INPATIENT TREATMENT RECORD COVER SHL

For use of this form, see AR 40-400; the proponent agency is OTSG

1. REGISTER NUMBER	2. NAME (Last, First, MI)	3. GRADE	ADMISSION REMARKS
(b)(6)-4	(b)(6)-4		

4. SEX	5. AGE	6. RACE	7. RELIGION	8. LENGTH OF SVC	9. ETS	10. PREVIOUS ADMISSION
M	34	O	MUS			NO

11. FMP	12. SSN	13. ORGANIZATION	14. WARD
	(b)(6)-4	IRAQ	OR

15. FLYING STATUS	16. RATING/ OSG	17. DEPT./ BEN	18. BRANCH/CORPS	19. UIC/ZIP	20. TYPE CASE
NO		/	CIV		INJ

21. SOURCE OF ADMISSION/AUTHORITY FOR ADMISSION	22. HOURS OF ADMISSION	23. CLINIC SERVICE
EMT	0323	

24. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE	25. TYPE DISPOSITION	26. DATE OF DISPOSITION
(b)(6)-4	TRANS	28 MAR 03

27a. ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)	27b. TELEPHONE NO.	28. DATE OF THIS ADMISSION	ADMITTING OFFICER
		27 MAR 03	

29. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY	30. DATE OF INTIAL ADMISSION	32. UNITS OF WHOLE BLOOD/ COMPONENT TRANSFUSED
(b)(3)-1	27 MAR 03	

31. SELECTED ADMINISTRATIVE DATA

☐ Check if Continued on Reverse

33. CAUSE OF INJURY

34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES

DX. MULTIPLE SHRAPNEL WOUND

CODING INFORMTION: 959.7

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	f. TOTAL SICK DAYS
				2	2

36. Total Days All Facilites

a. ABSENT SICK DAYS	b. OTHER DAYS	c. CONV. LV/COOP CARE DAYS	d. SUPPLEMENTAL CARE DAYS	e. BED DAYS	f. TOTAL SICK DAYS

SIGNATURE OF ATTENDING MEDICAL OFFICER	SIGNATURE OF PAD OR MEDICAL RECORDS OFFICER

DA FORM 3647, MAY 79 EDITION OF 1 AUG 78 IS OBSOLETE USAPPC V1.10

Dob 19690101

K78

20

558-103 (See Instructions on Back of this Sheet) NSN 7540-01-075-3786

EMERGENCY CARE AND TREATMENT
(Medical Record)

TREATMENT FACILITY (Stamp)

LOG NUMBER

ARRIVAL				TRANSPORTATION TO HOSPITAL (Attach care enroute sheet)	CURRENT MEDS. (tetanus immunization and other data)	HISTORY OBTAINED FROM
DAY	MONTH	YR.	TIME	PRIVATE VEHICLE [ ] / AMBULANCE [X] / OTHER (Specify) [ ]		PATIENT [ ] OTHER (Specify) [X]
27	03	03	0315			ALLERGIES

PATIENT'S HOME ADDRESS OR DUTY STATION (City, State and ZIP Code)
(b)(6)-4

HOME TELE. NO. (Inc. area code)

CHIEF COMPLAINT(S) (Include symptom(s), duration): Shrapnel injuries to (R) lower ext.

SEX: M

AGE:

POSSIBLE THIRD PARTY PAYER? [ ] YES [ ] NO

TIME SEEN BY PROVIDER: 0315

VITAL SIGNS

TIME	0320	0440	0555
BP	112/71	144/74	134/63
PULSE	115	95	102
RESP.	22	20	16
TEMP.	98.4		
WT. (Child)	SpO2 96%	95%	97

CATEGORY (See reverse)

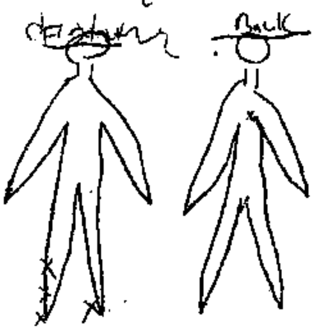
- [ ] EMERGENT
- [X] URGENT
- [ ] NON-URGENT

