

TRANSFER OF PATIENT		HOSPITAL	DATE <i>(Day-month-year)</i>
TO: COMMANDING OFFICER THRU: CHIEF DEPARTMENT/SERVICE IT IS REQUESTED THAT PATIENT BE TRANSFERRED TO HOSPITAL	1. PATIENT IS <input type="checkbox"/> AMBULANT <input type="checkbox"/> LITTER	2. NUMBER OF ATTENDANTS NECESSARY	
	3. PROBABLE PERIOD OF FURTHER HOSPITALIZATION	4. ACCOMMODATIONS REQUIRED	
5. PATIENT'S IDENTIFICATION <i>(Use admitting or ward plate, if available. Patient's name (Last, first, middle initial), Grade, Service Number, Register number, Ward number and Organization)</i>	6. PRESENT CONDITION		
	7. DIAGNOSIS		
8. PATIENT'S HOME ADDRESS <i>(Street, city, zone number and state)</i>	9. REASON FOR TRANSFER		
SIGNATURE OF ATTENDING MEDICAL/DENTAL OFFICER	RECOMMEND APPROVAL <i>(Chief, Department or Service)</i>	APPROVED FOR THE COMMANDING OFFICER	

DA FORM 3981, DEC 1972

REPLACES DA FORM 8-6, 1 FEB 63 WHICH WILL BE USED.

For use of this form , see AR 40-400; the proponent agency is Office of the Surgeon General. APD LC v1.02ES