



DEPARTMENT OF THE ARMY
US ARMY RECRUITING BATTALION MILWAUKEE
HENRY S. REUSS FEDERAL PLAZA, 310 W. WISCONSIN AVENUE
MILWAUKEE, WISCONSIN 53203-2211



REPLY TO
ATTENTION OF

RCMW-MI-

08/07/01

MEMORANDUM FOR Director, Military Medical Support Office, P.O. Box 886999,
GreatLakes, IL 60088-6999

SUBJECT: Request for Pre-Authorization of Civilian Dental Care ICO:

Name: JOHN DOE

Rank: SGT E4

Service: USA

SSN: 123-45-6789

Encl: (1) Copy of Civilian Dental Treatment Plan
(2) Dental x-rays and/or photographs
(3) Copy of dental record (SF 603) showing last military T-2 exam

1. Pre-authorization is requested for civilian dental care indicated by enclosures (1-3). We understand that any authorization is for this request only, and may not apply if the information provided changes.

2. This service member is on Active Duty. The following information is provided:

a. Total estimated cost of this treatment: \$ 1,200

b. Date of last military dental exam: 12/01/99
MO/DA/YR

c. Service member's duty location and work phone number: Home town KS,
Main Street, My Neighborhood (123) 456-7890

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d. Date assigned to a GSU (Geographically separated unit): 12/01/99

e. Projected Rotation Date: 12/01/02
MO/DA/YR

f. Expiration of obligated service: 12/01/05
MO/DA/YR

g. The nearest Federal/Military Dental treatment facility: (include VA medical center with dental sharing agreement, if known)

FT SOME PLACE, STATE

Name: 250 Miles

Distance:

3. My point of contact is Rose Marie Thompson, SFA/HBA, U.S. Army Recruiting Battalion Milwaukee, 310W Wisconsin Ave, Suite 600, Milwaukee, WI 53203, (414) 297-4586.

John Doe, Sgt
Name/Signature