ORDERS	INITS.	TIME
2mg [illegible]	[illegible]	0340
[illegible]	[illegible]	[illegible]
~~Ancef 1 gram IVPB~~	AL	0335
~~Tetanus .5 IM~~	[illegible]	0335
~~Foley cath~~	DS	0550
~~IV x2 [illegible]~~	DS	0550

ASSESSMENT/DIAGNOSIS: Multiple shrapnel wounds Rt calf, Rt heel, posterior back

DESCRIBE (1) Subjective data (Pertinent History); (2) Objective data (Examination - include results of tests and x-rays); (3) Assessment (Diagnosis); (4) Plan (Treatment/Procedures - include medication given and follow-up)

34 y/o male old local national who was hit by indirect fire has shrapnel injury bilateral lower extremities. Pt not speak English. (R) calf injury with devitalized tissue in wall [illegible] (R) distal tib/fib and (R) heel on wall. Pt given morphine 10mg [illegible] wounds washed out. On arrival EMT pt awake, alert. No acute distress.



PMH: unknown but noted

Allergies: NKDA per report

Meds: Morphine

VS per above

10.1 / 276 / 29.7

Heent: PERRL, EOMI

Resp: [illegible] clear bilat. Equal BS

Neuro: CN 2-12 intact

Cardiac: RRR, NL S1, S2

(b)(6)-2 w/o [illegible] GCS 15

Abdomen: Soft

Extrem: ⊕ DP pulse 2+ Rt with multiple fragments to calf & exposed bone [illegible] defect [illegible]. Rt heel ⊕ fragments [illegible]. Left foot - laceration [illegible] 3rd to 5th toe

A/P

(CONTINUE ON SF 507, IF NEEDED)

DISPOSITION (Check all that apply)

HOME	FULL DUTY
QUARTERS	
24 Hrs. / 48 Hrs. / 72 Hrs.	

MODIFIED DUTY UNTIL: DAY / MONTH / YEAR

REFERRED TO (Indicate clinic)

EMERGENCY	TODAY
72 HOURS	ROUTINE

ADMIT. TO HOSP. UNIT/SERVICE: ICW 2

CONDITION UPON RELEASE

IMPROVED	UNCHANGED
DETERIORATED	

TIME OF RELEASE: 0600

PATIENT'S IDENTIFICATION (Mechanical imprint) FOR WRITTEN ENTRIES GIVE: Name - last, first, middle; SSN; DOB, service status, name and relation of sponsor or next of kin. (IMPORTANT: LIST FACILITY HOLDING TREAT-
(b)(6)-4

SIGNATURE OF PROVIDER AND ID STAMP
(b)(6)-2

INSTR[UCTIONS TO PATIENT, including] any limitations and follow-up plans)

EMERGENCY CARE AND TREATMENT

MEDCOM - 2661 Copy

STANDARD FORM 558 (REV. 6-82)
Prescribed by GSA and ICMR
FIRMR (41 CFR) 201-45.505

ADMISSION AND CODING INFORMATION

For use of this form, see AR 40-400; proponent agency is OTSG

1. REPORTING MTF (1–6): (b)(3)-1 — ATF LOCATION (7–8) (State or Country Code)

3. REGISTER NUMBER (9–15): (b)(6)-4 — NAME (Last, First, Middle Initial): (b)(6)-4

4. PAY GRADE (16–17)

5. SEX (18): M

6. DATE OF BIRTH (Y Y Y Y M M D D) (19–26): 1 9 6 9 0 7 0 1

7. AGE AT ADMISSION (27–29): 3 4 Y

8. RACE (30)

9. ETHNIC BACKGROUND (31)

RELIGION: Mus

10. LENGTH OF SERVICE (32–34)

ETS

11. FMP (35–36): 2 6 CIV

12. SOCIAL SECURITY NUMBER (37–45): (b)(6)-4

ORGANIZATION (Active Duty Only)

