



**TRICARE LATIN AMERICA & CANADA, REGION 15
OUT OF COUNTRY MEDICAL REQUEST WORKSHEET**
(AD SERVICE MEMBERS AND AD FAMILY MEMBERS)

PATIENT NAME (LAST, FIRST MI)		DOB (DAY, MONTH, YEAR)	
SPONSOR NAME (LAST, FIRST MI)		SPONSOR SSN	PATIENT SSN
BRANCH OF SERVICE		SPONSOR RANK	
SPONSOR DUTY ASSIGNMENT		PHONE # (COMMERCIAL)	PHONE # (DSN)
ADDRESS (STREET, CITY, STATE, ZIP)		PHONE # (HOME)	FAX #
E-MAIL ADDRESS			

FOR ALL MEDICAL APPOINTMENTS OTHER THAN MILITARY MANDATED PHYSICALS:			
WERE YOU REFERRED BY INTERNATIONAL SOS?		ARE YOU REQUESTING MEDICAL FUNDING? <i>** (TLAC Medical Funding available for USA, USAF, USCG. TLAC will provide POC for USN & USMC funds) **</i>	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
IF NO, PLEASE CONTACT ISOS (800) 834-5514 or (215) 701-2800		WHAT IS YOUR PROJECTED ROTATION DATE?	
		APPROXIMATE DATE YOU WILL YOU RETIRE?	

DESCRIPTION OF MEDICAL CONDITION:			
.....			
.....			
*** PLEASE ATTACH MEDICAL REFERRAL/MEDICAL DOCUMENTATION ***			
TREATMENT REQUIRED:	IF FLIGHT PHYSICAL, ARE YOU CURRENTLY ON FLIGHT STATUS?		
.....	<input type="checkbox"/> Yes <input type="checkbox"/> No		
REQUESTED APPOINTMENT TIME FRAME:	LENGTH OF TREATMENT:		
.....			
REQUESTED PLACE OF TREATMENT:	WHEN IS YOUR NEXT PROJECTED CONUS TDY OR LEAVE?		
IS GOVERNMENT BILLETING AVAILABLE? <input type="checkbox"/> Yes <input type="checkbox"/> No	LEAVE DATES:		
	TDY DATES:		
IS MILITARY AIR AVAILABLE? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Travel related to medical care will be paid in accordance with Joint Travel Regulation, Appendix A.

REQUIRED	++++ I verify that the information provided above is correct. _____ (Patient/Sponsor signature) (Required)
	Request Date: _____
<p><i>Please fax this request to Contact Representative, TLAC, at (706) 787-3024 or DSN 773-3024. Appointments need to be requested at least 3 weeks in advance. After your request has been approved, your appointment will be scheduled. You will be notified and your fund cite will be issued. If your request is disapproved, you will be notified in writing. In order for funds to be released, a copy of your orders for this treatment/travel must be faxed to Dave Stouder, at Commercial 706-787-2442 or DSN 773-2442.</i></p>	