

REPORT OF TREATMENT FURNISHED PAY PATIENTS OUTPATIENT TREATMENT FURNISHED (PART B)

1. INSTALLATION PROVIDING TREATMENT <i>(Name and address)</i>				2. MONTH AND YEAR COVERED BY THIS REPORT	
3. CATEGORY OF PATIENTS			4. AUTHORITY FOR ADMISSION		
NAME <i>(Last, first, middle initial)</i> AND SSN 5	MILITARY GRADE 6	ORGANIZATION 7	DIAGNOSIS 8	TREATMENT	
				DATES 9	NUMBER 10
11. DATE	12. AUTHENTICATION <i>(Signature, military grade, organization of Commanding Officer)</i>			13. TOTAL	