13. MARITAL STATUS (46): M

HOUR OF ADMISSION: 0823

BRANCH / CORPS

14. FLYING STATUS (47–49)

15. BENEFICIARY CATEGORY (50–52): K 7 6 CIV

16. ZIP CODE OF RESIDENCE (53–61)

17. UNIT LOCATION (State or Country Code) (62–63)

18. MOS (64–70)

19. TRAUMA (71): INJ

PREV. ADMISSION — YEAR — [X] NO

20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION (72): EMT

WARD: OR ~~ICU~~

NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE: (b)(6)-4 (BROTHER)

ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)

NAME AND LOCATION OF MEDICAL TREATMENT FACILITY: (b)(3)-1

TELEPHONE NUMBER OF EMERGENCY ADDRESSEE: (b)(6)-4

21. TYPE OF DISPOSITION (73–74): Transferred

22. MTF TRANSFERRED TO (75–80): (b)(3)-1

23. DATE OF DISPOSITION (Y Y M M D D) (81–86): 0 3 0 3 2 8 1850

24. CLINIC SVC - ADMITTING (87–90)

25. MTF TRANSFERRED FROM (91–96)

26. DATE THIS ADMISSION (Y Y M M D D) (97–102)

27. LOCATION OF OCCURRENCE (Battle Casualty Only) (103–104)

28. MTF OF INITIAL ADMISSION (105–110)

29. DATE INITIAL ADMISSION (Y Y M M D D) (111–116): 0 3 0 3 2 7

FOR LOCAL USE

Multiple chrpnel Wound
- Rt leg
- Left foot
- posterior Back

Inj Trauma
443 1

DX
8911
8921
8931
8761
E9919

Proc: 9659

ADMITTING OFFICER (Signature, as required): (b)(6)-2

SIGNATURE OF ADMITTING CLERK: (b)(6)-2

DA FORM 2985, MAR 89 — EDITION OF MAY 79 IS OBSOLETE

INPATIENT TREATMENT RECORD COVER SHEET

For use of this form, see AR 40-400; the proponent agency is OTSG

1. REGISTER NUMBER	2. NAME (Last, First, MI)	3. GRADE	ADMISSION REMARKS
(b)(6)-4	(b)(6)-4		

4. SEX	5. AGE	6. RACE	7. RELIGION	8. LENGTH OF SVC	9. ETS	10. PREVIOUS ADMISSION
M	23	O	MUS			NO

11. FMP	12. SSN	13. ORGANIZATION	14. WARD
		IRAQ	OR

15. FLYING STATUS	16. RATING/ DSG	17. DEPT./ BEN	18. BRANCH/CORPS	19. UIC/ZIP	20. TYPE CASE
NO			EPW		INJ

21. SOURCE OF ADMISSION/AUTHORITY FOR ADMISSION	22. HOURS OF ADMISSION	23. CLINIC SERVICE
EMT	0300	

24. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE	25. TYPE DISPOSITION	26. DATE OF DISPOSITION
(b)(6)-4	TRANS	27 MAR 03

27a. ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)	27b. TELEPHONE NO.	28. DATE OF THIS ADMISSION	ADMITTING OFFICER
BAGHDAD	(b)6-4 (b)(3)-1	27 MAR 03	

29. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY	30. DATE OF INITIAL ADMISSION	32. UNITS OF WHOLE BLOOD/ COMPONENT TRANSFUSED
(b)(3)-1	27 MAR 03	

