

REVIEW OF FORM For use of this form, see USMEPCOM Reg 25-33			1. Date of request:	2. Suspense date:
			3. Type of review: <input type="checkbox"/> Annual <input type="checkbox"/> Special <input type="checkbox"/> Reprint	
4. To:		5. From:		
6. Form number:	7. Edition date:	8. Form title:	9. Prescribing directive (Reg, Suppl, Memo, or SOP):	
10. Special instructions:				
11. Questions should be directed to:		12. Telephone number:	13. Signature:	
14. Status of form: INSTRUCTIONS. The proponent of this form should complete the following blocks by placing an "X" in the appropriate block and statement. The proponent must also sign below.				
<input type="checkbox"/> CURRENT AND ESSENTIAL The form is essential to the efficient administration and operation of USMEPCOM.				
<input type="checkbox"/> REQUIRES REVISION DD Form 67 (Form Processing Action Request) and a copy of the revised form will be submitted to FMO by: _____ Prescribing directive will be updated by: _____				
<input type="checkbox"/> REGULAR 6 MONTH REPRINT AUTHORIZED				
<input type="checkbox"/> LIMITED REPRINT FOR _____ MONTHS AUTHORIZED Reason _____				
<input type="checkbox"/> UNNECESSARY AND CAN BE RESCINDED A change to the prescribing directive will be completed by: _____				
This form has been reviewed along with its prescribing directive.				
15. Name of Proponent/Telephone Number:		16. Signature:		17. Date: