

Speciality Care Provider Recommendation for WTU Admission

Soldier Rank	Name of Service Member		SSN#	Parent Unit	
	Last Name	First Name	Last 4	Name	Location
Name and Title of Specialty Provider			Location of Specialty Provider		
Specialy Provider Findings, Diagnoses, Recomendated Treatment Plan, and Prognosis					
Estimated number of appointments per week and time required to complete treatments related to your field.					
Speciality Provider Recommendation:			Approve/Disapprove		
			Has potential for MMRB?	Yes/No	
Date			Has potential for RTD?	Yes/No	
Signature					