XX MONTH 20XX

MEMORANDUM

From: Provider Name, Position, Command

To: Navy Personnel Command (PERS-832)

Via: CO, Command

Subj: DUAL PROCESSING MENTAL HEALTH REVIEW ICO RATE JOHN DOE,

 USN, DODID 1456031486

Ref: (a) SECNAV Memo of 01 June 2016

1. I am a [specialty of appropriately privileged military health care provider] at MEDICAL CENTER/HOSPITAL and have treated SN Doe from 2 September 2015 until the current date. I reviewed the record in consideration of the reference.

2. SN Doe has diagnoses to include specific diagnosis. He has/ has not been referred to the Disability Evaluation System (DES).

3. I have reviewed the charges that have been adjudicated in SN Doe’s case. It is my opinion that SN Doe’s mental health diagnoses, did or did not contribute to the actions for which he is pending administrative action.

4. I respectfully request that this be taken into consideration by the Separation Authority when determining the final disposition of SN Doe. Please do not hesitate to contact me at email@mail.mil, or by phone (123) 456-7890 should you have any questions or concerns.

 N.V. DOC, MD
 LCDR, MC, USN
 Staff Psychiatrist