

**MEDICAL TREATMENT PLAN TEMPLATE**

**OFFICE LETTERHEAD**

DATE

SUBJECT: Statement of Medical Condition and Treatment Plan

1. Soldier's Name (First, MI, Last) and SSN (Last 4)

2. Current Diagnosis and ICD-9 Codes for each Diagnosis:

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_

3. Current Treatment Plan: (A detailed plan per diagnosis is required. Please include non-invasive care, surgical options and physical therapy with frequency and length of sessions, estimated duration and end dates. For conditions without a firm diagnosis, please provide recommended diagnostic studies and time frame to complete).

4. Treatment / recovery will take: \_\_\_ 0-30 days \_\_\_ 30-60 days \_\_\_ 60-180 days \_\_\_ Unknown

5. Prognosis for recovery: (provide for each diagnosis).

Attending Physician's Full Name: \_\_\_\_\_

Grade, Rank, or Title (if applicable): \_\_\_\_\_

Contact Information:

Address: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_