

From:	(b)(6) <(b)(6)>@swkey.org
To:	"senn@uthscsa.edu"
CC:	"Hillin, Myriam (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fb77736c5c764e939709a8875f9c261d-Hillin, Myr>"; "922 CaseManagementLeads <922CaseManagementLeads@swkey.org>"; (b)(6) <(b)(6)>@swkey.org"; (b)(6) <(b)(6)>@swkey.org"; (b)(6) <(b)(6)>@swkey.org"; (b)(6) <(b)(6)>@swkey.org"
Subject:	SWK 922 - (b)(6) Dental Report
Date:	2016/06/24 18:18:04
Due Date:	2016/06/23 20:00:00
Priority:	Normal
Type:	Note

Hi Dr. Seen,

I wanted to know if you could assist us with an Age Redetermination report.

Attached you will find:

- The approved TAR for the report.
- Radiographic Information
- Photographic information

Below you will find the Demographic information.

Name:

(b)(6)

A#:

(b)(6)

Stated DOB:

(b)(6)/2001

COO:

Guatemala

Ethnic Group:

Hispanic

Please let me know if there is anything missing. We appreciate your assistance.

(b)(6)

(b)(6)

SWK - Casa Phoenix

Office: (b)(6)

Cell: (b)(6)

Fax: 602-532-7525

Mission: Opening doors to opportunities so individuals can achieve their dreams.

Vision: Every person has an opportunity to thrive in a community that fosters success and social equity.

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Sender:	(b)(6) <(b)(6)>@swkey.org>
Recipient:	"senn@uthscsa.edu"; "Hillin, Myriam (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fb77736c5c764e939709a8875f9c261d-Hillin, Myr>"; "922 CaseManagementLeads <922CaseManagementLeads@swkey.org>"; '(b)(6) <(b)(6)>@swkey.org>"; '(b)(6) <(b)(6)>@swkey.org>"; '(b)(6) <(b)(6)>@swkey.org>"; '(b)(6) <(b)(6)>@swkey.org>"
Sent Date:	2016/06/24 18:15:54
Delivered Date:	2016/06/24 18:18:04

Treatment Authorization Request**UC Information**

Name	(b)(6)
DOB	(b)(6) 2001
UC ID Number	(b)(6)
Facility	Southwest Key Casa Phoenix

Treatment Request

Treatment Category:	Follow-up Dental
Description of Request:	At the request of Federal Field Specialist Myriam Hillin, she is requesting a dental age determination test report from Dr. David R. Senn - senn@uthscsa.edu who is one of 3 DHS approved officials .
Dental Service:	Unknown
Length of Stay in DHS Care:	Unknown
Tooth Number:	age determination
Corresponding ADA Code:	D9999
Justification:	age determination
Status:	Approved
Authorized Services:	Approved for D9999 for age determination by Dr. Senn. Thank you.

Authorization Number	06242016-0243
Authorization Expiration Date	August 08, 2016
Authorized By	(b)(6)

A separate TAR must be submitted and approved for services not listed in the authorization above. Services not authorized above are subject to denial of claim and non-payment. Services provided after the authorization expiration date are also subject to denial and non-payment. ORR payment for medical services will be rendered at Medicare rates.

The Office of Refugee Resettlement/Division of Children's Services (ORR/DCS) Unaccompanied Children Program pays claims through Point Comfort Underwriters, Inc. (PCU) to vendors of health care services for minors under the care of ORR/DCS.

Claim Submission:

By Mail: **Point Comfort Underwriters, Inc.**
 212 W 10th St., Suite C 400
 Indianapolis, IN 46202

By Email: claims@pointcomfort.com

Claims must: Be submitted within 90 days of the date of service

 Include the UC ID number

 Have a valid authorization number

For Claims Inquiries: **1-844-210-2010**, option 1 or email [**claims@pointcomfort.com**](mailto:claims@pointcomfort.com)

From:	(b)(6) <(b)(6)>@swkey.org
To:	"senn@uthscsa.edu"
CC:	"Hillin, Myriam (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fb77736c5c764e939709a8875f9c261d-Hillin, Myr>"; "922_CaseManagementLeads <922CaseManagementLeads@swkey.org>"; (b)(6) <(b)(6)>@swkey.org"; (b)(6) <(b)(6)>@swkey.org"; (b)(6) <(b)(6)>@swkey.org"; (b)(6) <(b)(6)>@swkey.org"
Subject:	SWK 922 A# (b)(6) Dental Report
Date:	2016/06/24 21:22:32
Due Date:	2016/06/25 20:00:00
Priority:	Normal
Type:	Note

Hi Dr. Seen,

I wanted to know if you could assist us with an Age Redetermination report.

Attached you will find:

-The approved TAR for the report.

-Radiographic Information

-Photographic information

Below you will find the Demographic information.

Name:

(b)(6)

A#:

(b)(6)

Stated DOB:

(b)(6) 1999

COO:

Guatemala

Ethnic Group:

Hispanic

Please let me know if there is anything missing. We appreciate your assistance.

(b)(6)

(b)(6)

SWK - Casa Phoenix

Office: (b)(6)

Cell: (b)(6)

Fax: 602-532-7525

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Vision: Every person has an opportunity to thrive in a community that fosters success and social equity.

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Sender:	(b)(6) <(b)(6)>@swkey.org>
Recipient:	"senn@uthscsa.edu"; "Hillin, Myriam (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fb77736c5c764e939709a8875f9c261d-Hillin, Myr>"; "922 CaseManagementLeads <922CaseManagementLeads@swkey.org>"; (b)(6) <(b)(6)>@swkey.org>; (b)(6) <(b)(6)>@swkey.org>; (b)(6) <(b)(6)>@swkey.org>; (b)(6) <(b)(6)>@swkey.org>"
Sent Date:	2016/06/24 21:21:31
Delivered Date:	2016/06/24 21:22:32

Treatment Authorization Request**UC Information**

Name	(b)(6)
DOB	(b)(6) 1999
UC ID Number	(b)(6)
Facility	Southwest Key Casa Phoenix

Treatment Request

Treatment Category:	Follow-up Dental
Description of Request:	At the request of Federal Field Specialist Myriam Hillin, she is requesting a dental age determination test report from Dr. David R. Senn - senn@uthscsa.edu who is one of 3 DHS approved officials
Date of Last Dental Service:	6/24/16
Tooth Number:	age determination
Corresponding ADA Code:	D9999
Justification:	age determination
Status:	Approved
Authorized Services:	Approved for D9999 report only with Dr. Senn. Thank you

Authorization Number	06242016-0267
Authorization Expiration Date	August 08, 2016
Authorized By	(b)(6)

A separate TAR must be submitted and approved for services not listed in the authorization above. Services not authorized above are subject to denial of claim and non-payment. Services provided after the authorization expiration date are also subject to denial and non-payment. ORR payment for medical services will be rendered at Medicare rates.

The Office of Refugee Resettlement/Division of Children's Services (ORR/DCS) Unaccompanied Children Program pays claims through Point Comfort Underwriters, Inc. (PCU) to vendors of health care services for minors under the care of ORR/DCS.

