



PAMBANSANG PUNONGHIMPILAN TANOD BAYBAYIN NG PILIPINAS
(National Headquarters Philippine Coast Guard)
139 25th Street, Port Area
1018 Manila

NHQ-PCG/CGDS

05 August 2024

**CIRCULAR
NUMBER 17-24**

**PROHIBITION FROM REFERRAL OF DENTAL PATIENTS TO CERTAIN
PRIVATE DENTAL CLINICS**

1. AUTHORITIES

- A. Republic Act No. 9993 or the Philippine Coast Guard (PCG) Law of 2009 and its Implementing Rules and Regulations (IRR); and
- B. Republic Act No. 3019 dated 17 August 1960, entitled "Anti-Graft and Corrupt Practices Act"

2. REFERENCES

- A. NHQ-PCG/CG-DENT SVC Circular Number 05-21 dated 18 March 2021, entitled "Dental Examination Standard in the PCG (For Recruits and Active Duty Status Personnel)"
- B. NHQ-PCG/CGIAS Circular Number 13-19 dated 18 November 2019, entitled "Revised Guidelines and Procedures on Disposition of Violations of Code of Conduct and Discipline for PCG Uniformed";
- C. HPCG/CG-3 Circular Number 07-05 dated 06 September 2005, entitled "Mission, Functions and Organization of the Coast Guard Dental Service"; and
- D. Professional Regulation Commission (PRC) Board Resolution No. 14, s. 2008, entitled "Code of Ethics for Dentists, Dental Hygienists, and Dental Technologists"



3. PURPOSE

- A. This Circular prescribes the policies and guidelines supplementary to Reference (A) on the conduct of dental examination and accomplishment of dental compliances to all PCG personnel for enlistment, Commissionship, re-enlistment, promotion, schooling, and to include aspiring PCG applicants.
- B. To prohibit the intentional referral of PCG personnel and PCG applicants to a specific dental clinic for personal financial gain or rebates.

4. SCOPE

This policy shall cover Coast Guard (CG) Dental Operating Units (DOU) rendering dental services within their area of responsibility (AOR).

5. COVERAGE

This shall be applied to all Coast Guard Dental Service (CGDS) personnel particularly Dental Officers who are performing dental examinations and other Officers/Non-Officers who assist in performing dental procedures.

6. DEFINITION OF TERMS

- A. **Dental Compliances** – dental findings that need to be accomplished such as oral prophylaxis, dental restoration, tooth extraction, root canal treatment, prosthodontics, etc.
- B. **Dental Examination** – oral check-up to identify the health status of the oral cavity and identify the dental compliances that need to be performed to be dentally fit.
- C. **Dental Extraction** - the procedure of removing a tooth from the oral cavity.
- D. **Dental Operating Unit (DOU)** – dental stations based at CG Districts or CG Functional Commands/Bases responsible for the dental health care of the CG Personnel assigned in its AOR and of the CG Personnel at PCG vessel docked thereat.
- E. **Dental Restoration** – a dental procedure that removes cavities/caries or any defects on the tooth and replaces them with dental fillings.
- F. **Grave Misconduct** – involves any of the additional elements of corruption, willful intent to violate the law or disregard established rules, which must be established by substantial evidence.
- G. **Oral Prophylaxis** – cleaning of teeth using a scaler machine to remove all stains and calcular deposits.
- H. **Prosthesis** – dental appliances that replace missing teeth.



7. GUIDELINES

- A. The CGDS and its DOUs shall cater to all PCG patients and/or applicants who are due for schooling, re-enlistment, lateral entry, commissionship and promotion.
- B. The examining Dental Officer shall perform an initial dental examination on patients and applicants. All dental findings must be recorded to PCG DS Form No. 2 Revised (**Annex A**).
- C. Further, in case of noted dental defects to include: the need for oral prophylaxis, dental restoration, dental extraction and prosthesis, the required dental compliances must be written in the CGDS Agreement/Kasunduan and Referral Form (**Annex B**) that will be given to the patient after the dental examination.
- D. In order to complete dental compliances, patients and applicants are advised to independently choose and visit their preferred private dentist, free from any form of force, threat or intimidation.
- E. Thereafter, the applicant/patient must return to the Dental Officer for a final dental examination to assess if the dental treatment done is compliant.
- F. Names of dentally cleared applicants shall be transmitted by CGDS/DOU within the day to the Coast Guard Human Resource Management Unit (CGHRMU).

