

Sample Command Memorandum for Pre-Authorization Request

[COMMAND LETTERHEAD]

From: [Command name and mailing address for reply mail]

To: **Officer in Charge, Military Medical Support Office, Attn: Dental Pre-Authorizations, PO Box 886999, Great Lakes, IL 60088-6999**

**Subj: REQUEST FOR PRE-AUTHORIZATION OF CIVILIAN DENTAL CARE
ICO [NAME, RANK, SERVICE, AND SSN OF SERVICE MEMBER].**

Encl: (1) **Copy of civilian dental treatment plan**
(2) **Dental x-rays and/or photographs**
(3) **Copy of dental record (SF 603's)** [Only if the records are current (less than one year) or applicable to the request. Do not send old records.]

- 1. Pre-authorization is requested for civilian dental care indicated by enclosures (1- 3). We understand that any authorization is for this request only, and may not apply if the information provided changes.**
- 2. This service member is on Active Duty (or other DEERS eligible status). The following information is provided:**
 - a. Total estimated cost of this treatment:**
 - b. Date of last military dental exam:**
 - c. Service member's duty location and work phone number:**
 - d. Date assigned to a GSU (Geographically Separated Unit):**
 - e. Projected Rotation Date:**
 - f. Expiration of obligated service:**
 - g. The nearest Federal / Military Dental Treatment Facility (DTF):**
[Name and distance – Include VA medical center with dental sharing agreement, if known]
- 3. My point of contact is:** [Name, Rank, Telephone number of Command's Medical Representative, HBA, or Other knowledgeable person]

[Signed by Commander or Designated Representative]