Claim Submission:

By Mail: **Point Comfort Underwriters, Inc.**
 212 W 10th St., Suite C 400
 Indianapolis, IN 46202

By Email: claims@pointcomfort.com

Claims must: Be submitted within 90 days of the date of service

 Include the UC ID number

 Have a valid authorization number

For Claims Inquiries: **1-844-210-2010**, option 1 or email [**claims@pointcomfort.com**](mailto:claims@pointcomfort.com)

From:	Senn, David R <SENN@uthscsa.edu>
To:	"(b)(6) <(b)(6)>@swkey.org"
CC:	"Hillin, Myriam (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fb77736c5c764e939709a8875f9c261d-Hillin, Myr>"; "922 CaseManagementLeads <922CaseManagementLeads@swkey.org>"; "(b)(6) <(b)(6)>@swkey.org"; "(b)(6) <(b)(6)>@swkey.org"; "(b)(6) <(b)(6)>@swkey.org"; "(b)(6) <(b)(6)>@swkey.org"
Subject:	Re: SWK 922 A#(b)(6) Dental Report
Date:	2016/06/27 11:13:56
Priority:	Normal
Type:	Note

Dental Age Report for (b)(6) is attached.

Thank you.

David



David R. Senn, DDS, D-ABFO

Director: Center for Education

and Research in Forensics

University of Texas Health Science Center at San Antonio

7703 Floyd Curl Drive MC 7919

San Antonio, TX 78229-3900

210 567-3379

From: (b)(6) <(b)(6)@swkey.org>

Date: Friday, June 24, 2016 at 8:21 PM

To: David Senn <senn@uthscsa.edu>

Cc: "Hillin, Myriam (ACF)" <Myriam.Hillin@acf.hhs.gov>, 922 CaseManagementLeads <922CaseManagementLeads@swkey.org>, (b)(6)

(b)(6) <(b)(6)@swkey.org>, (b)(6) <(b)(6)@swkey.org>, (b)(6) <(b)(6)@swkey.org>, (b)(6) <(b)(6)@swkey.org>, (b)(6) <(b)(6)@swkey.org>

Subject: SWK 922 A#(b)(6) Dental Report

|

Hi Dr. Seen,

I wanted to know if you could assist us with an Age Redetermination report.

Attached you will find:

-The approved TAR for the report.

-Radiographic Information

-Photographic information

Below you will find the Demographic information.

Name:

(b)(6)

A#:

(b)(6)

Stated DOB:

(b)(6) 1999

COO:

Guatemala

Ethnic Group:

Hispanic

Please let me know if there is anything missing. We appreciate your assistance.

(b)(6)

(b)(6)

SWK - Casa Phoenix

Office: (b)(6)

Cell: (b)(6)

Fax: 602-532-7525

Mission: Opening doors to opportunities so individuals can achieve their dreams.

Vision: Every person has an opportunity to thrive in a community that fosters success and social equity.

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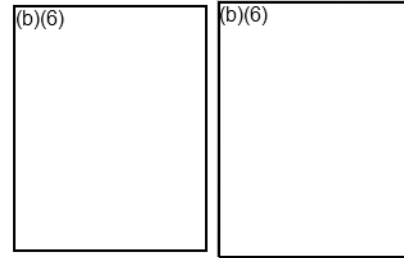
Sender:	Senn, David R <SENN@uthscsa.edu>
Recipient:	{(b)(6)} <{(b)(6)}@swkey.org>; "Hillin, Myriam (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fb77736c5c764e939709a8875f9c261d-Hillin, Myr>; "922 CaseManagementLeads <922CaseManagementLeads@swkey.org>; {(b)(6)} <{(b)(6)}@swkey.org>; {(b)(6)} <{(b)(6)}@swkey.org>; {(b)(6)} <{(b)(6)}@swkey.org>; {(b)(6)} <{(b)(6)}@swkey.org>"
Sent Date:	2016/06/27 11:13:00
Delivered Date:	2016/06/27 11:13:56

David R. Senn, DDS, DABFO
Forensic Odontology

Director
Center for Education and Research in Forensics (CERF)

Forensic Services 567-3379
 Education & Research 567-1755
 TeleFAX 567-1965
 senn@utshscsa.edu

Date: 06/27/2016 **Case #:** (b)(6)
First Name: (b)(6) **Last Name:** (b)(6)
Sex: Male **Ancestry:** American Hispanic
Reported DOB: (b)(6) 1999 **Nationality:** Guatemala
Reported Age: 17
Case Agency: SWK-Casa-Phoenix
Location: University of Texas HSC-Dental School
Odontologist: David R. Senn, DDS, D-ABFO (TX Lic. 09119)
Radiologist: Radiographs provided by client
Photographer: Photographs provided by client

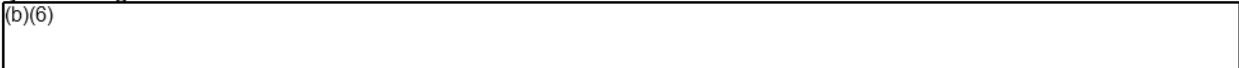


		Maxillary	Calculated Statistical Data	
Right		G	G	Avg. Mean Age: 17.05
		F	F	2 Std. Dev.: 3.56
		Left		Age Range -: 13.49
				Age Range +: 20.61
		Mandibular		Avg. E.P.: 29.10

The data reported above are calculated using the molar development method as an estimator of chronological age. The staging method is based on Demirjian A, Goldstein H, Tanner JM. A new system of dental age assessment. Hum Biol 1973;45(2):211-27. The statistical data is that of Kasper KA, Austin D, Kvanli A, Rios TR, Senn DR. Reliability of Third Molar Development for Age in a North Texas Hispanic Population: A Comparison Study. J Forensic Sci 2009;54(3):651-657. All of the teeth were considered, with special emphasis placed on the development of the third molars present.


Conclusion:

Based upon radiographic analysis of (b)(6) A (b)(6) using the above stated published statistical data, I conclude that the mean age for a male with third molar development equal to that of (b)(6) (b)(6) A (b)(6) is 17.05 plus or minus 3.56 years. The range of possible ages for such a male is 13.49 to 20.61 years. The empirical statistical probability of (b)(6) A (b)(6) having attained 18 years of age is 29.10.



Respectfully Submitted,




 Digitally signed by David Senn
 DN: cn=David Senn, o=UTHSCSA, ou=FORENSIC,
 email=senn@uthscsa.edu, c=US
 Date: 2016.06.27 09:01:57 -06'00'

David R. Senn, DDS, D-ABFO (TX Lic. 09119)

From:	(b)(6) <(b)(6)@swkey.org>
To:	"senn@uthscsa.edu"
CC:	"Hillin, Myriam (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fb77736c5c764e939709a8875f9c261d-Hillin, Myr>"; "922_CaseManagementLeads <922CaseManagementLeads@swkey.org>"; (b)(6) <(b)(6)@swkey.org>; (b)(6) <(b)(6)@swkey.org>; (b)(6) <(b)(6)@swkey.org>; (b)(6) <(b)(6)@swkey.org>"
Subject:	SWK 922 a# (b)(6) Dental Forensics
Date:	2016/06/30 19:45:11
Due Date:	2016/06/29 20:00:00
Priority:	Normal
Type:	Note

Hi Dr. Seen,

I wanted to know if you could assist us with an Age Redetermination report.

Attached you will find:

- The approved TAR for the report.
- Radiographic Information
- Photographic information

Below you will find the Demographic information.

