

REQUEST FOR LODGING WITH THE LPMC MEDICAL TRANSIENT DETACHMENT

REASON FOR LODGING REQUEST (select all that apply):

- Patient lives outside of the KMC and has an appointment or procedure early in the morning.
- Patient lives outside of the KMC and will have an outpatient procedure requiring a follow-up soon thereafter.
- Patient lives outside of the KMC and has multiple appointments within a short timeframe.



PATIENT	COMMAND
RANK, NAME: _____	OIC RANK, NAME: _____
GENDER: _____	OIC EMAIL: _____
BRANCH OF SERVICE: _____	OIC DSN: _____
UNIT: _____	
UNIT LOCATION: _____	NCOIC RANK, NAME: _____
PHONE: _____	NCOIC EMAIL: _____
MILITARY EMAIL: _____	NCOIC DSN: _____
DATE OF ARRIVAL: _____	
EXPECTED DEPARTURE: _____	

Has it been deemed necessary for the patient to have a fellow Service Member travel with them as an escort? (Patient and escort must be of the same gender / Patient's UNIT must provide escort)

	ESCORT
<input type="checkbox"/> Yes	RANK, NAME: _____
	PHONE: _____
<input type="checkbox"/> Escort not needed	EMAIL: _____

Email this completed form to the address below. Please allow 3-5 business days to process each request.

USARMY Landstuhl Med Ctr MEDCOM RHC-E Mailbox LPMC MTD Billeting Request
usarmy.landstuhl.medcom-mrc-eur.mbx.lpmc-mtd-billeting-request@health.mil

If you have any issues submitting a request or haven't heard back after 5 business days, 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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Disclosures: Voluntary; however, failure to provide the information may result in our inability to grant your access to our facilities.