

**UNIT HEADER**

**Office Symbol**

**Date**

**MEMORANDUM THRU Commander, Address**

FOR United States Army Physical Disability Agency 1835 Army Boulevard, Building 2000, Fort Sam Houston, TX 78234-2645

**SUBJECT:** Requesting Enrollment in the Legacy Disability Evaluation System (LDES) In Lieu of the Integrated Disability Evaluation System (IDES)

1. I, **Rank, Last First** am requesting to be processed through the LDES for my **P3/4 profile conditions**. I understand that the justification must clearly demonstrate the detrimental impact of processing through the IDES on myself or the Army and how the impact would be significantly reduced if the LDES process is used. My reason for the request are:

- a. **LIST REASONS**
2. I understand that the Military Treatment Facility (MTF) Commander is the Approval Authority for enrollment into the LDES process.
3. I understand that I will be notified and provided an opportunity to have further counseling on the LDES process once the MTF Commander has approved the case and a PEBLO has been assigned.
4. Soldier contact information: **PHONE NUMBER / EMAIL**
5. I request that the Unit Commander endorse this request for enrollment into the LDES process.

**FULL NAME**  
**RANK, HIARNG**  
**Position**