

Consults to MEB/DES Clinic General Business Practices

Purpose: To streamline the method of referring cases to the MEB/DES Clinic. This will standardize patient transition from referring provider to the MEB/DES Clinic and bring the action more in line with existing business practices.

Reference: AR 40-501, Chapter 3; HQDA EXORD 080-12 Army IDES Standardization. Annex O MEDCOM OPORD 12-31

Applicability: This applies to all Providers who may identify a condition(s) that does NOT meet medical retention standards IAW AR 40-501, Chapter 3.

Procedure: A referral to the MEB/DES Clinic requires two items. Without all items, we are unable to accept the referral. Submit both at the same time for ease.

1. Consult in CHCS

- a. Place consult to "MEDICAL EVAL BOARD CLINIC"; acronym is "Medic"
- b. Consult must include:
 - i. Specific referring disqualifying condition(s); annotate ONLY the disqualifying condition(s) on consult so we are able to identify the disqualifying condition(s) on the combined permanent profile.
 - ii. Citation of applicable paragraph(s) from AR 40-501, Chapter 3. (Annotate just the chapter, paragraph and applicable section number, not the whole discussion).
 - iii. Briefly discuss how MRDP (Medical Retention Decision Point) has been reached.
 - iv. Patient contact phone number.
 - v. Referring provider phone number
 - vi. Unit and Brigade info

2. Profile

- a. Combined **Permanent** profile for referred condition(s) and all other conditions SM is currently on profile for.
- b. Request second signature approval from a MEB Clinic Provider (John E France and Tina Hills), saved, and accessible in E-profile.
 - i. If profile is not available within 5 calendar days after the CHCS consult has been submitted, referral will be rejected. Ideally, both are submitted at the same time.
- c. The diagnosis(es) must match the referred condition(s) in consult
- d. Double check, for accuracy, the auto-population of PULHES