*a. Name: (b)(6)

*b. Case Number: A# (b)(6)

*c. Stated or claimed
Date of Birth: (b)(6) 1998

*d. Country or Countries
of Origin: Honduras

*e. Racial or Ethnic Group:
Honduran

Please let me know if there is anything missing. We appreciate your assistance.

(b)(6)

(b)(6)

SWK - Casa Phoenix

Office: (b)(6)

Cell: (b)(6)

Fax: 602-532-7525

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Vision: Every person has an opportunity to thrive in a community that fosters success and social equity.

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Recipient:	"senn@uthscsa.edu"; "Hillin, Myriam (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fb77736c5c764e939709a8875f9c261d-Hillin, Myr>"; "922 CaseManagementLeads <922CaseManagementLeads@swkey.org>"; "(b)(6) <(b)(6)>@swkey.org"; "(b)(6) <(b)(6)>@swkey.org"; "(b)(6) <(b)(6)>@swkey.org"; "(b)(6) <(b)(6)>@swkey.org"
Sent Date:	2016/06/30 19:43:54
Delivered Date:	2016/06/30 19:45:11

Treatment Authorization Request**UC Information**

Name	(b)(6)
DOB	(b)(6) 1998
UC ID Number	(b)(6)
Facility	Southwest Key Casa Phoenix

Treatment Request

Treatment Category:	Follow-up Dental
Description of Request:	At the request of Federal Field Specialist Myriam Hillin, she is requesting a dental age determination test report from Dr. David R. Senn - senn@uthscsa.edu who is one of 3 DHS approved officials .
Length of Stay in DHS Care:	age determination
Tooth Number:	age determination
Corresponding ADA Code:	D9999
Justification:	age determination
Status:	Approved
Authorized Services:	Approved for age determination report D9999 by Dr. Senn. Thank you

Authorization Number	06272016-0223
Authorization Expiration Date	August 11, 2016
Authorized By	(b)(6)

A separate TAR must be submitted and approved for services not listed in the authorization above. Services not authorized above are subject to denial of claim and non-payment. Services provided after the authorization expiration date are also subject to denial and non-payment. ORR payment for medical services will be rendered at Medicare rates.

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Claim Submission:

By Mail: **Point Comfort Underwriters, Inc.**
 212 W 10th St., Suite C 400
 Indianapolis, IN 46202

By Email: claims@pointcomfort.com

Claims must: Be submitted within 90 days of the date of service

 Include the UC ID number

 Have a valid authorization number

For Claims Inquiries: **1-844-210-2010**, option 1 or email [**claims@pointcomfort.com**](mailto:claims@pointcomfort.com)

From:	Senn, David R <SENN@uthscsa.edu>
To:	(b)(6) <(b)(6)@swkey.org>
CC:	"Hillin, Myriam (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fb77736c5c764e939709a8875f9c261d-Hillin, Myr>"; "922 CaseManagementLeads <922CaseManagementLeads@swkey.org>"; (b)(6) <(b)(6)@swkey.org>; (b)(6) <(b)(6)@swkey.org>; (b)(6) <(b)(6)@swkey.org>; (b)(6) <(b)(6)@swkey.org>"
Subject:	Re: SWK 922 a#(b)(6) Dental Forensics
Date:	2016/07/02 00:48:46
Priority:	Normal
Type:	Note

Dental Age Report for (b)(6) is attached.

Thank you.

David



David R. Senn, DDS, D-ABFO

Director: Center for Education

and Research in Forensics

University of Texas Health Science Center at San Antonio

7703 Floyd Curl Drive MC 7919

San Antonio, TX 78229-3900

210 567-3379

From: (b)(6) <(b)(6)@swkey.org>

Date: Thursday, June 30, 2016 at 5:43 PM

To: David Senn <senn@uthscsa.edu>

Cc: "Hillin, Myriam (ACF)" <Myriam.Hillin@acf.hhs.gov>, 922 CaseManagementLeads <922CaseManagementLeads@swkey.org>, (b)(6)

(b)(6) <(b)(6)@swkey.org>, (b)(6) <(b)(6)@swkey.org>, (b)(6) <(b)(6)@swkey.org>, (b)(6) <(b)(6)@swkey.org>, (b)(6) <(b)(6)@swkey.org>

Subject: SWK 922 a# (b)(6) Dental Forensics

|

Hi Dr. Seen,

I wanted to know if you could assist us with an Age Redetermination report.

Attached you will find:

-The approved TAR for the report.

-Radiographic Information

-Photographic information

Below you will find the Demographic information.

*a. Name: (b)(6)

*b. Case Number: A# (b)(6)

*c. Stated or claimed
Date of Birth (b)(6)/1998

*d. Country or Countries
of Origin: Honduras

*e. Racial or Ethnic Group:
Honduran

Please let me know if there is anything missing. We appreciate your assistance.

(b)(6)

(b)(6)

SWK - Casa Phoenix

Office: (b)(6)

Cell: (b)(6)

Fax: 602-532-7525

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Sender:	Senn, David R <SENN@uthscsa.edu>
Recipient:	(b)(6) <(b)(6)@swkey.org>; "Hillin, Myriam (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=fb77736c5c764e939709a8875f9c261d-Hillin, Myr>"; "922 CaseManagementLeads <922CaseManagementLeads@swkey.org>";

	(b)(6) <(b)(6)@swkey.org>; (b)(6) <(b)(6)@swkey.org>; (b)(6) <(b)(6)@swkey.org>; (b)(6) <(b)(6)@swkey.org>
Sent Date:	2016/07/02 00:48:30
Delivered Date:	2016/07/02 00:48:46

SCHOOL OF MEDICINE

UNIVERSITY OF CALIFORNIA
HEALTH SCIENCE CENTER

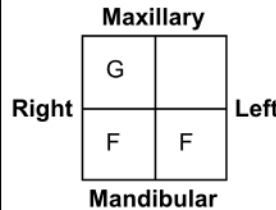
ANN ARBOR

David R. Senn, DDS, DABFO
Forensic Odontology

Director
Center for Education and Research in Forensics (CERF)

Forensic Services 567-3379
 Education & Research 567-1755
 TeleFAX 567-1965
 senn@utshscsa.edu

Date: 07/01/2016 **Case #:** (b)(6)
First Name: (b)(6) **Last Name:** (b)(6)
Sex: Male **Ancestry:** American Hispanic
Reported DOB: (b)(6) 1998 **Nationality:** Honduras
Reported Age: 17
Case Agency: SWK-Casa-Phoenix
Location: University of Texas HSC-Dental School
Odontologist: David R. Senn, DDS, D-ABFO (TX Lic. 09119)
Radiologist: Radiographs provided by client
Photographer: Photographs provided by client



Calculated Statistical Data

Avg. Mean Age: 16.96
2 Std. Dev.: 3.51
Age Range -: 13.45
Age Range +: 20.48
Avg. E.P.: 27.40


The data reported above are calculated using the molar development method as an estimator of chronological age. The staging method is based on Demirjian A, Goldstein H, Tanner JM. A new system of dental age assessment. Hum Biol 1973;45(2):211-27. The statistical data is that of Kasper KA, Austin D, Kvanli A, Rios TR, Senn DR. Reliability of Third Molar Development for Age in a North Texas Hispanic Population: A Comparison Study. J Forensic Sci 2009;54(3):651-657. All of the teeth were considered, with special emphasis placed on the development of the third molars present.

