XX MONTH 20XX

MEMORANDUM

From: Provider Name, Position, Command

To: Navy Personnel Command (PERS-832)

Via: CO, Command

Subj: POST-TRAUMATIC STRESS DISORDER (PTSD) AND TRAUMATIC BRAIN

 INJURY (TBI) REVIEW ICO RATE JOHN DOE, USN, DODID 1456031486

Ref: (a) SECNAV Memo of 01 June 2016

1. I am a psychiatrist/psychologist 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 PTSD/TBI. 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 PTSD/TBI, did or did not contribute to the actions for which he/she 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@navy.mil, or by phone (123) 456-7890 should you have any questions or concerns.

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