Print Form

TROW - PRIME TRAVEL REQUEST

TRICARE Regional Office - West
401 West A Street, Suite 2100
San Diego, CA 92101-7908
Phone: 1-800-449-6408
Fax: 619-231-4246
email: TROW-PrimeTravel@trow.tma.osd.mil

http://tricare.mil/trowest/Prime-Travel.cfm

Date:

Patient Information

Patient Name:

Patient Date of Birth:

Patient SSN

Address:

City/State:

Zip Code:

Home Phone:

e-mail:

Appointment Information

Travel Departure Date:

Travel Return Date:

First Appointment Date:

Last Appointment Date:

Mode of Travel

☐ POV ☐ Air ☐ Other

Non-Medical Attendant (NMA) Information

NMA Name:

NMA SSN:

Relationship:

Sponsor's Information

Sponsor's Name:

Sponsor's SSN:

Sponsor's Status: ☐ Active Duty ☐ Retired

Active Duty Sponsor ONLY

Rank:

Service:

Unit Name:

Unit Address:

Unit City/State:

Unit Zip Code:

Unit Phone:

Primary Care Manager (PCM) information

PCM Name:

Address:

City/State:

Zip Code:

PCM Phone:

Referral Authorization Number

Authorization #

Specialty Provider Information

Specialist Name:

Address:

City/State:

Zip Code:

Specialist Phone:

Type of Specialty

Comments:

For TRICARE USE ONLY

TRICARE Prime	Referral Authorization	DTOD Distance