

APPROPRIATE STATE LETTERHEAD
UNIT
UNIT ADDRESS
LOCATION, ZIP CODE

REPLY TO
ATTENTION OF:

Office Symbol

Date

MEMORANDUM THRU MAB, JFHQ-Georgia Army National Guard, 1000 Halsey Ave, Bldg 408, Marietta GA 30060

FOR: NGB, ATTN ARNG-HRP-P (Medical Actions Team) 111 S. George Mason Drive Arlington, VA 22204-1382

SUBJECT: Referral Statement, **SSG John Doe, (last SSN 4)**

1. Request **RANK/NAME** be evaluated for **RCMC-M/RCMC-T** State managed orders for a maximum of 179 days.
2. PAST HISTORY: **SSG Doe** currently has an unresolved medical condition that began while entitled to military pay, allowances, and benefits and has been evaluated through our state Case Management team. Through a case review of his medical condition, **SSG Doe** has been found to be in need of further evaluation and/or treatment.
3. PRESENT STATUS: I recommend that **SSG Doe** be placed on State Managed **RCMC-M/T** orders for short-term medical management. I acknowledge that a medical plan and prognosis summary has been included in the Soldier's medical packet. I have been involved with this process through interaction with members of our state's Case Management team. I have verified Soldier did not sign a Declination of Care during the Demobilization process. I recommend approval of the suggested treatment plan that was based on medical evaluation and documentation. This supporting medical documentation is located in:

HRR – index _____
LOD Module – case # (DAMPS REQUIREMENT) _____
eProfile Yes or NO AHLTA (if accessible) _____
eCase (DAMPS REQUIREMENT) _____ **Other** _____

4. MEDICAL PLAN and PROGNOSIS: As attached in Soldier's medical packet (document locations referenced above).

Enclosures:
Counseling Statement
DA Form 4187

FIRST I. LAST
RANK, BR
Commanding