

Attachment (a) to Enclosure (12): Sample Letter for DI Processing

FOR OFFICIAL USE ONLY

From: Medical Officer
To: President, Physical Evaluation Board

DEATH IMMINENT PROCESSING OF (member's full name,
rank/rate, SSN, service/component-regular, reserve, AR, TAR)

Ref: (a) SECNAVINST 1850.4E
(b) BUMEDINST 5360.24

1. Pursuant to reference (a), the following information is provided to expedite the death imminent processing in the case of (Service Member):
 - a. I am the attending physician at (Medical Facility) for the subject named patient.
 - b. The service member is expected to die within the next 72 hours.
 - c. I am familiar with the definition of death under the laws of (insert State where medical facility is located) or under reference (b) and I certify this service member is currently alive.
2. I am available for consultation at (Phone Number).
3. This information is current as of (Time) on (Date).

Physician signature

SAMPLE