REQUEST FOR LODGING WITH THE LANDSTUHL REGIONAL MEDICAL CENTER MEDICAL TRANSIENT DETACHMENT

REASON FOR LODGING REQUEST (select all that apply) SM resides outside the KMC and has an appointment or procedure early in the morning. SM resides outside the KMC and will have an outpatient procedure requiring a follow-up soon thereafter.			
		SM resides outside the KMC and	es outside the KMC and has an appointment or procedure early in the morning. es outside the KMC and will have an outpatient procedure requiring a follow-up soon es outside the KMC and has multiple appointments within a brief period. TIENT COMMAND OIC RANK, NAME EMAIL DSN NCOIC RANK, NAME EMAIL DSN RANK, NAME PARTURE DSN RANK, NAME PHONE
		PATIENT	COMMAND
RANK, NAME	OIC		
GENDER	RANK, NAME		
BRANCH OF SERVICE	EMAIL		
UNIT	DSN		
UNIT LOCATION			
PHONE	NCOIC		
MILITARY EMAIL			
DATE OF ARRIVAL	EMAIL		
EXPECTED DEPARTURE	DSN		
	r / Patient's Unit must provide the NMA.		
MILITARY EMAIL	RANK, NAME		
	PHONE		
NMA not needed	EMAIL		

Email this completed form to the email listed below, please allow 3-5 business days to process your request. (Copy and paste the Org box shown below.

usarmy.landstuhl.medcom-mrc-eur.mbx.lrmc-mtd-billeting-request@health.mil

If you have any questions or concerns about your lodging, please contact the MTD Front Desk.

DSN 314-486-5564

COM +49 6371865564

For information regarding MTD amenities and patient intake procedures please visit https://landstuhl.tricare.mil/Health-services/Other/Medical-Transient-Detachment

Privacy Act Statement Authority: 5 U.S.C. 301, Department Regulations; 5 U.S.C. 6122 Purpose: Information is collected to verify your eligibility to access controlled facilities or for use in entering facilities.

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