

**Troop Medical Clinic 1  
Bldg 664, Ft Eustis  
Appointment Slip**

Full Name: \_\_\_\_\_ SSN (last 4): \_\_\_\_\_ DOB: \_\_\_\_\_ Rank: \_\_\_\_\_  
(Last, First MI) (DD-MMM-YY)

Unit (Company): \_\_\_\_\_ MOS: \_\_\_\_\_ Sex: M / F On FTX? Y / N Shift: Day  
Night Owl  
Reason For Visit: \_\_\_\_\_ Night Hawk  
\_\_\_\_\_

Do you need an appointment within 24 hrs (Acute)? Y / N Signature of Commander / Cadre: \_\_\_\_\_  
Do you need an appointment within 7 days (Routine)? Y / N \_\_\_\_\_

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**For Troop Medical Clinic 1 STAFF ONLY**

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Appointment Date, Time, Provider: \_\_\_\_\_

\*\*\*\*\* Please call to Cancel or Reschedule your appointment at 757-314-8096 \*\*\*\*\*

Referral to: \_\_\_\_\_ Call 1-866-645-4584 in 24 Hours

Time In \_\_\_\_\_ Note to Staff: \_\_\_\_\_ Please go to: Main Pharmacy  
Time Out \_\_\_\_\_ Lab  
TMC 1 Staff Signature \_\_\_\_\_ Radiology

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