

INPATIENT TREATMENT RECORD COVER SHEET
 For use of this form, see AR 40-400; the proponent agency is OTSG

1. REGISTER NUMBER <small>(b)(6)-4</small>		2. <small>(b)(6)-4</small>			3. GRADE		ADMISSION REMARKS
4. SEX M	5. AGE	6. RACE	7. RELIGION	8. LENGTH OF SVC	9. EFS V/A	10. PREVIOUS ADMISSION	
11. FMP 99		12. SSN <small>(b)(6)-4</small>		13. ORGANIZATION		14. WARD ICU2	
15. FLYING STATUS	16. RATING/DSG	17. DEPT./BEN	18. BRANCH/CORPS EPW	19. UIC/ZIP	20. TYPE CASE INT		
21. SOURCE OF ADMISSION/AUTHORITY FOR ADMISSION Direct				22. HOURS OF ADMISSION 2000	23. CLINIC SERVICE ABAA		
24. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE			25. TYPE DISPOSITION <small>(b)(3)-1</small> EVAC TO	26. DATE OF DISPOSITION 29 MAY 03			
27a. ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)			27b. TELEPHONE NO.	28. DATE OF THIS ADMISSION 04 MAY 03		ADMITTING OFFICER	
29. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY <small>(b)(3)-1</small>				30. DATE OF INITIAL ADMISSION	32. UNITS OF WHOLE BLOOD/COMPONENT TRANSFUSED		
31. SELECTED ADMINISTRATIVE DATA							

Check if Continued on Reverse

33. CAUSE OF INJURY
WAR-Related Shooting

34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES

- 6 SW to pelvis E991.2 / 879.4
- ILEAL CONDUIT
- Right nephrectomy 55.01
- EVACUATION OF PELVIC HEMATOMA ~~665.7~~ 665.7
- BLADDER NECK - REPAIR OF LACERATION 75.69 665.5

CGDE _____

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 25	f. TOTAL SICK DAYS 25
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36. Total Days All Facilities

a. ABSENT SICK DAYS <small>(b)(6)-2</small>	b. OTHER DAYS	c. CONV. LV/COOP CARE DAYS	d. SUPPLEMENTAL CARE DAYS <small>(b)(6)-2</small>	e. BED DAYS	f. TOTAL SICK DAYS
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SIGN _____ SIGNA _____
 X _____ X _____