

In order to speed up the lab process, we are asking everyone who wants to have their blood drawn at the health fair, to please fill out the following registration form and send it to:

**DEPARTMENT OF THE ARMY
DIRECTORATE OF HUMAN RESOURCES
ATTN MPD - RETIREMENT SERVICES
BOX 339500, MS 85
JOINT BASE LEWIS-MCCHORD, WA 98433-9500:**

Name: _____

Rank: _____

COMPLETE Social Security Number: _____

Male or Female (Please circle one)

Patient Category: (Please circle one):

A31=Army Retired

A43=Dependent Army Retired

F31=Air Force Retired

F43=Dependent Air Force Retired

M31=Marine Retired

M43=Dependent Marine Retired

N31=Navy Retired

N43=Dependent Navy Retired

Current Mailing Address: _____

Home Phone Number: _____

e-mail address: _____

Where do you currently receive your medical care:

Are you interested in obtaining your care at Madigan? YES NO

Pharmacy Information: If you are planning on having your medication reviewed by a pharmacist, please check the box