Conclusion:

Based upon radiographic analysis of (b)(6), A (b)(6) using the above stated published statistical data, I conclude that the mean age for a male with third molar development equal to that of (b)(6) A (b)(6) is 16.96 plus or minus 3.51 years. The range of possible ages for such a male is 13.45 to 20.48 years. The empirical statistical probability of (b)(6) A (b)(6) having attained 18 years of age is 27.40. The panoramic radiograph was screened. Mr. (b)(6) is missing his upper left 3rd molar. The remaining teeth and surrounding structures appear to be within normal limits.

Respectfully Submitted,

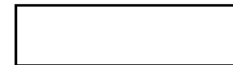
(b)(6)


 Digitally signed by David Senn
 DN: cn=David Senn, o=UTHSCSA, ou=FORENSIC,
 email=senn@uthscsa.edu, c=US
 Date: 2016.07.01 22:46:19 -06'00'

David R. Senn, DDS, D-ABFO (TX Lic. 09119)

From:	(b)(6) <(b)(6)@swkey.org>
To:	"SENN@uthscsa.edu"
CC:	"LaGrow, Debra (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d4d6d720c8f54d4aaee225e329db7907-LaGrow, Deb>"; "925 Medical Team <925medicalteam@swkey.org>"; "(b)(6) <(b)(6)@swkey.org>"; "(b)(6) <(b)(6)@swkey.org>"; "(b)(6) <(b)(6)@swkey.org>"; "(b)(6) <(b)(6)@pointcomfort.com>"; "(b)(6) <(b)(6)@pointcomfort.com>"
Subject:	Fw: Digital Xrays for Dental Forensics (b)(6) & (b)(6)
Date:	2016/12/19 13:25:03
Priority:	Normal
Type:	Note

Good Morning,



This is to request 'Dental Forensics Report Only' for clients at Hacienda del Sol, (b)(6)

(b)(6)

Attached is the copy of dental xrays. Thank-you.

Very Respectfully,

(b)(6)

(b)(6)

SWK Hacienda del Sol

T: (b)(6)

F: 623.207.4905

From: (b)(6) <(b)(6)@gmail.com>

Sent: Thursday, December 15, 2016 3:31 PM

To: (b)(6)

Subject: Re: Digital Xrays for Dental Forensics (b)(6) & (b)(6)

Attached are the x-rays you requested.

Thank you,

(b)(6)

On Thu, Dec 15, 2016 at 1:59 PM, (b)(6)

<(b)(6)@swkey.org> wrote:

Good Afternoon,

This is *STAT* request for digital xrays for the dental forensics on (b)(6)
(b)(6) and (b)(6). Please forward as soon as possible. Thank-you.

Very
Respectfully,

(b)(6)

(b)(6)

SWK Hacienda del Sol

000032

T:

(b)(6)

F:

623.207.4905

|

--

(b)(4)

Sender: (b)(6)@swkey.org>

Recipient:	"SENN@uthscsa.edu"; "LaGrow, Debra (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d4d6d720c8f54d4aaee225e329db7907-LaGrow, Deb>"; "925 Medical Team <925medicalteam@swkey.org>"; {(b)(6)} <{(b)(6)}@swkey.org>; {(h)(6)} <{(h)(6)}@swkey.org>; {(b)(6)} <{(b)(6)}@swkey.org>; {(b)(6)} <{(b)(6)}@swkey.org>; {(b)(6)} <{(b)(6)}@pointcomfort.com>; {(b)(6)}@pointcomfort.com {(b)(6)}@pointcomfort.com>"
Sent Date:	2016/12/19 13:23:58
Delivered Date:	2016/12/19 13:25:03

Treatment Authorization Request**UC Information**

Name	(b)(6)
DOB	(b)(6) 1999
UC ID Number	(b)(6)
Facility	Southwest Key Sol

Treatment Request

Treatment Category:	Follow-up Dental
Description of Request:	This TAR is for dental forensics requested by Debra LaGrow for report only by Dr. Senn
<p>Date of Last Dental Service: N/A</p> <p>Tooth Number: N/A</p> <p>Corresponding ADA Code: N/A</p> <p>Justification: Dental Forensics</p>	
Status:	Approved
Authorized Services:	Approved for age determination report by Dr. Senn to be reimbursed at the agreed upon rates. Thank you

Authorization Number	12192016-0190
Authorization Expiration Date	February 02, 2017
Authorized By	(b)(6) LPN

A separate TAR must be submitted by the minor's shelter and approved for services that are not listed in the authorization above. Services not authorized above are subject to denial of claim and non-payment. Services provided after the authorization expiration date are also subject to denial and non-payment. ORR payment for medical services will be rendered at Medicare rates.

The Office of Refugee Resettlement/Division of Children's Services (ORR/DCS) Unaccompanied Children Program pays claims through Point Comfort Underwriters, Inc. (PCU) to vendors of health care services for minors under the care of ORR/DCS.

Claim Submission:

By Mail: Point Comfort Underwriters
P.O. Box 211628
Eagan, MN 55121

Electronic: 837 EDI Payor ID: PCU01

Claims must: Be submitted within 90 days of the date of service
Include the UC ID number
Have a valid authorization number

For Claims Inquiries: 1-844-210-2010, option 1 or email claims@pointcomfort.com

Treatment Authorization Request**UC Information**

Name	(b)(6)
DOB	(b)(6) 1999
UC ID Number	(b)(6)
Facility	Southwest Key Sol

Treatment Request

Treatment Category:	Follow-up Dental
Description of Request:	This TAR is for dental forensics requested by Debra LaGrow for report only by Dr. Senn
<p>Date of Last Dental Service: N/A</p> <p>Tooth Number: N/A</p> <p>Corresponding ADA Code: N/A</p> <p>Justification: Dental Forensics</p>	
Status:	Approved
Authorized Services:	Approved for age determination report by Dr. Senn to be reimbursed at the agreed upon rates. Thank you

Authorization Number	12192016-0190
Authorization Expiration Date	February 02, 2017
Authorized By	(b)(6) LPN

A separate TAR must be submitted by the minor's shelter and approved for services that are not listed in the authorization above. Services not authorized above are subject to denial of claim and non-payment. Services provided after the authorization expiration date are also subject to denial and non-payment. ORR payment for medical services will be rendered at Medicare rates.

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By Mail: Point Comfort Underwriters
P.O. Box 211628
Eagan, MN 55121

Electronic: 837 EDI Payor ID: PCU01

Claims must: Be submitted within 90 days of the date of service
Include the UC ID number
Have a valid authorization number

For Claims Inquiries: 1-844-210-2010, option 1 or email claims@pointcomfort.com

From:	Senn, David R <SENN@uthscsa.edu>
To:	"(b)(6) <(b)(6)>@swkey.org"
CC:	"LaGrow, Debra (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d4d6d720c8f54d4aaee225e329db7907-LaGrow, Deb>"; "925 Medical Team <925medicalteam@swkey.org>"; "(b)(6) <(b)(6)>@swkey.org"; "(b)(6) <(b)(6)>@swkey.org"; "(b)(6) <(b)(6)>@swkey.org"; "(b)(6) <(b)(6)>@swkey.org"; "(b)(6) <(b)(6)>@pointcomfort.com"; "(b)(6)@pointcomfort.com <(b)(6)>@pointcomfort.com"
Subject:	Re: Digital Xrays for Dental Forensics (b)(6) & (b)(6)
Date:	2016/12/19 14:59:28
Priority:	Normal
Type:	Note

Ms. (b)(6)

For dental age assessments of this type we must be able to see the entire crown and root of each third molar present.

