccal cells 6, Blood 7, Tissue 8 / State: Fresh 1, Slight decomp. 2, Moderate decomp. 3, Advanced decomp. 4, Skeletonized 5, Burnt 6

550 Further ID information

Registered by — Duty Title / Name / Address / Phone / Email — Signature / Date

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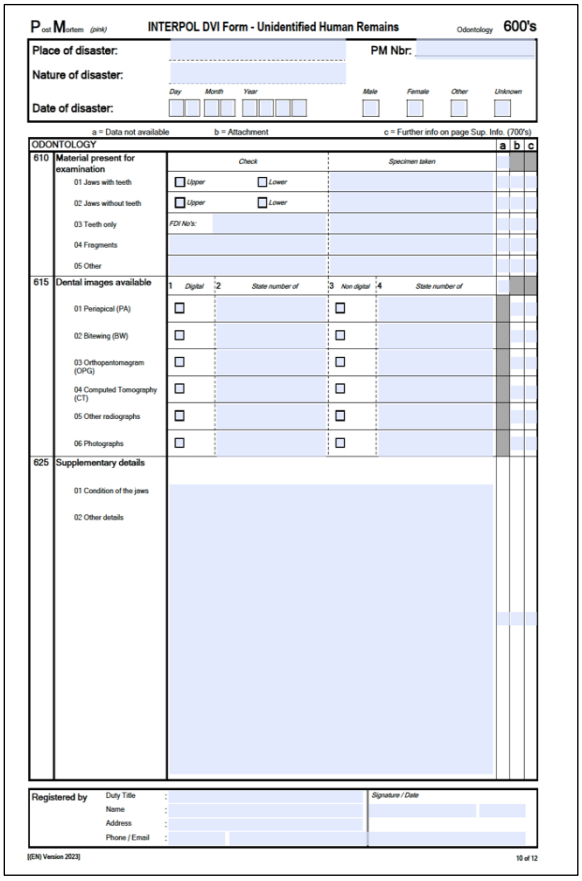

Post Mortem (pink) INTERPOL DVI Form - Unidentified Human Remains Odontology 600's

Place of disaster: PM Nbr:

Nature of disaster:

Date of disaster: Day Month Year Male Female Other Unknown

a = Data not available b = Attachment c = Further info on page Sup. Info. (700's)

ODONTOLOGY a b c

610 Material present for examination — Check / Specimen taken
- 01 Jaws with teeth: Upper / Lower
- 02 Jaws without teeth: Upper / Lower
- 03 Teeth only: FDI No's:
- 04 Fragments
- 05 Other

615 Dental images available — 1 Digital / 2 State number of / 3 Non digital / 4 State number of
- 01 Periapical (PA)
- 02 Bitewing (BW)
- 03 Orthopentomogram (OPG)
- 04 Computed Tomography (CT)
- 05 Other radiographs
- 06 Photographs

625 Supplementary details
- 01 Condition of the jaws
- 02 Other details

Registered by — Duty Title / Name / Address / Phone / Email — Signature / Date

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ANNEX G DENTAL RECONCILIATION SHEET

Disaster:		Date:		
PM Number: Height:		AM Number: Name: Age: Heigh t:		
Tooth	**PM Findings**	**AM Findings**	**Tooth**	Score*
18			18	
17			17	
16			16	
15			15	
14			14	
13			13	
12			12	
11			11	
21			21	
22			22	
23			23	
24			24	
25			25	
26			26	
27			27	
28			28	
38			38	
37			37	
36			36	
35			35	
34			34	
33			33	
32			32	
31			31	
41			41	
42			42	
43			43	
44			44	
45			45	
46			46	
47			47	
48			48	

***Score**: **X** = elimination **—** = uncertain **0** = identification

Conclusion:					
Identification: ☐ established ☐ probable ☐ possible ☐ excluded ☐ insufficient evidence					
Date:	Name:	Signature:	Date:	Name:	Signature:

Identification	absolute certainty that the PM and AM records are from the same person
Identification probable	specific characteristics correspond between PM and AM but either PM or AM data or both are minimal
Identification possible	there is nothing that excludes the identity but either PM or AM data or both are minimal
Identity excluded	PM and AM records are from different persons
Insufficient evidence	neither PM nor AM comparison can be made

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ANNEX H LITERATURE

1. The North Atlantic Treaty, Washington D.C. - 4 April 1949
2. INTERPOL DVI Guide 2018 with Annexures
3. Forensic dentistry, Editors: David R. Senn, Paul G. Stimson -2nd ed., ISBN 978-1-4200-7836-7
4. ISO 3950 - Dentistry - Designation system for teeth and areas of the oral cavity
5. ISO 20888 - Dentistry - Terminology for forensic oro-dental data
6. ISO 10394 - Dentistry - Designation system for supernumerary teeth
7. ISO 25677 - Dentistry - Designation system for implant location

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