31. SELECTED ADMINISTRATIVE DATA

☐ Check if Continued on Reverse

33. CAUSE OF INJURY

34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES

DX: DESJASION

CODING INFORMATION: 821.10

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	f. TOTAL SICK DAYS

36. Total Days All Facilitas

a. ABSENT SICK DAYS	b. OTHER DAYS	c. CONV. LV/COOP CARE DAYS	d. SUPPLEMENTAL CARE DAYS	e. BED DAYS	f. TOTAL SICK DAYS

SIGNATURE OF ATTENDING MEDICAL OFFICER	SIGNATURE OF PAD OR MEDICAL RECORDS OFFICER

DA FORM 3647, MAY 79 EDITION OF 1 AUG 78 IS OBSOLETE USAPPC V1.10

ADMISSION AND CODING INFORMATION

For use of this form, see AR 40-400; proponent agency is OTSG

1. REPORTING MTF — 1 2 3 4 5 6 7 8 — [b(3)-1]
2. MTF LOCATION (State or Country Code)
3. REGISTER NUMBER — 9 10 11 12 13 14 15 — [b(6)-4]
NAME (Last, First, Middle Initial) — [b(6)-4]
4. PAY GRADE — 16 17
5. SEX — 18 — M
6. DATE OF BIRTH (Y Y Y Y M M D D) — 19 20 21 22 23 24 25 26 — 1 9 7 9 1 1 0 1
7. AGE AT ADMISSION — 27 28 29 — 2 3 Y
8. RACE — 30
9. ETHNIC BACK-GROUND — 31
RELIGION — Muslim
10. LENGTH OF SERVICE — 32 33 34
ETS
11. FMP — 35 36 — 2 0 — EPW
12. SOCIAL SECURITY NUMBER — [b(6)-4] — 37 38 39 40 41 42 43 44 45 — [b(6)-4]
ORGANIZATION (Active Duty Only) — [b(3)-1]
13. MARITAL STATUS — 46 — S
HOUR OF ADMISSION — 0300
BRANCH / CORPS — n/a
14. FLYING STATUS — 47 48 49
15. BENEFICIARY CATEGORY — 50 51 52 — E P W — EPW
16. ZIP CODE OF RESIDENCE — 53 54 55 56 57 58 59 60 61
17. UNIT LOCATION (State or Country Code) — 62 63
18. MOS — 64 65 66 67 68 69 70
19. TRAUMA — 71 — Inj
PREV. ADMISSION — YEAR — NO
20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION — 72 — GMT
WARD — OK
NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE — [b(6)-4]
ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code) — [b(6)-4] — [b(6)-4]
NAME AND LOCATION OF MEDICAL TREATMENT FACILITY — [b(3)-1]
TELEPHONE NUMBER OF EMERGENCY ADDRESSEE — [b(6)-4]
21. TYPE OF DISPOSITION — 73 74 — Transfer
22. MTF TRANSFERRED TO — [b(3)-1] — 75 76 77 78 79 80 — [b(3)-1]
23. DATE OF DISPOSITION (Y Y M M D D) — 81 82 83 84 85 86 — 0 3 0 3 2 7 — 1130
24. CLINIC SVC - ADMITTING — 87 88 89 90
25. MTF TRANSFERRED FROM — 91 92 93 94 95 96
26. DATE THIS ADMISSION (Y Y M M D D) — 97 98 99 100 101 102
27. LOCATION OF OCCURRENCE (Battle Casualty Only) — 103 104
28. MTF OF INITIAL ADMISSION — 105 106 107 108 109 110
29. DATE INITIAL ADMISSION (Y Y M M D D) — 111 112 113 114 115 116 — 0 3 0 3 2 7 — 0300

FOR LOCAL USE

Dx 82110
99812

Inj Trauma
430 1

ADDRESS [b(6)-2] — [b(6)-2] — APO, AE, USA.

SIGNATURE OF ADMITTING CLERK — [b(6)-2]

DA FORM 2985, MAR 89 — EDITION OF MAY 79

MEDCOM - 2664

INPATIENT TREATMENT RECORD COVER SH.

