

**MEDICAL SERVICE AND SUPPLY REQUEST**

MLC  
 MC  
 IHA

1. DATE OF REQUEST

2. REQUEST NUMBER

3. TO: (NAME OF RDB/RDO)

4. FROM: (NAME OF ORGANIZATION)

5. NAME OF EMPLOYEE	5a. JOB TITLE AND NUMBER	5b. EMPLOYEE NUMBER	5c. DETAIL OF MEDICAL SERVICES AND SUPPLY

6. REMARKS

7. REQUESTED BY (TYPED NAME & GRADE)	8. SIGNATURE	9. PHONE NUMBER
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10. COR OR IHAR (TYPED NAME)	11. SIGNATURE	12. DATE
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INDORSEMENT BY RDB/RDO		
13. REQUESTED MEDICAL SERVICES OR SUPPLIES FURNISHED BY (TYPED NAME OF CHIEF RDB/RDO)	14. SIGNATURE	15. DATE

**INSTRUCTIONS FOR PREPARATION OF  
MEDICAL SERVICE AND SUPPLY REQUEST**

1. References:

- a. Chapter 15, MLC
- b. Inclosure 16, MLC Standing Instructions to COR
- c. Chapters I and VI, MC
- d. Supplement #7, IHA
- e. Procedures to Supplement #7, IHA

2. General:

This form will be prepared by the using organization and forwarded in original and three copies to the RDB/RDO through the COR or IHAR. The RDB/RDO, upon completion of action requested, will return a duplicate copy to the COR or IHAR.

3. Entries in blocks (self-explanatory blocks omitted):

- a. Enter check mark in one of the blocks for MLC, MC, or IHA of Medical Service Supply Request to identify the type of employment.
- b. Block 2: Enter abbreviation of organization and number in consecutive sequence (i.e., USARJ-1).
- c. Block 5: Enter full names, showing family name first, of all employees covered by one request.
- d. Block 5a: Enter job title(s) and job number(s) from Appendix I, MLC and IHA.
- e. Block 5c: Specify type(s) of medical examinations or immunizations. Name of chemical or organic-solvent listed in Regulation for Prevention of Particular Chemical Substances Hazards or Regulation of Prevention of Organic- Solvent Poisoning.
- f. Block 6: May be used to specify type(s) of medical examinations or immunizations.

4. If space on the form is insufficient to include all of the required information, attach separate sheets thereto and insert a notation in the proper block(s) indicating the inclosure.