



**DEPARTMENT OF THE AIR FORCE
AIR FORCE RESERVE COMMAND**

(Date)

MEMORANDUM FOR HQ AFRC/SG
135 Page Road
Robins AFB, GA 31098-1601

FROM: _____

SUBJECT: Request to Perform Elective Surgery

1. I, _____, understand that non-emergent (“elective”) surgery will be performed within six months of separation of active duty orders
2. My physician, _____, has informed me the he/she has sought approval and that approval has been granted.
3. I have been briefed by _____ that I will be separated from active duty orders on my scheduled end date of orders and from the USAFR on my ETS of (Date Month Year) despite continued hospitalization or convalescence. I understand that I will not be granted medical continuation orders or medical hold for post-operative hospitalization, convalescent leave, or complications.

(Signature of member)

(Witness)