MEDEVAC NOTIFICATION FORM FOR NMCP

Date: _____
Time: _____

Unofficial Notification
☐ Email: mar-DFAFleetLiaison@med.navy.mil (Needs encryption)
☐ Phone Con: (757) 953-7540/1522 / DSN 377-7540/1522 / FAX (757) 953-4247
Name of person answering: _____
Department: _____

Patient Information

Name: _____ Last 4 of SSN: _____ DOB: _____

Originating Command/MTF: _____

POC from Originating Command/MTF: _____

Date of Arrival: _____ Time of Arrival: _____

Airfield/Airport flying into: _____

Ambulatory/Non-Ambulatory (require stretcher): _____

OEF/OIF Battle Injury (yes/no): _____

Injury/Illness/Diagnosis (ICD-9 Code): _____
_____
_____

Accepting Physician_____ Clinic: _____

ADDITIONAL COMMENTS:
_____
_____
_____