As illustrated below, of the four third molars (wisdom teeth) I am only able to see the entire crown and root of tooth 32.

1, 16, and 17 are not fully visible.

A panoramic radiograph or retakes of the three periapical radiographs noted are needed.

V/R

David



David R. Senn, DDS, D-ABFO

Director: Center for Education

and Research in Forensics

University of Texas Health Science Center at San Antonio

7703 Floyd Curl Drive MC 7919

San Antonio, TX 78229-3900

210 567-3379

From: (b)(6) <(b)(6)@swkey.org>

Date: Monday, December 19, 2016 at 12:23 PM

To: David Senn <senn@uthscsa.edu>

Cc: "debra.lagrow@acf.hhs.gov" <debra.lagrow@acf.hhs.gov>, 925 Medical Team <925medicalteam@swkey.org>,

(b)(6) <(b)(6)@swkey.org>, (b)(6) <(b)(6)@swkey.org>,

(b)(6) <(b)(6)@swkey.org>,

"(b)(6) <(b)(6)@swkey.org>, (b)(6) <(b)(6)@pointcomfort.com>,
"(b)(6)@pointcomfort.com" <(b)(6)@pointcomfort.com>

Subject: Fw: Digital Xrays for Dental Forensics (b)(6) & (b)(6)

|

Good Morning,

(b)(6)

This is to request 'Dental Forensics Report Only' for clients at Hacienda del Sol, (b)(6)

(b)(6)

Attached is the copy of dental xrays. Thank-you.

Very Respectfully,

(b)(6)

(b)(6)

SWK Hacienda del Sol

T: (b)(6)

F: 623.207.4905

From: (b)(6) <(b)(6)@gmail.com>

Sent: Thursday, December 15, 2016 3:31 PM

To: (b)(6)

Subject: Re: Digital Xrays for Dental Forensics (b)(6) & (b)(6)
(b)(6)

Attached are the x-rays you requested.

Thank you,

(b)(6)

On Thu, Dec 15, 2016 at 1:59 PM, (b)(6)

<(b)(6)>@swkey.org> wrote:

|

Good Afternoon,

This is *STAT* request for digital xrays for the dental forensics on (b)(6)
(b)(6) and (b)(6) Please forward as soon as possible. Thank-you.

Very
Respectfully,

(b)(6)

(b)(6)

SWK Hacienda del Sol

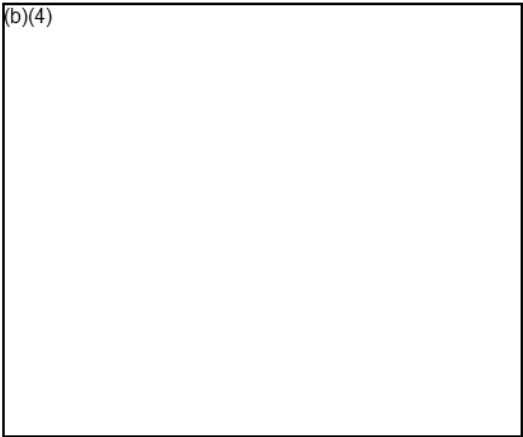
T:
(b)(6)

F:
623.207.4905

|

--

(b)(4)



|

Sender:	Senn, David R <SENN@uthscsa.edu>
Recipient:	(b)(6)@swkey.org"; "LaGrow, Debra (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d4d6d720c8f54d4aaee225e329db7907-LaGrow, Deb>";

	"925 Medical Team <925medicalteam@swkey.org>"; (b)(6) <(b)(6)@swkey.org>; (b)(6) <(b)(6)@swkey.org>; (b)(6) <(b)(6)@swkey.org>; (b)(6) <(b)(6)@swkey.org>; (b)(6) <(b)(6)@pointcomfort.com>; (b)(6)@pointcomfort.com <(b)(6)@pointcomfort.com>"
Sent Date:	2016/12/19 14:57:52
Delivered Date:	2016/12/19 14:59:28



UT Health

San Antonio

School of Dentistry

000

(b)(6)

000046

From:	(b)(6) <(b)(6)@swkey.org>
To:	"Senn, David R <SENN@uthscsa.edu>"
CC:	"LaGrow, Debra (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d4d6d720c8f54d4aaee225e329db7907-LaGrow, Deb>"; "925 Medical Team <925medicalteam@swkey.org>"; "(b)(6) <(b)(6)@swkey.org>"; "(b)(6) <(b)(6)@swkey.org>"; "(b)(6) <(b)(6)@swkey.org>"; "(b)(6) <(b)(6)@swkey.org>"; "(b)(6) <(b)(6)@pointcomfort.com>"; "(b)(6)@pointcomfort.com <(b)(6)@pointcomfort.com>"
Subject:	Re: Digital Xrays for Dental Forensics (b)(6) & (b)(6)
Date:	2016/12/20 14:27:58
Priority:	Normal
Type:	Note

Good Afternoon,

Thank-you for the information that you have provided, however, the dentist from which the x-rays were received does not have a panoramic radiograph (does not have a panoramic machine). Clients will be taken to another dental location at this time. Thank-you.

Very Respectfully,

(b)(6)

(b)(6)

SWK Hacienda del Sol

T: (b)(6)

F: 623.207.4905

From: Senn, David R <SENN@uthscsa.edu>

Sent: Monday, December 19, 2016 12:57 PM

To: (b)(6)

Cc: debra.lagrow@acf.hhs.gov; 925 Medical Team; (b)(6) (b)(6) (b)(6)
(b)(6) (b)(6) (b)(6) (b)(6) pointcomfort.com

Subject: Re: Digital Xrays for Dental Forensics (b)(6) & (b)(6)

Ms. (b)(6)

For dental age assessments of this type we must be able to see the entire crown and root of each third molar present.

As illustrated below, of the four third molars (wisdom teeth) I am only able to see the entire crown and root of tooth 32.

1, 16, and 17 are not fully visible.

A panoramic radiograph or retakes of the three periapical radiographs noted are needed.

V/R

David



David R. Senn, DDS, D-ABFO

Director: Center for Education

and Research in Forensics

University of Texas Health Science Center at San Antonio

7703 Floyd Curl Drive MC 7919

San Antonio, TX 78229-3900

210 567-3379

From: (b)(6) <(b)(6)@swkey.org>

Date: Monday, December 19, 2016 at 12:23 PM

To: David Senn <senn@uthscsa.edu>

Cc: "debra.lagrow@acf.hhs.gov" <debra.lagrow@acf.hhs.gov>, 925 Medical Team <925medicalteam@swkey.org>,

(b)(6) <(b)(6)@swkey.org>, (b)(6) <(b)(6)@swkey.org>,

(b)(6) <(b)(6)@swkey.org>,

(b)(6) <(b)(6)@swkey.org>, (b)(6) <(b)(6)@pointcomfort.com>,

(b)(6)@pointcomfort.com" <(b)(6)@pointcomfort.com>

Subject: Fw: Digital Xrays for Dental Forensics (b)(6) & (b)(6)

|

Good Morning,

This is to request 'Dental Forensics Report Only' for clients at Hacienda del Sol, [redacted]

[redacted]

Attached is the copy of dental xrays. Thank-you.

