

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

For use of this form, see AR 40-66; the proponent agency is the Office of The Surgeon General.

REPORT TITLE

OTSG APPROVED *(Date)*
(YYYYMMDD)*(Continue on reverse)*PREPARED BY *(Signature & Title)*

DEPARTMENT/SERVICE/CLINIC

DATE (YYYYMMDD)

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name – last, first, middle; grade; date; hospital or medical facility)*☐ HISTORY/PHYSICAL☐ FLOW CHART☐ OTHER EXAMINATION
OR EVALUATION☐ OTHER *(Specify)*☐ DIAGNOSTIC STUDIES☐ TREATMENT