

## Amalgam Answer Sheet

Name: \_\_\_\_\_ Rank/Grade: \_\_\_\_\_

Command: \_\_\_\_\_ DSN: \_\_\_\_\_

Your Duty Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Duty Email Address: \_\_\_\_\_

Provide your answers below:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_
11. \_\_\_\_\_
12. \_\_\_\_\_
13. \_\_\_\_\_
14. \_\_\_\_\_
15. \_\_\_\_\_
16. \_\_\_\_\_
17. \_\_\_\_\_
18. \_\_\_\_\_
19. \_\_\_\_\_
20. \_\_\_\_\_

Please read the following, sign, and date:

I affirm these answers are the result of my work alone, I have not received assistance from others, and I am an active duty or federal employee in the US Dental Services.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

Mail ONLY THIS SHEET or fax it [DSN: 792-7667 or commercial (847) 688-7667] to DIS at:  
USAF Dental Investigation Service  
Detachment 1, USAFSAM  
310C B Street, Bldg 1H  
Great Lakes, IL 60088-5259