



DEPARTMENT OF THE AIR FORCE
5 MDOS (AFGSC)
Minot Air Force Base, ND

MEMORANDUM FOR PHYSICIAN/MEDICAL TREATMENT FACILITY

FROM: 5 MDG

SUBJECT: Release of Medical Information

1. My physical and psychological health is consistently monitored due to the sensitive nature of my duties with the Department of Defense. The medical treatment I receive, and its potential effects on my ability to perform my duties are also closely monitored.
2. If you have any questions or concerns, please contact the PRP office at 701-723-5190 .
3. After your examination and treatment, please take time to provide the information requested below.

Date of Appointment: _____

Diagnosis:

Medications (include name, strength, directions and number dispensed):

Treatment Plan:

Provider's Signature/Stamp

I authorize all medical information pertaining to my treatment to be furnished to the 5th MDG. I understand it is my responsibility to return this form to 5 MDG as directed.

Patient's Signature/Date

Please bring all new prescribed medications to the PRP clinic when returning the Orange Sheet

(ANG only: Fax this document and/or any other documentation of your medical encounter to 701-723-5391 or 701-723-4747)