For use of this form, see AR 40-400; the proponent agency is OTSG

1. REGISTER NUMBER	2. NAME (Last, First, MI) FIRST NAME LAST NAME		3. GRADE	ADMISSION REMARKS
(b)(6)-4	(b)(6)-4			

4. SEX	5. AGE	6. RACE	7. RELIGION	8. LENGTH OF SVC	9. ETS	10. PREVIOUS ADMISSION
M		O	MUS			NO

11. FMP	12. SSN	13. ORGANIZATION	14. WARD
	(b)(6)-4	IRAQ	ICU1

15. FLYING STATUS	16. RATING/ OSG	17. DEPT./ BEN	18. BRANCH/CORPS	19. UIC/ZIP	20. TYPE CASE
NO			EPW		INJ

21. SOURCE OF ADMISSION/AUTHORITY FOR ADMISSION	22. HOURS OF ADMISSION	23. CLINIC SERVICE
EMT	0400	

24. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE	25. TYPE DISPOSITION	26. DATE OF DISPOSITION
(b)(6)-4	TRANS	27 MAR 03

27a. ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)	27b. TELEPHONE NO.	28. DATE OF THIS ADMISSION	ADMITTING OFFICER
		27 MAR 03	

29. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY	30. DATE OF INTIAL ADMISSION	32. UNITS OF WHOLE BLOOD/ COMPONENT TRANSFUSED
(b)(3)-1	27 MAR 03	

31. SELECTED ADMINISTRATIVE DATA

☐ Check if Continued on Reverse

33. CAUSE OF INJURY

34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES

DX: GUN SHOT WOUND LEFT ELBOW

CODING INFORMATION: 991.2

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	f. TOTAL SICK DAYS
				1	1

36. Total Days All Facilites

a. ABSENT SICK DAYS	b. OTHER DAYS	c. CONV. LV/COOP CARE DAYS	d. SUPPLEMENTAL CARE DAYS	e. BED DAYS	f. TOTAL SICK DAYS

SIGNATURE OF ATTENDING MEDICAL OFFICER	SIGNATURE OF PAD OR MEDICAL RECORDS OFFICER

DA FORM 3647, MAY 79 EDITION OF 1 AUG 78 IS OBSOLETE USAPPC V1.10

(b)(6)-4

ADMISSION AND CODING INFORMATION

For use of this form, see AR 40-400; proponent agency is OTSG

1. REPORTING MTF	MTF LOCATION (State or Country Code)	3. REGISTER NUMBER	NAME (Last, First, Middle Initial)	4. PAY GRADE	5. SEX
(b)(3)-1		(b)(6)-4	(b)(6)-4		M

6. DATE OF BIRTH (Y Y Y Y M M D D)	7. AGE AT ADMISSION	8. RACE	9. ETHNIC BACK-GROUND	RELIGION
19720101	31Y			MUS

10. LENGTH OF SERVICE	ETS	11. FMP	12. SOCIAL SECURITY NUMBER
		20 CPW	(b)(6)-4

ORGANIZATION (Active Duty Only)	13. MARITAL STATUS	HOUR OF ADMISSION	BRANCH / CORPS
		04:00HRS	

14. FLYING STATUS	15. BENEFICIARY CATEGORY	16. ZIP CODE OF RESIDENCE
	K78	

17. UNIT LOCATION (State or Country Code)	18. MOS	19. TRAUMA	PREV. ADMISSION
		INJ	YEAR / NO

20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION	WARD	NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE
0 EMT	ICU 1	(b)(6)-4 (FATHER)

NAME AND LOCATION (b)(3)-1	ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)
	TELEPHONE NUMBER OF EMERGENCY ADDRESSEE

21. TYPE OF DISPOSITION	22. MTF TRANSFERRED TO	23. DATE OF DISPOSITION (Y Y M M D D)
21 Transfer	(b)(3)-1	030327 1130

24. CLINIC SVC - ADMITTING	25. MTF TRANSFERRED FROM	26. DATE THIS ADMISSION (Y Y M M D D)

27. LOCATION OF OCCURRENCE (Battle Casualty Only)	28. MTF OF INITIAL ADMISSION	29. DATE INITIAL ADMISSION (Y Y M M D D)
		030327 0400

FOR LOCAL USE

GSW (L) ELBOW - DY 88101 E9212

Injury Trauma 450 1

(b)(6)-2

SIGNATURE OF ADMITTING CLERK (b)(6)-2

EDITION OF MAY 79 IS OBSOLETE

INPATIENT TREATMENT RECORD COVER SHE.