Very Respectfully,

[redacted]

[redacted]

SWK Hacienda del Sol

T: [redacted]

F: 623.207.4905

From: [redacted] <[redacted]@gmail.com>

Sent: Thursday, December 15, 2016 3:31 PM

To: (b)(6)

Subject: Re: Digital Xrays for Dental Forensics (b)(6) & (b)(6)
(b)(6)

Attached are the x-rays you requested.

Thank you,

(b)(6)

On Thu, Dec 15, 2016 at 1:59 PM, (b)(6)
(b)(6)@swkey.org> wrote:

|

Good Afternoon,

This is *STAT* request for digital xrays for the dental forensics on (b)(6)
(b)(6) and (b)(6). Please forward as soon as possible. Thank-you.

Very
Respectfully,

(b)(6)

(b)(6)

SWK Hacienda del Sol

T:

(b)(6)

F:

623.207.4905

|

--

(b)(4)

Excellence and Integrity

(b)(4)

Sender:	(b)(6) <(b)(6)>@swkey.org
Recipient:	"Senn, David R <SENN@uthscsa.edu>"; "LaGrow, Debra (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d4d6d720c8f54d4aaee225e329db7907-LaGrow, Deb>"; "925 Medical Team <925medicalteam@swkey.org>"; (b)(6) <(b)(6)>@swkey.org"; (b)(6) <(b)(6)>@swkey.org"; (b)(6) <(b)(6)>@swkey.org"; (b)(6) <(b)(6)>@swkey.org"; (b)(6) <(b)(6)>@pointcomfort.com"; (b)(6)@pointcomfort.com <(b)(6)>@pointcomfort.com"
Sent Date:	2016/12/20 14:27:21
Delivered Date:	2016/12/20 14:27:58

From:	(b)(6) <(b)(6)@swkey.org>
To:	"senn@uthscsa.edu"
CC:	'(b)(6) <(b)(6)@swkey.org>; '(b)(6) <(b)(6)@swkey.org>; '(b)(6) <(b)(6)@swkey.org>; '(b)(6) <(b)(6)@swkey.org>; "Pedregon, Samuel (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=73efbebecb794e5091f10f05205ae8aa-Pedregon, S>"
Subject:	Referral for Second Opinion on Dental Forensic Results for Minor (b)(6) A#xxx-xxx;(b)(6) (2 of 2)
Date:	2018/01/22 15:43:35
Priority:	Normal
Type:	Note

Good Afternoon,

Password: (b)(6)

Thank
you

(b)(6)

(b)(6)

SWKey 930, Casita Del Valle

(b)(6) facility ext (b)(6)

(b)(6) office

(b)(6) cell

915-493-2387 fax

(b)(6)@swkey.org

Notice: This communication, including attachments, may contain information that is confidential and protected. It constitutes non-public information

intended to be conveyed only to the designated recipient(s). If the reader or recipient of this communication is not the intended recipient, an employee or agent of the intended recipient who is responsible for delivering it to the intended recipient, or you

believe that you have received this communication in error, please notify the sender immediately by return e-mail and promptly delete this e-mail, including attachments without reading or saving them in any manner. The unauthorized use, dissemination, distribution, or reproduction of this e-mail, including attachments, is prohibited and may be unlawful.

Sender:	(b)(6) <(b)(6)@swkey.org>
Recipient:	"senn@uthscsa.edu"; "(b)(6) <(b)(6)@swkey.org>"; "(b)(6) <(b)(6)@swkey.org>"; "(b)(6) <(b)(6)@swkey.org>"; "(b)(6) <(b)(6)@swkey.org>"; "Pedregon, Samuel (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group

000059

	(FYDIBOHF23SPDLT)/cn=Recipients/cn=73efbebecb794e5091f10f05205ae8aa-Pedregon, S>"
Sent Date:	2018/01/22 15:43:04
Delivered Date:	2018/01/22 15:43:35

From:	(b)(6) <(b)(6)@swkey.org>
To:	"senn@uthscsa.edu"
CC:	"(b)(6) <(b)(6)@swkey.org>; (b)(6) <(b)(6)@swkey.org>; (b)(6) <(b)(6)@swkey.org>; (b)(6) <(b)(6)@swkey.org>"; "Pedregon, Samuel (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=73efbebecb794e5091f10f05205ae8aa-Pedregon, S>"
Subject:	[WARNING : MESSAGE ENCRYPTED] Referral for Second Opinion on Dental Forensic Results for Minor (b)(6) A#xxx-xxx(b)(6)(1 of 2)
Date:	2018/01/22 15:45:02
Priority:	Normal
Type:	Note

Good Afternoon,

I am reaching out to request your assistance, I work for Southwest Key in El Paso, TX and currently have a case that Dental Forensics were requested and provided. However, I was provided with your information by Ms. (b)(6) (b)(6) as a Second Opinion was approved by our FFS, Samuel Pedregon.

I have attached all required documentation for your reference. Please note: the document is password protected. The password will be sent in a separate email.

Thank
you

(b)(6)

(b)(6)

(b)(6)

SWKey 930, Casita Del Valle

(b)(6) facility ext (b)(6)

(b)(6) office

(b)(6) cell

915-493-2387 fax

(b)(6)@swkey.org

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From: Pedregon, Samuel (ACF) <Samuel.Pedregon@ACF.hhs.gov>

Sent: Thursday, December 7, 2017 1:09:49 PM

To: Patty Lujan ((b)(6))@gdit.com)

Cc: ((b)(6)) ((b)(6))

Subject: Verification of Age of UC

Patty ...as a follow-up to our conversation, regarding the UC who does not appear her age.....please send me her A#. In addition, inform the case manager that I need

the results of the dental forensic exam (which includes the X-Rays) to be sent to me so that I can submit it to another dental forensic expert for review and verification. The minor should also be interviewed by the consulate to determine if she is telling

the truth since there is a discrepancy between the BC and the dental exam. In a nut shell what we are doing is building up a case so we can effectively justify whether or not she is in fact a minor as she claims.

Samuel Pedregon

FFS-West Texas Region

Office of Refugee and Resettlement

DUCO

U. S. Dept. of Health and Human Servs.

samuel.pedregon@acf.hhs.gov

(b)(6)

Sender:	(b)(6) (b)(6) <(b)(6)@swkey.org>
Recipient:	"senn@uthscsa.edu"; (b)(6) <(b)(6)@swkey.org>; (b)(6) <(b)(6)@swkey.org>; (b)(6) <(b)(6)@swkey.org>; (b)(6) <(b)(6)@swkey.org>; "Pedregon, Samuel (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=73efbebecb794e5091f10f05205ae8aa-Pedregon, S>"
Sent Date:	2018/01/22 15:42:28
Delivered Date:	2018/01/22 15:45:02

From:	Senn, David R <SENN@uthscsa.edu>
To:	(b)(6) (b)(6) <(b)(6)@swkey.org>"
CC:	(b)(6) <(b)(6)@swkey.org>; (b)(6) <(b)(6)@swkey.org>; (b)(6) <(b)(6)@swkey.org>; (b)(6) <(b)(6)@swkey.org>; "Pedregon, Samuel (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=73efbebecb794e5091f10f05205ae8aa-Pedregon, S>"
Subject:	Dental Age Report++
Date:	2018/01/23 21:29:37
Priority:	Normal
Type:	Note

Ms. (b)(6)

Dental age report for (b)(6) attached.

