

(Appropriate Letterhead)

(CZTE TEMPLATE LETTER)

(DATE)

MEMORANDUM FOR AFPC/DPFWM Air Force Wounded Warrior Program

(PCM OR MEDICAL PROVIDER/ADDRESS - CAN BE MCM, SOCIAL WORKER, DR., NURSE, ETC.)

TO: AFPC/DPFWM
AIR FORCE WOUNDED WARRIOR PROGRAM
550 C STREET WEST
JBSA RANDOLPH TX 78150

TO WHOM IT MAY CONCERN

This is to confirm that Senior Airman Fred B. Smith, (SSN), was hospitalized as an in-patient* for treatment of an illness or injury that was incurred while serving in a combat zone.

DATE OF ADMISSION TO DATE OF DISCHARGE

(LIST ALL DATES IF MORE THAN ONE PERIOD)

If you have any questions, please contact me at xxx-xxx-xxxx.

SIGNATURE
SIGNATURE BLOCK OF
MEDICAL AUTHORITY

*Inpatient: An individual who has been admitted to a hospital or other authorized institution for bed occupancy to receive necessary medical care, with the reasonable expectation the patient will remain in the institution at least 24 hours, and with the registration and assignment of an inpatient number or designation. Institutional care in connection with in and out, one-day (ambulatory) surgery is not included, whether or not an inpatient number or designation is made by the hospital or other institution.

**Do not include specific medical condition due to HIPPA.