For use of this form, see AR 40-400; the proponent agency is OTSG

1. REGISTER NUMBER	2. NAME (Last, First, MI)	3. GRADE	ADMISSION REMARKS
(b)(6)-4	(b)(6)-4		

4. SEX	5. AGE	6. RACE	7. RELIGION	8. LENGTH OF SVC	9. ETS	10. PREVIOUS ADMISSION
M	43	O	MUS			NO

11. FMP	12. SSN	13. ORGANIZATION	14. WARD
	(b)(6)-4 b(6)-4	IRAQ	ICU1

15. FLYING STATUS	16. RATING/ DSG	17. DEPT./ BCN	18. BRANCH/CORPS	19. UIC/ZIP	20. TYPE CASE
NO			EPW		INJ

21. SOURCE OF ADMISSION/AUTHORITY FOR ADMISSION	22. HOURS OF ADMISSION	23. CLINIC SERVICE
EMT	0400	

24. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE	25. TYPE DISPOSITION	26. DATE OF DISPOSITION
(b)(6)-4	TRANS	27 MAR 03

27a. ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)	27b. TELEPHONE NO.	28. DATE OF THIS ADMISSION	ADMITTING OFFICER
	b(6)-4 (b)(3)-1	27 MAR 03	

29. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY	30. DATE OF INTIAL ADMISSION	32. UNITS OF WHOLE BLOOD/ COMPONENT TRANSFUSED
(b)(3)-1 IRAQ	27 MAR 03	

31. SELECTED ADMINISTRATIVE DATA

☐ Check if Continued on Reverse

33. CAUSE OF INJURY

34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES

DX: GUN SHOT WOUND LEFT HIP

CODING INFORMATION: 991.2

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	f. TOTAL SICK DAYS
				1	1

36. Total Days All Facilites

a. ABSENT SICK DAYS	b. OTHER DAYS	c. CONV. LV/COOP CARE DAYS	d. SUPPLEMENTAL CARE DAYS	e. BED DAYS	f. TOTAL SICK DAYS

SIGNATURE OF ATTENDING MEDICAL OFFICER	SIGNATURE OF PAD OR MEDICAL RECORDS OFFICER

DA FORM 3647, MAY 79 EDITION OF 1 AUG 76 IS OBSOLETE USAPPC V1.10

(b)(3)-1

ADMISSION AND CODING INFORMATION

For use of this form, see AR 40-400; proponent agency is OTSG

1. REPORTING MTF		ITF LOCATION (State or Country Code)
1 2 3 4 5 6	7 8	
(b)(3)-1	I Z	

3. REGISTER NUMBER	NAME (Last, First, Middle Initial)	4. PAY GRADE	5. SEX
9 10 11 12 13 14 15		16 17	18
(b)(6)-4	(b)(6)-4		4

6. DATE OF BIRTH (Y Y Y Y M M D D)	7. AGE AT ADMISSION	8. RACE	9. ETHNIC BACK-GROUND	RELIGION
19 20 21 22 23 24 25 26	27 28 29	30	31	
1 9 5 9 0 1 2 3	4 3 4			Islam

10. LENGTH OF SERVICE	ETS	11. FMP	12. SOCIAL SECURITY NUMBER
32 33 34		35 36 EPW	37 38 39 40 41 42 43 44 45
		2 0	(b)(6)-4

ORGANIZATION (Active Duty Only)	13. MARITAL STATUS	HOUR OF ADMISSION	BRANCH / CORPS
	46	04:00	
	M		

14. FLYING STATUS	15. BENEFICIARY CATEGORY	16. ZIP CODE OF RESIDENCE
47 48 49	50 51 52 EPW	53 54 55 56 57 58 59 60 61
	K 7 8	

17. UNIT LOCATION (State or Country Code)	18. MOS	19. TRAUMA	PREV. ADMISSION
62 63	64 65 66 67 68 69 70	71	YEAR ☐ NO
		INT	

20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION	WARD	NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE
72		(b)(6)-4
EMT	ICU 1	ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)

