MEDINSGEN MEDICAL TREATMENT FACILITY (MTF)
DEMOGRAPHICS WORKSHEET

PART I
(Due to MEDINSGEN within 24 hours of notification)

1. MEDICAL TREATMENT FACILITY (MTF) ADDRESS		
a. Base	b. Street Address	
c. Building Number	d. State	e. ZIP Code

2. DUTY HOURS (Monday - Friday, include any extended weekday or weekend hours. MTF and BHCs, if applicable)

3. TELEPHONE EXTENSIONS (i.e., first three numbers of the seven digit telephone number)		
a. DSN Extension (Base and MTF, if different)	b. Commercial Extension (Base and MTF, if different)	Area Code

4. INTERNET ADDRESS	
a. Base Internet (http/https)	a. MTF Internet (http/https)

5. KEY BASE PERSONNEL CONTACT INFORMATION			
a. Base CO			
Full Name	Rank	Duty Telephone	E-mail Address
b. Base CMC/Senior Enlisted (SEL)			
Full Name	Rank	Duty Telephone	E-mail Address
c. Base Ombudsman			
Full Name	Rank	Duty Telephone	E-mail Address
d. Base Feet and Family Support Center (FFSC) POC			
Full Name	Rank	Duty Telephone	E-mail Address
e. Line/Base CO, CMC/SEL, Ombudsman and and FFSC POC for each base on which the BHCs Reside(s)			
Full Name	Rank	Duty Telephone	E-mail Address
Full Name	Rank	Duty Telephone	E-mail Address
Full Name	Rank	Duty Telephone	E-mail Address

6. KEY MTF/BHC PERSONNEL CONTACT INFORMATION (Include Biographies if available. * Biography Required, ** Include a BHC POC for each of the command's BHCs, if applicable.)			
a. * Commanding Officer/OIC			
Full Name	Rank & Corps	Duty Telephone	E-mail Address
b. * Executive Officer/AOIC			
Full Name	Rank & Corps	Duty Telephone	E-mail Address
c. * CMC/SEL			
Full Name	Rank	Duty Telephone	E-mail Address
d. Director Nursing Services			
Full Name	Rank	Duty Telephone	E-mail Address

6. KEY MTF/BHC PERSONNEL CONTACT INFORMATION (Include Biographies if available. * Biography Required, ** Include a BHC POC for each of the command's BHCs, if applicable.)			
e. Director Medical Services			
Full Name	Rank & Corps	Duty Telephone	E-mail Address
f. Director Surgical Services			
Full Name	Rank & Corps	Duty Telephone	E-mail Address
g. Director Clinical Support Services			
Full Name	Rank	Duty Telephone	E-mail Address
h. Director Public Health			
Full Name	Rank & Corps	Duty Telephone	E-mail Address
i. Director for Resource Management			
Full Name	Rank & Corps	Duty Telephone	E-mail Address
j. Director Dental Services			
Full Name	Rank	Duty Telephone	E-mail Address
k. Director Mental Health			
Full Name	Rank	Duty Telephone	E-mail Address
l. Director Health Care Business			
Full Name	Rank & Corps	Duty Telephone	E-mail Address
m. Director Branch Clinics			
Full Name	Rank & Corps	Duty Telephone	E-mail Address
n. ECOMS Chair			
Full Name	Rank	Duty Telephone	E-mail Address
o. PI Coordinator			
Full Name	Rank	Duty Telephone	E-mail Address
p. MTF POC			
Full Name	Rank & Corps	Duty Telephone	E-mail Address
q. Alternate MTF POC			
Full Name	Rank & Corps	Duty Telephone	E-mail Address
r. ** BHC POC (if applicable)			
Full Name	Rank	Duty Telephone	E-mail Address
s. Command Ombudsman			
Full Name	Rank	Duty Telephone	E-mail Address

PART II
(Due to MEDINSGEN within 48 hours of notification)

1. STAFF BREAKDOWN (Include a separate staff breakdown for parent MTF and each child DMIS (branch health clinic), if applicable)

	PROVIDER	DIRECT CLINICAL SUPPORT	ADMINISTRATION	OTHER (Explain)
a. Medical Corps				
b. Dental Corps				
c. Nurse Corps				
d. Other Officers				
e. MSC HCA				
f. MSC HCS				
g. E-7 to E-9 (HMs)				
h. E-6 and below (HMs)				
i. Other enlisted members (non-HMs)				
j. DEPMEDS				
k. Civilian				
l. Contractor				