MOD 14 TAB C	CENTCOM Medical Wa	aiver Request	
Patient Name (Last, Firs	t):	DOB: SSN	(Last 4):
# Previous Deployments	: Destination (country):	Diagnosis (Lay term):	
Age: Sex:	Grade: Service	: Home Station:	
Years of Service: Active/Reserve/Guard/Civilian:		MOS/Job Descrip	tion:
Deployment Length:	Previous Waivers (Y/N):	Currently Deployed	(Y/N):

Waiver POC Name/E-mail/Phone:

Case Summary (To be completed by provider, including clinical information necessary to make a disposition. See most recent updated MOD 13 and accompanying PPG-TAB A for required information. Attach supporting medical documentation:

I have reviewed the case provide and hereby submit this request.			
Signature:	Commander Approval:		
CENTCOM Surgeon / Component Surgeon R	esponse		
Waiver Approval: YES NO)		
Signature:	Date:		
LANCE C. RANEY COL, MC USARCENT Command Surgeon			
Comments:			

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