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**ORDER OF MILITARY MEDICAL MERIT
NOMINATION FORM**

1. FULL NAME OF NOMINEE: [REDACTED]
2. RANK: [REDACTED] 3. CORPS: MC 4. LAST 4 SSN: [REDACTED]
5. COMPLETE ADDRESS OF UNIT OF ASSIGNMENT: [REDACTED]
6. NOMINATOR'S NAME: [REDACTED]
7. RANK: [REDACTED] 8. CORPS: MC 9. O2M3 NUMBER: [REDACTED]
10. COMPLETE ADDRESS OF UNIT OF ASSIGNMENT: [REDACTED]
11. COMPLETE HOME ADDRESS OF WHERE PACKET IS TO BE SENT: [REDACTED]
12. EMAIL: [REDACTED] 13. PHONE NUMBER: [REDACTED]

1. Click on the arrow to expand

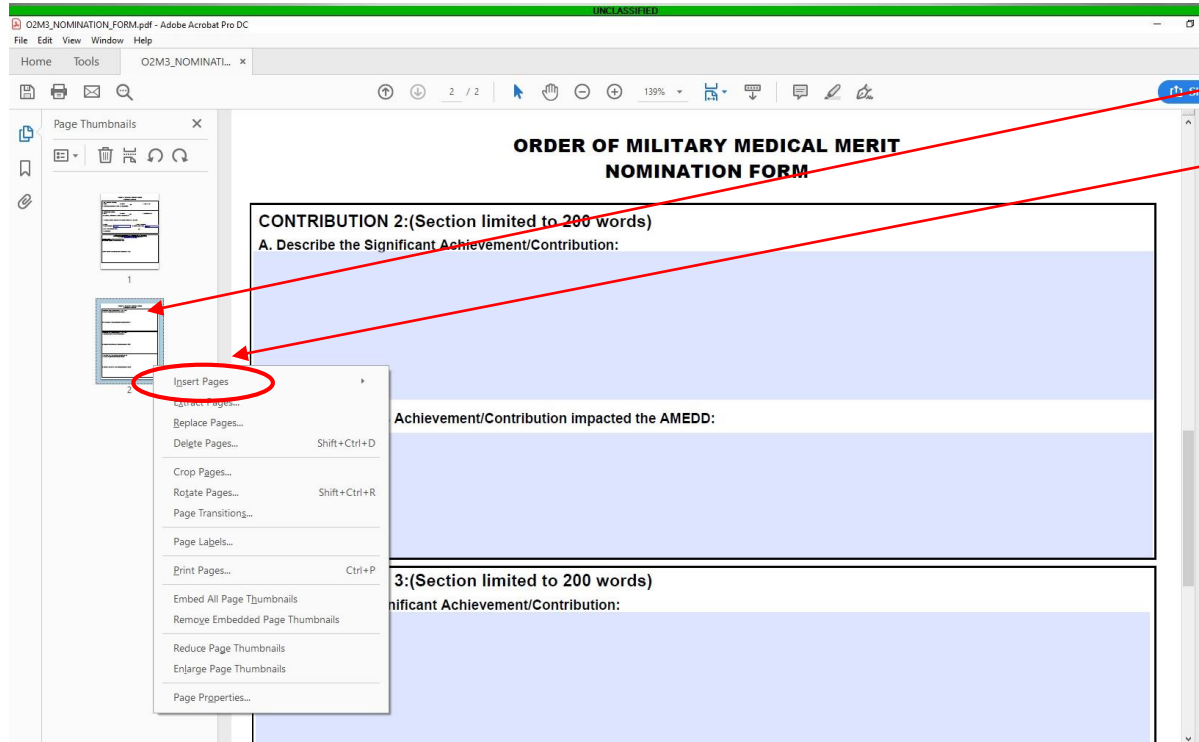
2. Right Click on the top icon

3. Click on "page thumbnails"

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NOMINATION FORM**

FULL NAME OF NOMINEE: [REDACTED]
3. CORPS: MC 4. LAST 4 SSN: [REDACTED]
ADDRESS OF UNIT OF ASSIGNMENT: [REDACTED]
6. NOMINATOR'S NAME: [REDACTED]
7. RANK: [REDACTED] 8. CORPS: MC 9. O2M3 NUMBER: [REDACTED]
10. COMPLETE ADDRESS OF UNIT OF ASSIGNMENT: [REDACTED]
11. COMPLETE HOME ADDRESS OF WHERE PACKET IS TO BE SENT: [REDACTED]
12. EMAIL: [REDACTED] 13. PHONE NUMBER: [REDACTED]
14. DUES PAYMENT: [REDACTED] 15. MEDALLION CHOICE: [REDACTED]

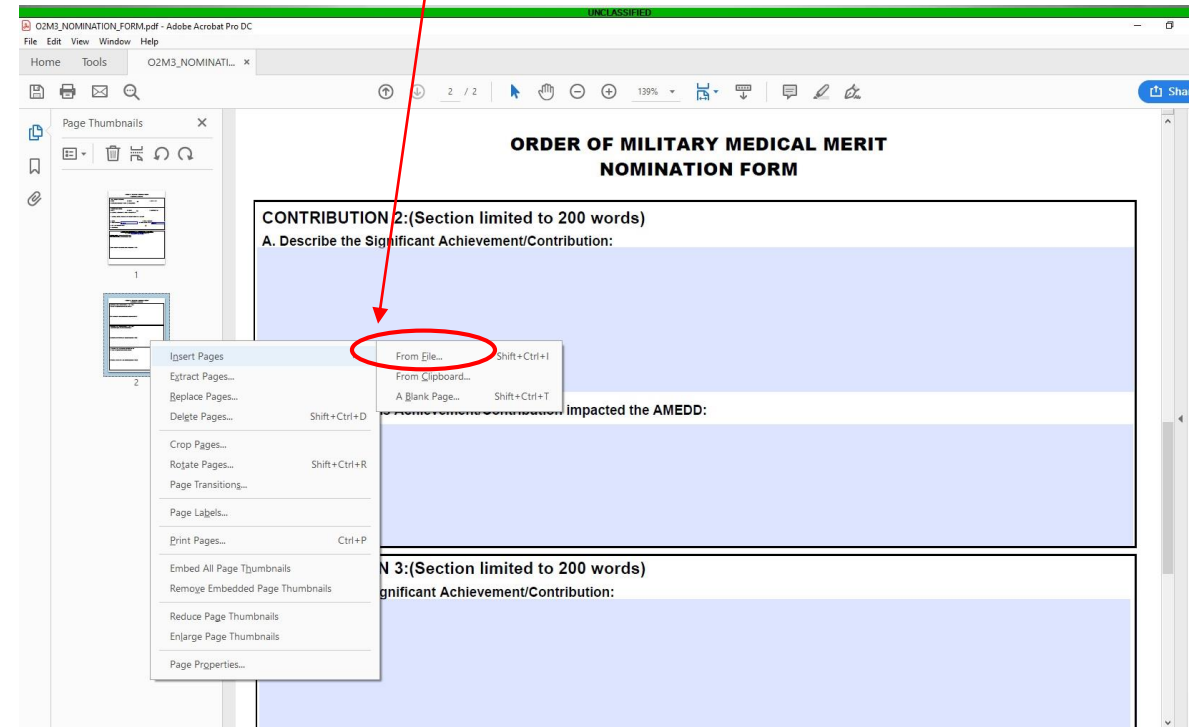
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4. Right Click on the last page

5. Hover on "Insert Pages"

6. Click on "From File"



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