INPATIENT TREATMENT RECORD COVER SHEET

For use of this form, see AR 40-400; the proponent agency is OTSG

1. REGISTER NUMBER			2. NAME (Last, First, MI)					3. GRADE	ADMISSION REMARKS
4. SEX	5. AGE	6. RACE	7. RELIGION	8. LENGTH OF SVC	9. ETS			10. PREVIOUS ADMISSION	
11. FMP		12. SSN		13. ORGANIZATION				14. WARD	
15. FLYING STATUS	16. RATING/ DSG		17. DEPT./ BEN	18. BRANCH/CORPS	19. UIC/ZIP			20. TYPE CASE	
21. SOURCE OF ADMISSION/AUTHORITY FOR ADMISSION					22. HOURS OF ADMISSION	23. CLINIC SERVICE			
24. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE				25. TYPE DISPOSITION		26. DATE OF DISPOSITION			
27a. ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)				27b. TELEPHONE NO.		28. DATE OF THIS ADMISSION			ADMITTING OFFICER
29. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY						30. DATE OF INTIAL ADMISSION			32. UNITS OF WHOLE BLOOD/ COMPONENT TRANSFUSED

31. SELECTED ADMINISTRATIVE DATA

☐ Check if Continued on Reverse

33. CAUSE OF INJURY

34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES

35. Total Days This Facility

a. ABSENT SICK DAYS	b. OTHER DAYS	c. CONV. LV/COOP CARE DAYS	d. SUPPLEMENTAL CARE DAYS	e. BED DAYS	f. TOTAL SICK DAYS

36. Total Days All Facilites

a. ABSENT SICK DAYS	b. OTHER DAYS	c. CONV. LV/COOP CARE DAYS	d. SUPPLEMENTAL CARE DAYS	e. BED DAYS	f. TOTAL SICK DAYS

SIGNATURE OF ATTENDING MEDICAL OFFICER	SIGNATURE OF PAD OR MEDICAL RECORDS OFFICER