

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 has multiple appointments within a brief period.

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

Will the Patient to have a fellow Service Member travel with them as a Non-Medical Attendant (NMA)? Patient and Attendant must be of the same gender / Patient's Unit must provide the NMA.

NMA

<input type="checkbox"/> Yes	RANK, NAME _____
	PHONE _____
<input type="checkbox"/> 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 314-528-5112

COM +49 611 143 5285112

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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