TRICARE
Latin America & Canada

Fax Coversheet

TO			
To:	**TRICARE Lead Agent Office**	Attn:	**HBA, Operations Division**
Fax:	706.787-3024	Phone:	706.787.2424
Date:		Pages:	, including coversheet
Re:	Out-of-Country Medical TDY Request		

FROM			
From:			
Fax:		Phone:	
Country:		Unit:	

POC CHECKLIST

☐ **Medical Referral**

☐ **Medical Documentation (list below)**

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Additional Remarks:

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For Official Use Only
May Contain Medically Regulated Data