

**FM 4-02.19 (FM 8-10-19)**

**DENTAL SERVICE  
SUPPORT IN A  
THEATER OF  
OPERATIONS**

**HEADQUARTERS, DEPARTMENT OF THE ARMY**

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DENTAL SERVICE SUPPORT IN A THEATER OF OPERATIONS

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## PREFACE

This publication provides basic doctrine and the tactics, techniques, and procedures required for dental service support (DSS) in a theater of operations (TO). It focuses on current combat health support (CHS) doctrine. The tactics, techniques, and procedures provided are not all-inclusive.

This publication implements and/or is in consonance with the following North Atlantic Treaty Organization (NATO) International Standardization Agreements (STANAGs) and American, British, Canadian, and Australian (ABCA) Quadripartite Standardization Agreements (QSTAGs):

| NATO<br>STANAG | ABCA<br>QSTAG | TITLE   |
|----------------|---------------|---|
| 2014           |               | Warning Orders, Operation Orders, and Administrative Service Support Orders   |
|                | 520           | Operation Orders, Tables, and Graphs for Road Movement  |
| 2068           | 322           | Emergency War Surgery   |
| 2127           | 536           | Medical, Surgical, and Dental Instruments, Equipment, and Supplies  |
| 2128           |               | Medical and Dental Supply Procedures  |
| 2454           |               | Regulations and Procedures for Road Movements and Identification of Movement Control and Traffic Control Personnel and Agencies |
| 2931           |               | Orders for the Camouflage of the Red Cross and Red Crescent on Land in Tactical Operations                                      |
| 2122           | 535           | Medical Training in First Aid, Basic Hygiene, and Emergency Care  |

The use of the term “level of care” in this publication is synonymous with “echelon of care” and “role of care.” The term “echelon of care” is the old NATO term. The term “role of care” is the new NATO and ABCA term.

Users of this publication are encouraged to submit comments and recommendations to improve the publication. Comments should include the page, paragraph, and line(s) of the text where the change is recommended. The proponent for this publication is the United States (US) Army Medical Department Center and School (AMEDDC&S). Comments and recommendations should be forwarded directly to **Commander, AMEDDC&S, ATTN: MCCS-FCD-L, 1400 East Grayson Street, Fort Sam Houston, Texas 78234-5052**, or by using the E-mail addresses on the Doctrine Literature website at <http://dcdd.amedd.army.mil/index1.htm> (click on Doctrine Literature).



## FM 4-02.19

The staffing and organizational structure presented in this publication reflects those established in the Army of Excellence base table(s) of organization and equipment (BTOEs) (L-series) and the Army Force Projection BTOEs (A-series) that were current at the time this manual was published. However, such staffing is subject to change to comply with manpower requirements criteria outlined in Army Regulation (AR) 71-32 and may be subsequently changed by your modified table of organization and equipment (MTOE). Appendix A discusses in detail the BTOE (A-series) that is an important part of the Medical Reengineering Initiative (MRI) in Force XXI and how the DSS will be incorporated into that force.

As the Army Medical Department (AMEDD) transitions to the 91W military occupational specialty (MOS), positions for 91B and 91C will be replaced by 91W when new unit MTOE take effect.

Unless this publication states otherwise, masculine nouns and pronouns do not refer exclusively to men.

The use of trade names in this publication does not imply endorsement by the US Army, but is intended only to assist in the identification of a specific product.

## CHAPTER 1

**OVERVIEW OF DENTAL SERVICE SUPPORT****1-1. General**

*a.* Dental service support is provided across the continuum of military operations—war, conflict, and peace. As with CHS, DSS conserves the fighting strength by returning dental casualties to duty as far forward as possible and minimizing the number of patients with dental injuries or disease whom must be evacuated from the TO.

*b.* Dental service support within the TO is accomplished with the use of modern, lightweight equipment, levels of dental care, and flexible, responsive dental organizations. To enhance the effectiveness of dental support to deployed forces, the AMEDD MRI organizational structure (see Appendix A), once fielded, will:

- Promote dental health.
- Maximize the return to duty (RTD) of dental casualties.
- Provide a resuscitative surgical capability for maxillofacial injuries.
- Maintain the dental fitness of theater forces.
- Reinforce medical treatment facility (MTF) personnel during times of mass casualty operations.

*c.* The categories of dental care within the TO is comprised of operational emergency dental care and essential dental care. Further, one category of dental care (comprehensive care) is provided in the continental United States (CONUS) support base. For additional information on the categories of dental care refer to paragraph 1-4.

**1-2. Echelons of Medical Care**

Combat health support is arranged into four echelons of medical care extending from the point of injury or wounding and extending rearward through successively higher numbered echelons of care within the theater. When patients medical conditions require evacuation out of the TO for specialized medical and/or perhaps surgical care, the CONUS support base becomes Echelon V. En route medical care is provided (as necessary) during evacuation to sustain the patients during transit from one echelon to the next successively higher numbered echelon of care. Excluding Echelon I, dental assets in the TO are established at all echelons of care. Each higher numbered echelon reflects an increase in capability, but can perform the functions of each lower numbered dental echelon. An explanation of the echelons of medical care is provided in the glossary and in-depth discussion is provided in Field Manual (FM) 8-10.