RESERVE **H**EALTH **R**EADINESS **P**ROGRAM

RHRP SERVICES IN-CLINIC REQUEST FORM – AIR FORCE RESERVE COMMAND										
Approval Authority must sign and submit this form to the Reserve Health Readiness Program Office (RHRP) 30 days prior the event date for maximum efficiency										
SERVICE MEMBER INFORMATION (ALL FIELDS ARE REQUIRED)										
Date of Request: Date of Birth (mm/dd/yy):							Fu	Full SSN:		
Full Name:								Rank:		
Street Address:								Apt. Number:		
City:								State:		
(Please provide a phone number(s) where the SM can be reached below)								Zip Code:		
Phone: ()	ne: (` '				Work Phone: ()			
UNIT POC CONTACT INFORMATION (ALL FIELDS REQUIRED)										
Unit POC	Name: MSgt Lindsay E	ne: (720) 847-3089				ay.estel				
Unit Name	e: HQ RIO		Event street address: 18420 E. S			E. Silve	ver Creek Ave bldg 390, MS 68			
City: Buck	ley AFB	State: CO				ZIP Code: 80011				
RHRP REQUESTED SERVICES (PLEASE ENTER QUANTITY NEXT TO EACH SERVICE)										
DENTAL IMMUNIZATIONS SERVICES										
QTY	SERVICE		QTY	SERVICE			QTY	SERVICE		
	Dental Exam			Globulin Immune			Polio			
	2 Bitewings X-Rays			Hepatitis A			Tetanus-Diptheria			
	4 Bitewings X-Rays			Hepatitis B			Twinrix (Hep A & Hep B)			
	Panograph X-Rays			Influenza – Intranasal			Yellow Fever			
Periapical X-Rays				Influenza – Injectable				Japanese Encephalitis		
PHYSICAL EXAM				Meningococcal (Meningitis)				IPV (Inactive Polio Vaccine		
QTY	SERVICE			PPD (TB Skin Test)			Anthrax (government provided)			
	Retention Exam			Pneumococcal(Pneumonia)			Varicella			
				MMR						
BLOOD D	BLOOD DRAW SERVICES									
QTY	SERVICE									
G6PD										
APPROVAL AUTHORITY (All fields are required and all requests MUST be approved by the appropriate Reserve Region Command)										
Service Component: Phone:			Email Organizational B				<u> </u>			
		COM 478-3								
		941								
CANCELLATION POLICY										
Service Members with two (2) unexcused no-shows will have their voucher/order expired and an in-clinic cancellation fee will										
be assessed.										
Service Members has until 24 hours prior to the appointment to reschedule services and no fees will be assessed.										
Appointments that are scheduled on a Monday or following a holiday must be cancelled by the previous working day.										
Service Members are allowed two (2) rescheduling after confirmed initial appointment and after that an in-clinic cancellation fee will be assessed.										
SM who refuses services with an approved voucher will have an in-clinic cancellation fee assessed.										

An emergency situation beyond the SM's control (e.g., accident, illness, family emergency, bad weather)