

**REQUEST FOR MEDICAL RECONSTRUCTION FLAG**

TO: \_\_\_\_\_ DATE: \_\_\_\_\_  
(DDS)

\_\_\_\_\_  
(ADDRESS)

FROM: \_\_\_\_\_

\_\_\_\_\_  
(DO/BO ADDRESS /Unit /Phone Number)

A REQUEST FOR HEARING WAS FILED ON \_\_\_\_\_ BY  
(DATE)

\_\_\_\_\_  
(NAME) SSN \_\_\_\_\_

**WE HAVE BEEN UNABLE TO LOCATE THE FOLDER AND MUST RECONSTRUCT THE EVIDENCE.**

**PLEASE IMMEDIATELY BEGIN RECONSTRUCTION OF THE MEDICALS FOR:** \_\_\_\_\_

(TITLE II, XVI, CONCURRENT)

ENCLOSED ARE: \_\_\_\_\_ MEDICAL RELEASE FORMS

\_\_\_\_\_ SSA-3368

\_\_\_\_\_ SSA-3369

\_\_\_\_\_ SSA-3820

OTHER \_\_\_\_\_

**THE RECONSTRUCTION MUST BE COMPLETED WITHIN 30 DAYS OF THE DATE THAT THIS REQUEST IS RECEIVED. WHEN COMPLETED, RETURN THE RECONSTRUCTED MATERIAL TO THIS OFFICE VIA THIS FLAG.**

TO: \_\_\_\_\_  
(DO/BO ADDRESS)

FROM: \_\_\_\_\_  
(DDS)

**MEDICAL RECONSTRUCTION COMPLETED.**

\_\_\_\_\_  
DATE \_\_\_\_\_ DDS Signature