8. PENALTY CLAUSE

- A. All PCG personnel found violating any provisions of this policy shall be subjected to appropriate disciplinary/administrative proceedings.
- B. Administrative prosecution shall not be a bar to an administrative investigation in the Judicial Committee of the Chapter or Affiliate Society nor a prosecution in the proper courts for any violation of RA 3019 (Anti-Graft and Corrupt Practices Act).

9. RESPONSIBILITIES

- A. The Commander, CGDS shall be responsible for the dissemination and implementation of this policy to all CG Dental Officers and Dental Operating Units.
- B. Any person who has moral certainty or personal knowledge that a PCG personnel has violated this Circular shall report the same to the Coast Guard Inspector General and Internal Affairs Service (CGIG-IAS) and/or the concerned Provost Marshall Units for the proper filing of an administrative case.

10. REPEALING CLAUSE

All existing rules, regulations, memoranda and directives inconsistent with this Circular are deemed repealed.

11. EFFECTIVITY

This Circular shall take effect upon publication.

BY COMMAND OF COAST GUARD ADMIRAL GAVAN:

OFFICIAL:

HOSTILLO ARTURO E CORNELIO
CG RADM
Chief of Coast Guard Staff


JAYSIEBELL B FERRER
CG CDR
Coast Guard Adjutant

ANNEXES:

A - Dental Health Record

B - Coast Guard Dental Service Agreement/Kasunduan and Referral Form

ANNEX A

Dental Health Record

PCG DS Form no. 2 (Revised)

DENTAL HEALTH RECORD

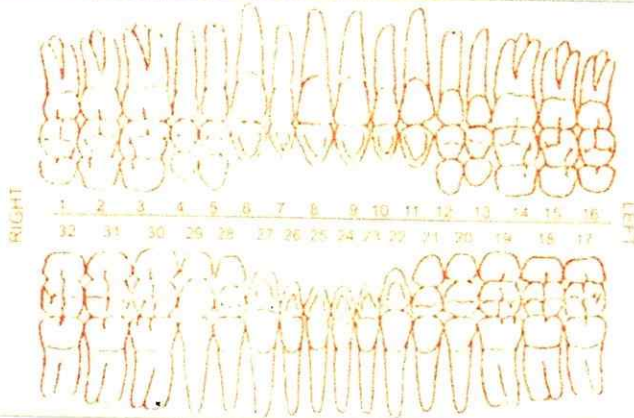
SECTION I. PATIENT DATA

1 LAST NAME FIRST NAME MIDDLE NAME	DATE OF BIRTH 2 GRADE 3 PCGSN
4 UNIT	5 BRANCH OF SERVICE PHILIPPINE COAST GUARD

SECTION II. DENTAL EXAMINATION

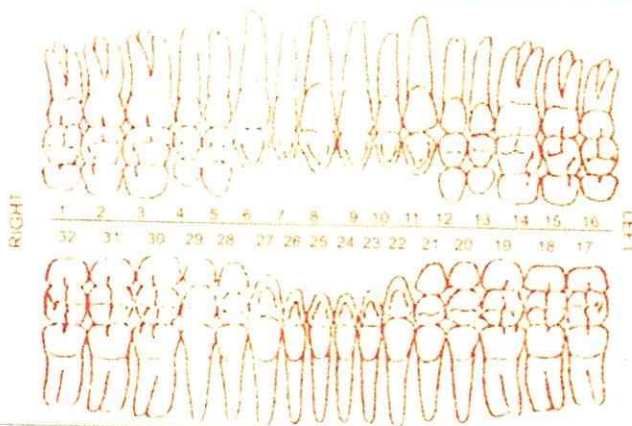
6 PURPOSE OF EXAMINATION INITIAL <input type="checkbox"/> SEPARATION <input type="checkbox"/> OTHERS <input type="checkbox"/>	7 TYPE OF EXAM 8 CLASSIFICATION <table border="1"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td> <td>1</td><td>2</td><td>3</td><td>4</td> </tr> </table>	1	2	3	4	1	2	3	4
1	2	3	4	1	2	3	4		
9 PREVIOUS HISTORY	DIABETES <input type="checkbox"/> BLEEDING TENDENCY <input type="checkbox"/> DRUG SENSITIVITY <input type="checkbox"/> HEART CONDITION <input type="checkbox"/> RHEUMATIC FEVER <input type="checkbox"/> BRK SYS _____ DIAS _____								

