

UNIT NAME (4 LINES MAX)

UNIT ADDRESS

STREET ADDRESS

CITY, HAWAII ZIPCODE+4

UNIT SYMBOL

XX Month 20XX

MEMORANDUM THRU Health Services Specialist, Joint Force Headquarters, Hawaii
Army National Guard (NGHI-PER-SPT), 91-1227 Enterprise Avenue, Kapolei, HI
96707-2150

UNIT, Unit address

FOR Chief, National Guard Bureau (ARNG-HRP-P), 111 South George Mason Drive,
Arlington, VA 22204-1382

SUBJECT: Referral Statement for RANK LAST, FIRST NAME (XXX-XX-Last4SSN)

1. Request Rank Name be evaluated for RCMC-T/M State managed care orders for a maximum of 179 days.

2. PAST HISTORY: Rank/Name currently has an unresolved medical condition that occurred while on status and entitled to military pay, allowances, and benefits; and has been evaluated through our State Case Management team. Through a case review of his medical condition, Rank/Name has been found to need further evaluation and/or treatment.

3. PRESENT STATUS: I recommend that Rank/Name be placed on State Managed RCMC-T/M orders for short-term medical management. I acknowledge that a medical plan and prognosis summary has been included in the Soldier's medical packet. I have been involved with this process through interaction with members of our state's Case Management team. I have verified Soldier did not sign a Declination of Care. I recommend approval of the suggested treatment plan that was based on medical evaluation and documentation. This supporting medical documentation is located:

HRR – index

MEDCHART LOD Module – Case #

eProfile - Expiration date of SMs Profile

eCase – Case #

4. MEDICAL PLAN and PROGNOSIS: As attached in Soldier's medical packet (document locations referenced above).

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5. The point of contact for this memorandum is the undersigned at
military.email.mil@mail.mil or (808) XXX-XXXX.

SIGNATURE BLOCK
RANK, BRANCH
Commanding