

INPATIENT TREATMENT RECORD COVER SHEET *(For Plate Imprinting)*

For use of this form, see AR 40-400; the proponent agency is the Office of The Surgeon General.

PATIENT DATA ITEMS 1 - 30 <i>(Excluding Items 25 & 26)</i>		LINE	LEGEND	ADMISSION REMARKS	
		1	REGISTER NO. - NAME - GRADE		
		2	SEX - AGE - RACE - RELIGION - LENGTH OF SVC - ETS - PREVIOUS ADMISSION		
		3	FMP - SSN - ORGANIZATION - WARD		
		4	FLY STAT - RATING/DESG - DEPT/BEN - BRANCH/CORPS - UIC/ZIP - TYPE CASE		
		5	SOURCE & AUTHORITY FOR ADMISSION - HOUR OF ADMISSION - CLINIC SVC		
		6	NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE		
		7	ADDRESS OF EMERGENCY ADDRESSEE - PHONE NO. - DATE OF THIS ADMISSION		
				ADMITTING OFFICER	
25. TYPE DISPOSITION	26. DATE OF DISPOSITION	8	NAME & LOCATION OF MEDICAL TREATMENT FACILITY DATE OF INITIAL ADMISSION	32. UNITS OF WHOLE BLOOD/ COMPONENT TRANSFUSED	
31. SELECTED ADMINISTRATIVE DATA					
<input type="checkbox"/> CHECK IF CONTINUED ON REVERSE					
33. CAUSE OF INJURY					
34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES					
<input type="checkbox"/> CHECK IF CONTINUED ON REVERSE					
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 FACILITIES					
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		