Thank you,

David

David R. Senn, DDS, D-ABFO

Director-Center for Education and Research in Forensics

University of Texas Health Science Center at San Antonio

7703 Floyd Curl Drive MC 7914

San Antonio, TX 78229-3900

From: (b)(6) (b)(6) [mailto:(b)(6)@swkey.org]

Sent: Monday, January 22, 2018 2:43 PM

To: Senn, David R <SENN@uthscsa.edu>

Cc: (b)(6) <(b)(6)@swkey.org>; (b)(6) <(b)(6)@swkey.org>;
(b)(6) <(b)(6)@swkey.org>; (b)(6) <(b)(6)@swkey.org>; Pedregon,
Samuel (ACF) <Samuel.Pedregon@ACF.hhs.gov>

Subject: Referral for Second Opinion on Dental Forensic Results for Minor (b)(6)
A#xxx-xxx-(b)(6) (2 of 2)

Good Afternoon,

Password: (b)(6)

Thank you

(b)(6) (b)(6)

(b)(6)

SWKey 930, Casita Del Valle

(b)(6) facility ext (b)(6)

(b)(6) office

(b)(6) cell

915-493-2387 fax

(b)(6)@swkey.org

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000070

Sender:	Senn, David R <SENN@uthscsa.edu>
Recipient:	(b)(6) (b)(6) <(b)(6)@swkey.org>; (b)(6) <(b)(6)@swkey.org>; (b)(6) <(b)(6)@swkey.org>; (b)(6) <(b)(6)@swkey.org>; (b)(6) <(b)(6)@swkey.org>; "Pedregon, Samuel (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=73efbebecb794e5091f10f05205ae8aa-Pedregon, S>"
Sent Date:	2018/01/23 21:29:16
Delivered Date:	2018/01/23 21:29:37

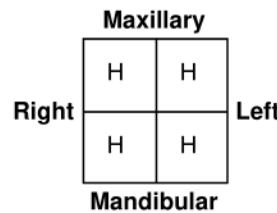
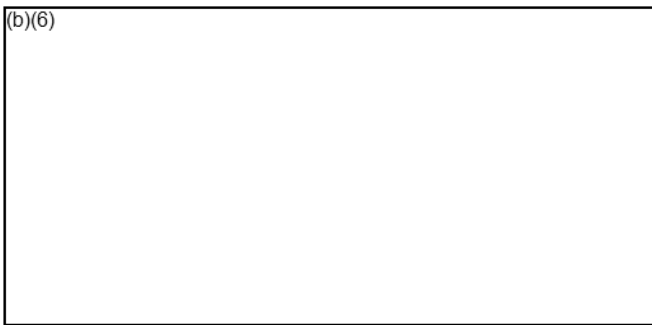
David R. Senn, DDS, D-ABFO
 Forensic Odontology

Forensic Services 210 567-3379
 Education & Research 210 567-1755

Director
 Center for Education and Research in Forensics (CERF)

senn@uthscsa.edu

Date: 01/23/2018 **Case #:** A(b)(6)
First Name: (b)(6) **Last Name:** (b)(6)
Sex: Female **Ancestry:** American Hispanic
Reported DOB: (b)(6)/2002 **Nationality:** Guatemala
Reported Age: 15
Case Agency: Southwest Key Casita Del Valle
Location: University of Texas Health Science Center at San Antonio
Odontologist: David R. Senn, DDS, D-ABFO (TX 09119)
Radiologist: Radiograph(s) provided by client
Photographer: Photograph(s) provided by client



Calculated Statistical Data

Avg. Mean Age: 19.85
2 Std. Dev.: 3.80
Age Range -: 16.05
Age Range +: 23.65
Avg. E.P.: 82.65

The data reported above are calculated using the molar development method as an estimator of chronological age. The staging method is based on Demirjian A, Goldstein H, Tanner JM. A new system of dental age assessment. Hum Biol 1973;45(2):211-27. The statistical data is that of Kasper KA, Austin D, Kvanli A, Rios TR, Senn DR. Reliability of Third Molar Development for Age in a North Texas Hispanic Population: A Comparison Study. J Forensic Sci 2009;54(3):651-657. All of the teeth were considered, with special emphasis placed on the development of the third molars present.

The panoramic radiograph was reviewed. Ms. (b)(6) has 32 fully developed permanent teeth. Serious tooth decay is evident in her upper and lower molars. Ms. (b)(6) should seek prompt dental care for these carious teeth.

Conclusion:

Based upon radiographic analysis of (b)(6), A(b)(6) using the above stated published statistical data, I conclude that the mean age for a female with third molar development equal to that of (b)(6) A(b)(6) is 19.85 plus or minus 3.80 years. The range of possible ages for such a female is 16.05 to 23.65 years. The empirical statistical probability of (b)(6) A(b)(6) having attained 18 years of age is 82.65%.

Respectfully Submitted,

(b)(6)

Digitally signed by David R. Senn
 DN: cn=David R. Senn, o=UTHSCSA, ou=Forensic
 Odontology, email=senn@uthscsa.edu, c=US
 Date: 2018.01.23 20:26:31 -06'00'

From:	(b)(6) (b)(6) <(b)(6)@swkey.org>
To:	"Senn, David R <SENN@uthscsa.edu>"
CC:	(b)(6) <(b)(6)@swkey.org>; (b)(6) <(b)(6)@swkey.org>; (b)(6) <(b)(6)@swkey.org>; (b)(6) <(b)(6)@swkey.org>; "Pedregon, Samuel (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=73efbebecb794e5091f10f05205ae8aa-Pedregon, S>"
Subject:	Re: Dental Age Report++
Date:	2018/01/24 15:05:11
Priority:	Normal
Type:	Note

Thank you Dr. Senn

Thank
you

(b)(6)

(b)(6)

(b)(6)

SWKey 930, Casita Del Valle

(b)(6) facility ext (b)(6)

(b)(6) office

(b)(6) cell

915-493-2387 fax

(b)(6) @swkey.org

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From: Senn, David R <SENN@uthscsa.edu>

Sent: Tuesday, January 23, 2018 7:29 PM

To: (b)(6) (b)(6)

Cc: (b)(6); (b)(6); (b)(6); (b)(6) Pedregon, Samuel (ACF)

Subject: Dental Age Report++

Ms. (b)(6)

Dental age report for (b)(6) attached.

