

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 72

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. USAPA V1.01