10. MISSING TEETH AND EXISTING RESTORATIONS



REMARKS:

11. DISEASES, ABNORMALITIES AND X-RAYS



A	CALCULUS		
	SLIGHT <input type="checkbox"/>	MODERATE <input type="checkbox"/>	HEAVY <input type="checkbox"/>
B	PERIODONT OCLASIA		
	LOCAL <input type="checkbox"/>	GENERAL <input type="checkbox"/>	
	INCIPENT <input type="checkbox"/>	MODERATE <input type="checkbox"/>	SEVERE <input type="checkbox"/>
C	STOMATITIS		
	GINGIVITIS <input type="checkbox"/>	VINCENTS <input type="checkbox"/>	
D	DENTURES NEEDED		
	FULL		PARTIAL
	U	L	U L

ABNORMALITIES OF OCCLUSION-REMARKS

E. INDICATE X-RAYS USED IN THIS EXAM

FULL MOUTH PERIAPICAL	POSTERIOR BITE WINGS	OTHER (SPECIFY)
DATE	PLACE OF EXAMINATION	

SIGNATURE OF EXAMINING OFFICER

12 RESTORATIONS AND TREATMENT

REMARKS

13 SUBSEQUENT DISEASES & ABNORMALITIES

REMARKS

SERVICE RENDERED
DATE

DIAGNOSIS

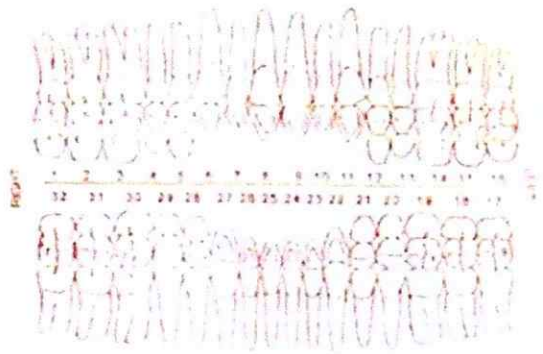
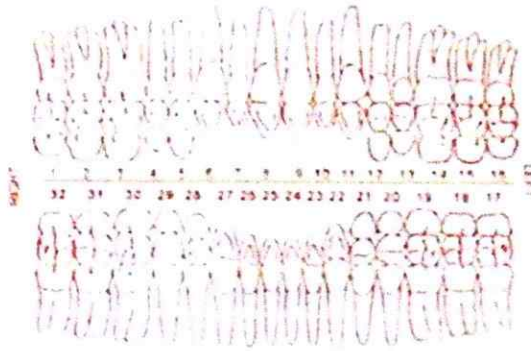
TREATMENT