Thank you,

David

David R. Senn, DDS, D-ABFO

Director-Center for Education and Research in Forensics

University of Texas Health Science Center at San Antonio

7703 Floyd Curl Drive MC 7914

San Antonio, TX 78229-3900

From: (b)(6) (b)(6) [mailto:(b)(6)@swkey.org]

Sent: Monday, January 22, 2018 2:43 PM

To: Senn, David R <SENN@uthscsa.edu>

Cc: (b)(6) <(b)(6)@swkey.org>; (b)(6) <(b)(6)@swkey.org>;
(b)(6) <(b)(6)@swkey.org>; (b)(6) <(b)(6)@swkey.org>;
Pedregon, Samuel (ACF) <Samuel.Pedregon@ACF.hhs.gov>

Subject: Referral for Second Opinion on Dental Forensic Results for Minor
(b)(6) A#xxx-xxx-(b)(6) (2 of 2)

Good Afternoon,

Password: (b)(6)

Thank you

(b)(6) (b)(6)

(b)(6)

SWKey 930, Casita Del Valle

(b)(6) facility ext (b)(6)

(b)(6) office

(b)(6) cell

915-493-2387 fax

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Sender:	(b)(6) (b)(6) (b)(6)@swkey.org>
Recipient:	"Senn, David R <SENN@uthscsa.edu>; (b)(6) (b)(6)@swkey.org>; (b)(6) (b)(6)@swkey.org>; (b)(6) (b)(6)@swkey.org>; (b)(6) (b)(6)@swkey.org>; "Pedregon, Samuel (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=73efbebecb794e5091f10f05205ae8aa-Pedregon, S>"
Sent Date:	2018/01/24 15:04:34
Delivered Date:	2018/01/24 15:05:11

From:	(b)(6) <(b)(6)@mail.shilohTreatmentcenter.com>
To:	"Senn, David R <senn@uthscsa.edu>"
CC:	(b)(6) <(b)(6)@mail.shilohTreatmentcenter.com>; "Vergara, Micaela (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=5a23fd4a08fd40759ba2f28d91a18248-Vergara, Mi>"
Subject:	Information for age determination
Date:	2018/06/07 10:10:14
Priority:	Normal
Type:	Note

Please let me know if anything is missing.

Thank you,

(b)(6)

(b)(6)

Shiloh Treatment Center

3926 Bahler Ave.

Manvel, TX 77578

(b)(6)-cell

(b)(6) office

Sender:	(b)(6) <(b)(6)>@mail.shilohTreatmentcenter.com>
Recipient:	"Senn, David R <senn@uthscsa.edu>"; "(b)(6) <(b)(6)>@mail.shilohTreatmentcenter.com>"; "Vergara, Micaela (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=5a23fd4a08fd40759ba2f28d91a18248-Vergara, Mi>"
Sent Date:	2018/06/07 10:06:14
Delivered Date:	2018/06/07 10:10:14

Demographic Information for

- **UC Name:**
- **A#**
- **DOB per BC:** /2005
 - Minor claims he is 14 y/o and not 12 as BC states.
- **Country of Origin:** Guatemala
- **Racial or Ethnic Group:** Hispanic

From:	Senn, David R <SENN@uthscsa.edu>
To:	"(b)(6)@shilohTreatmentcenter.com"
CC:	"(b)(6)@mail.shilohTreatmentcenter.com>"; "Vergara, Micaela (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=5a23fd4a08fd40759ba2f28d91a18248-Vergara, Mi>"
Subject:	[SECURE MESSAGE] Dental Age Report
Date:	2018/06/07 13:24:56
Priority:	Normal
Type:	Note

Mr. (b)(6)

Dental age estimation report for (b)(6) is attached.

Thank you,

David

David R. Senn, DDS, D-ABFO

Director: Center for Education and Research in Forensics

School of Dentistry

University of Texas Health Science Center at San Antonio

7703 Floyd Curl Drive MC 7919

San Antonio, TX 78229-3900

210 567-3379



/Users/drsenn/Library/Containers/com.microsoft.Outlook/Data/Library/Caches/Signatures/signature_59064
4720

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From: (b)(6) <(b)(6)@mail.shilohtreatmentcenter.com>
Reply-To: "(b)(6)@shilohtreatmentcenter.com" <(b)(6)@shilohtreatmentcenter.com>
Date: Thursday, June 7, 2018 at 8:08 AM
To: David Senn <SENN@uthscsa.edu>
Cc: "(b)(6)" <(b)(6)@mail.shilohtreatmentcenter.com>, "Vergara, Micaela (ACF)" <micaela.vergara@acf.hhs.gov>
Subject: Information for age determination

Please let me know if anything is missing.

Thank you,

(b)(6)

(b)(6)

Shiloh Treatment Center

3926 Bahler Ave.

Manvel, TX 77578

(b)(6) cell

(b)(6) office

Sender:	Senn, David R <SENN@uthscsa.edu>
Recipient:	"(b)(6)@shilohTreatmentcenter.com"; "(b)(6)<rlawrence@mail.shilohTreatmentcenter.com>"; "Vergara, Micaela (ACF) </o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=5a23fd4a08fd40759ba2f28d91a18248-Vergara, Mi>"
Sent Date:	2018/06/07 13:24:11
Delivered Date:	2018/06/07 13:24:56



UT Health

San Antonio

School of Dentistry



The University of Texas
Health Science Center at San Antonio

Mail Code 7914
7703 Floyd Curl Drive
San Antonio, Texas 78229-3900

David R. Senn, DDS, D-ABFO
Forensic Odontology
Director
Center for Education and Research in Forensics (CERF)

Forensic Services 210 567-3379
Education & Research 210 567-1755
senn@uthscsa.edu

Date: 06/04/2018 **Case #:** (b)(6)
First Name: (b)(6) **Last Name:** (b)(6)
Sex: Male **Ancestry:** American Hispanic
Reported DOB: (b)(6) 2005 **Nationality:** Guatemala
Reported Age: 12
Case Agency: Shiloh Treatment Center, Manvel, TX
Location: University of Texas HSC-Dental School
Odontologist: David R. Senn, DDS, D-ABFO (TX Lic. 09119)
Radiologist: Radiographs provided by client
Photographer: Photographs provided by client

(b)(6)

(b)(6)

	Maxillary		
Right	F	F	Left
	F	F	
	Mandibular		

Calculated Statistical Data

Avg. Mean Age: 16.60
2 Std. Dev.: 3.11
Age Range -: 13.49
Age Range +: 19.71
Avg. E.P.: 18.20

The data reported above are calculated using the molar development method as an estimator of chronological age. The staging method is based on Demirjian A, Goldstein H, Tanner JM. A new system of dental age assessment. Hum Biol 1973;45(2):211-27. The statistical data is that of Kasper KA, Austin D, Kvanli A, Rios TR, Senn DR. Reliability of Third Molar Development for Age in a North Texas Hispanic Population: A Comparison Study. J Forensic Sci 2009;54(3):651-657. All of the teeth were considered, with special emphasis place on the development of the third molars present.

Mr. (b)(6) has 31 permanent teeth. The upper left first molar (# 14) is missing. Except for the third molars present, all teeth are fully developed. The entire clinical crown of tooth 3, the upper right first molar, is missing secondary to tooth decay, only the roots remain. Teeth 9, 10, and 12 show radiographic indications of decay. Mr. (b)(6) should seek prompt dental care for these issues.

Conclusion:

Based upon radiographic analysis of (b)(6) A (b)(6) using the above stated published statistical data, I conclude that the mean estimated age for a male with third molar development equal to that of (b)(6) A (b)(6) is 16.60 plus or minus 3.11 years. The range of possible ages for such a male is 13.49 to 19.71 years. The empirical statistical probability of (b)(6) A (b)(6) having attained 18 years of age is 18.20%.

Respectfully Submitted,

(b)(6)

Digitally signed by David Senn
DN: cn=David Senn, o=David R. Senn DDS,
ou, email=(b)(6)@gmail.com, c=US
Date: 2018.06.07 11:20:58 -06'00'