



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

MEMORANDUM FOR PHYSICIAN/MEDICAL TREATMENT FACILITY

FROM: 5 MDG/119 MDG/219 SFS

SUBJECT: Release of Medical Information

_____, _____, _____
(Printed Rank/Name) (Last 4 SSN) (Date of Birth)

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 701-833-8034 .

3. After your examination and treatment, please take time to provide the information requested below or **attach a copy of your completed note/documentation of care.**

4. I authorize all medical information pertaining to my treatment to be furnished to the 5th MDG/119th MDG/219th SFS. I understand it is my responsibility to return this form to 5th MDG/119th MDG/219th SFS as directed.

Patient's Signature/Date

Date of Appointment: _____ Place of Care: _____

Diagnosis: _____

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

Treatment Plan: _____

*Did you perform any procedure or prescribe any treatment that may result in pain and/or physical/mental impairment?
(Circle one): YES NO If YES, please describe the treatment and expected impairment: _____

*Do you have any concerns regarding the physical/mental/emotional state of this patient in terms of his/her ability to safely perform sensitive/nuclear related duties? (Circle one): YES NO If YES, please elaborate: _____

Provider's Signature/Stamp

***PRP Member:** If the provider circled "Yes" to either question above, make sure you sign a release of information at the place of care before leaving, then Fax this form to the 119 MDG/PRP Office for CMA review as early as possible and prior to performing PRP duties. Fax#s 701-723-5373 or 701-723-4747*

