REQUEST FOR VOUCHER OFFICE OF THE DEPUTY STATE SURGEON

Please provide the correct details, valid phone number and physical address: **All vouchers will be approved/disapproved by LTC Jean Collins (Approving Authority)**

Date Requested _____

Last Name: _____ ***First Name:*** _____ ***Phone Number:*** _____

Requested by: _____ ***Unit:*** _____ ***Address:*** _____

_____

_____

Place an **X** in the box next to the service you are requesting.

Medical	***Yes***
PHA	
Audiogram	
Sprint Test	
Comprehensive Audio Evaluation	
Visual Screening	
Eye Exam	
Varicella Titer	
HIV Blood Draw (Phlebotomy)	
G6PD Testing	

Immunization	***Yes***
Hepatitis A*	
Hepatitis B*	
Influenza	
TDAP	
MMR	
Polio	
TD	
Varicella	

Dental	***Yes***
Dental Exam(Annual)	
Dental Treatment	
Bitewings (X-Ray)	
Panograph (X-Ray)	

POC:

Ms. Marcia C. Bruno
Office of the Deputy State Surgeon
Virgin Islands National Guard
340-713-5754
marcia.c.bruno.ctr@mail.mil

Do not write below for Official Use Only

Voucher Number: _____ ***Voucher Approved*:** _____

Approved/Disapproved by: _____ ***Date:*** _____ **(MM/DD/YYYY)**

Privacy and your Personal information: In accordance with the Privacy Act of 1974 (Public Law 93-579), the notice informs you of the purpose of the form and how it will be used. Please read it carefully. AUTHORITY: Public Law 104 - 191; E.O. 9397 (SSAN) DoD 6025. 18 - R.