

RCMC-M/T Medical Provider's Statement (ONLY NEEDED FOR AN EXTENSION REQUEST)

Last, First, I [REDACTED]

The above named Soldier will need an extension to complete RC Managed Care process. Soldier's plan requires an additional [REDACTED] days of care

Specific plan of care indicated below.

Extend in RC Managed Care program based on one of the plan of care/prognosis/timeline indicated below:

(Y or N) Soldier has not met MRDP but **will** most likely meet Retention Standard (circle one). REFRAD process will begin on or about [REDACTED] (insert date).

(Y or N) Soldier has not met MRDP and will most likely **not** meet Retention Standard (circle one). Soldier will be referred to the MEB on or about [REDACTED] (insert date).

(Y or N) Soldier has met Medical Retention Decision Point (MRDP) and meets Retention Standards (circle one).

Soldier has met **MRDP or does not meet Retention Standard** (circle one). If not, the Soldier will be referred to MEB on or about [REDACTED] (insert date).

Soldier is currently in the MEB and will most likely be referred to the PEB on or about [REDACTED] (insert date).

Supporting documents are located [REDACTED]

Primary Care Provider Information:

Name (print) [REDACTED]

Telephone Number: [REDACTED]

State Surgeon or Deputy State Surgeon:

Signature: [REDACTED]

Name (print): [REDACTED]

Telephone Number: [REDACTED]

Email: [REDACTED]@mail.mil

Note: If medical provider determines that the Soldier's care will extend beyond the initial order he/she may use this form to request an extension. Form must be sent to ARNG-HRP no later than the 150th day of the Soldier's treatment plan.