REMARKS

SECTION IV

15 SUMMARY OF OBSERVATION AND REMARKS

No dental defect noted



CO COAST GUARD DENTAL STATION

COMMANDER COAST GUARD DENTAL SERVICE

ANNEX B

Coast Guard Dental Service Agreement / Kasunduan and Referral Form

<p style="text-align: center;">AGREEMENT / KASUNDUAN</p> <p>Ako ay napayuhan ng Examining Officer ng Coast Guard Dental Service na ang pagpapagamot ng mga "Dental compliance" na nakalagay sa "Referral Form" ay aking personal na responsibilidad na dapat maipagawa.</p> <p>Naipaliwanag din sa akin na ang pagpapagamot sa "Dental compliance" ay isang parte lamang ng mga kailangan sa "Processing Form" ng pag apply sa Philippine Coast Guard, at ako ay malayang magpapagamot sa kung anong panahon na aking kagustuhan.</p> <p>Naipaintindi din sa akin na pagtapos sa mga "Dental compliance" ay HINDI kasiguraduhan na ako ay tanggap na sa Philippine Coast Guard, at kailangan din na ang ibang requirements tulad ng PFT, Medical, P.E., Laboratory, Neuro-Psychiatric, etc., ay kailangan maipasa LAHAT bago ako ay maikonsidera bilang kandidato para sa enlistment / commissionship.</p> <p>_____</p> <p>Pirma ng Aplikante sa ibabaw ng Pangalan</p> <p>_____</p> <p>Witnessing Dental Personnel</p> <p>_____</p> <p>Petsa</p>	<p style="text-align: center;">NATIONAL HEADQUARTERS PHILIPPINE COAST GUARD (Pambansang Punonghimpilan Tanod Baybayin ng Pilipinas) COAST GUARD DENTAL SERVICE 139 25th St., Port Area 1018 Manila</p> <p style="text-align: center;">REFERRAL FORM</p> <p>DATE: _____ INITIAL DENTAL EXAMINER: _____</p> <table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 33%; border-bottom: 1px solid black;"></td> <td style="border: none; width: 33%; border-bottom: 1px solid black;"></td> <td style="border: none; width: 33%; border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border: none; text-align: center;">LAST NAME</td> <td style="border: none; text-align: center;">FIRST NAME</td> <td style="border: none; text-align: center;">M.I.</td> </tr> </table> <table style="width: 100%; border: none;"> <tr> <td style="border: none;"><input type="checkbox"/> COMMISSIONSHIP</td> <td style="border: none;"><input type="checkbox"/> MALE</td> <td style="border: none;"><input type="checkbox"/> OLD APPLICANT</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> ENLISTMENT</td> <td style="border: none;"><input type="checkbox"/> FEMALE</td> <td style="border: none;"><input type="checkbox"/> NEW APPLICANT</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> LATERAL ENTRY</td> <td></td> <td></td> </tr> </table> <p>ADDRESS: _____</p> <p>COURSE: _____</p> <p>SKILLS: _____</p> <p>BIRTHDATE: _____ CONTACT NO: _____</p> <p>DENTAL REQUIREMENTS: (TO BE MARKED BY EXAMINING OFFICER/DENTIST)</p> <p><input type="checkbox"/> ORAL PROPHYLAXIS</p> <p><input type="checkbox"/> RESTORATION: (PERMANENT) 8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8</p> <p style="margin-left: 150px;">8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8</p> <p><input type="checkbox"/> ROOT CANAL TREATMENT (RCT): _____</p> <p><input type="checkbox"/> TOOTH EXTRACTION: 8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8</p> <p style="margin-left: 150px;">8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8</p> <p><input type="checkbox"/> ODONTECTOMY:</p> <p><input type="checkbox"/> PROSTHODONTICS (Bilateral RPD) <input type="checkbox"/> MAX <input type="checkbox"/> MAND</p> <p><input type="checkbox"/> OTHERS: _____</p> <p style="text-align: center; font-size: small;">FOR FINAL EXAMINATION: PRESENT DENTAL CERTIFICATE AND REFERRAL FORM</p> <table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 60%; border-bottom: 1px solid black;">FINAL EXAMINER:</td> <td style="border: none; width: 40%; border-bottom: 1px solid black;">DATE:</td> </tr> </table>				LAST NAME	FIRST NAME	M.I.	<input type="checkbox"/> COMMISSIONSHIP	<input type="checkbox"/> MALE	<input type="checkbox"/> OLD APPLICANT	<input type="checkbox"/> ENLISTMENT	<input type="checkbox"/> FEMALE	<input type="checkbox"/> NEW APPLICANT	<input type="checkbox"/> LATERAL ENTRY			FINAL EXAMINER:	DATE:
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