

Travel To Obtain Health Care – Amendment Request Rev. 02JAN14

Active Duty Member (Sponsor) Information

Today's Date:

Current Rank/Rate:	Name: Last First MI	Sponsor SSN: (last 4 only)	Sponsor Duty Station, City, State:
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Patient Information

Name: Last First MI	Age:	Relationship to Sponsor:
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Original Travel Information

Departure travel date:	Appt Date(s):	Time:	Return travel date?
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Requested Amendment Information

Original Orders TONO #:

Directions for Submitting This Request:

- Completed requests should be emailed to: D14-DG-M-SI-BASEHono-h-TTOHC@uscg.mil
Subject line should be **Amendment Request**
- Travelers requesting expedited processing (less than 5 work days) must contact LCDR Cawthorn
- **Urgent After Hours Requests:** Commands should notify the D14 Command Center 800-331-6176

Note: This information is covered by the Privacy Act of 1974 & the Health Insurance Portability and Accountability Act.

STAFF USE ONLY: Date received: _____ Date Entered on to TONO Log: _____