

## FACES OF HONOR Application Form

Name: \_\_\_\_\_ City/State: \_\_\_\_\_

### Applicants Must Meet the Following Guidelines to Qualify

#### Eligibility Requirements

1. Veteran of Operation Iraqi Freedom (OIF) or Operation Enduring Freedom (OEF) with honorable discharge.
2. Sustained a war related injury (Either in combat or through combat related/support activity).
3. Member of the United States Armed Forces (or DOD eligible NATO/coalition forces) either Active Duty, or Active Reserve (activated and deployed in support of OIF or OEF).
4. Serve in theatre (Iraq and the middle East, Afghanistan etc).

#### Required Documentation

1. Military Identification for Active Duty Members or Active Reserve Members
2. Form DD 214 if discharged honorably from Active Duty
3. Form DD 2527 (Statement of Personal Injury) if available.
4. Purple Heart Citation where applicable.
5. Copies of medical treatment record for related injury if available.
6. Referral letter from referring physician if applicable and available.

#### Application Process

1. Complete FACES OF HONOR Form online and submit online or via fax to the participating surgeon in your area.
2. Identify through our database of volunteer surgeons, the surgeon of your preference based on geographic proximity or convenience. Our staff can assist you in determining the best surgeon for the type of injury in question, within a location most convenient and accessible.
3. Obtain required documentation as listed in section B above and submit along with this Application form.
4. Complete authorization for release of medical records and submit.
5. Contact volunteer surgeon of your choice by phone or email for an appointment, or our staff at 703.299.9291 press "0" for operator for further guidance.

#### Disclaimer

The Faces of Honor Program is coordinated by the American Academy of Facial Plastic and Reconstructive Surgery and its affiliated Foundation (together "the Academy"). The Academy's role is to serve as a resource to help find surgeons willing to provide surgery to qualified veterans without a surgical fee to the patient. The Academy does not provide medical or surgical care. Consequently, the Academy does not enter into a physician/patient relationship with anyone. Not all Academy members perform all procedures included in the field of facial plastic and reconstructive surgery. The Academy makes no warranties or representations about the skills of individual physicians or surgeons or their abilities.

Inclusion of a surgeon on the list of volunteers for this program does not indicate that the surgeon is qualified to perform the surgery needed. The Academy does not provide medical advice, and no one should rely on the Academy's statements in this document as providing such advice. Patients should rely exclusively on their physicians and surgeons for such advice.

Please Complete On Line or If You Need to Print the Form Please Use Blue or Black Ballpoint Pen Only. Print Neatly and Answer all Questions completely. Incomplete or Improperly Filled Out Applications Will Be Returned.

1. Name: \_\_\_\_\_

2. Mailing Address: \_\_\_\_\_

3. City / State / Zip Code \_\_\_\_\_

4. Home Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

5. E-mail Address \_\_\_\_\_

6. Please describe your war related injuries (**Injuries on the face, head or neck only**): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Which Branch of the Military did you serve? \_\_\_\_\_

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8. Which war or conflict did you serve and the dates:\_\_\_\_\_

9. Please provide the following: Check the boxes to the ones that are applicable and attached:

Military Identification for Active Duty Members or Active Reserve Members

Form DD 214 if discharged honorably from Active Duty

Form DD 2527 (Statement of Personal Injury) if available.

Purple Heart Citation where applicable.

Copies of medical treatment record for related injury if available.

Referral letter from referring physician if applicable and available.

10. Please complete the Attached Release Form at the Bottom of the Application.

11. How did you learn about FACES OF HONOR? Please circle the source

Friend Internet Newspaper Magazine Radio Agency TV Other\_\_\_\_\_

12. I verify that the statements on this application and attachments are true. I authorize release of this information to the AAFPRS and the surgeons providing the medical care needed to repair the damage caused by a war related injury.

Signature:\_\_\_\_\_ Date:\_\_\_\_\_