

REQUEST FOR BILLETING MTD

Reason for lodging request (circle all that apply):

- a) The patient lives outside of the KMC and has an appointment or procedure scheduled very early in the a.m.
- b) The patient lives outside of the KMC and will have an outpatient procedure requiring follow-up soon thereafter.
- c) The patient lives outside of the KMC and requires multiple appointments within a short timeframe.

Y/N 1610 ORDERS OR APPT SLIP: _____

COMMANDERS NAME: _____

NAME: _____

COMMANDERS E-MAIL: _____

PATIENT UNIT: _____

COMMANDERS PHONE #: _____

UNIT LOCATION: _____

1SG NAME: _____

UNIT PHONE NUMBER: DSN: _____

1SG E-MAIL: _____

PATIENT'S E-MAIL: _____

1SG PHONE #: _____

COMPONENT (Circle or Highlight One): Army Navy AF Marines

ESCORT REQUIRED: (Medical necessity determined by clinic or referring physician only, preferably of the same gender. Patient's UNIT must provide escort.) Y N

ESCORT NAME: _____

ESCORT UNIT and DSN: _____

ESCORT E-MAIL: _____

DATES ROOM REQUIRED (DATES FOR ENTIRE LENGTH OF STAY): _____

These requests can be granted for AD only. Please allow 1 week to process each. Email this form to the address below:

USARMY Landstuhl Med Ctr MEDCOM ERMC Mailbox LPMC MTD Billeting Request
usarmy.landstuhl.medcom-ermc.mbx.lpmc-mtd-billeting-request@mail.mil

POC's for these requests are SFC Jones @ DSN 314-590-5312 or SSG Puga @ DSN 314-486-5564, COM +496371865564

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.

Routine Use: Information may be disclosed for any of the DoD "Blanket Routine Uses" published at http://privacy.defense.gov/blanket_uses.shtml. Contact your local Privacy Officer for further details.

Disclosures: Voluntary; however, failure to provide the information may result in our inability to grant your access to our facilities.