NAME AND LOCATION OF MEDICAL TREATMENT FACILITY	TELEPHONE NUMBER OF EMERGENCY ADDRESSEE
(b)(3)-1	(b)(3)-1 (b)(6)-4

21. TYPE OF DISPOSITION	22. MTF TRANSFERRED TO	23. DATE OF DISPOSITION (Y Y M M D D)
73 74	75 76 77 78 79 80	81 82 83 84 85 86
Transfer	(b)(3)-1	0 3 0 3 2 7 1130

24. CLINIC SVC - ADMITTING	25. MTF TRANSFERRED FROM	26. DATE THIS ADMISSION (Y Y M M D D)
87 88 89 90	91 92 93 94 95 96	97 98 99 100 101 102

27. LOCATION OF OCCURRENCE (Battle Casualty Only)	28. MTF OF INITIAL ADMISSION	29. DATE INITIAL ADMISSION (Y Y M M D D)
103 104	105 106 107 108 109 110	111 112 113 114 115 116
		0 3 0 3 2 7 0400

FOR LOCAL USE

GSW Chip Dx 8900 E9912 Inj Training 450 1

AD (b)(6)-2 required)	SIGNATURE (b)(6)-2

DA FORM 2985, MAR 89 EDITION OF MAY 79 IS OBSOLETE

INPATIENT TREATMENT RECORD COVER SHEET

For use of this form, see AR 40-400; the proponent agency is OTSG

1. REGISTER NUMBER	2. NAME (Last, First, MI)					3. GRADE	ADMISSION REMARKS
(b)(6)-4	(b)(6)-4						
4. SEX: M	5. AGE: 50	6. RACE: O	7. RELIGION: MUS	8. LENGTH OF SVC	9. ETS	10. PREVIOUS ADMISSION: NO	
11. FMP: 20 1178	12. SSN: (b)(6)-4		13. ORGANIZATION: IRAQ			14. WARD: ICU3	
15. FLYING STATUS: NO	16. RATING/ OSG	17. DEPT./ BEN	18. BRANCH/CORPS: EPW	19. UIC/ZIP		20. TYPE CASE: INJ	

21. SOURCE OF ADMISSION/AUTHORITY FOR ADMISSION	22. HOURS OF ADMISSION	23. CLINIC SERVICE
EMT	0011	

24. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE	25. TYPE DISPOSITION	26. DATE OF DISPOSITION
	TRANS	28 MAR 03

27a. ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)	27b. TELEPHONE NO.	28. DATE OF THIS ADMISSION	ADMITTING OFFICER
		28 MAR 03	

(b)(3)-1 TMENT FACILITY	30. DATE OF INTIAL ADMISSION	32. UNITS OF WHOLE BLOOD/ COMPONENT TRANSFUSED
	28 MAR 03	

31. SELECTED ADMINISTRATIVE DATA

☐ Check if Continued on Reverse

33. CAUSE OF INJURY

34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES

DX: GUN SHOT WOUND ABD

CODING INFORMATION: 868.00

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	f. TOTAL SICK DAYS
				1	1

36. Total Days All Facilites

a. ABSENT SICK DAYS	b. OTHER DAYS	c. CONV. LV/COOP CARE DAYS	d. SUPPLEMENTAL CARE DAYS	e. BED DAYS	f. TOTAL SICK DAYS

SIGNATURE OF ATTENDING MEDICAL OFFICER	SIGNATURE OF PAD OR MEDICAL RECORDS OFFICER

DA FORM 3647, MAY 79 EDITION OF 1 AUG 76 IS OBSOLETE USAPPC V1.00

(b)(6)-4

ADMISSION AND CODING INFORMATION

For use of this form, see AR 40-400; proponent agency is OTSG

1. REPORTING MTF								IF LOCATION (State or Country Code)
1	2	3	4	5	6	7	8	
(b)(3)-1								

3. REGISTER NUMBER							NAME (Last, First, Middle Initial)	4. PAY GRADE		5. SEX
9	10	11	12	13	14	15		16	17	18
(b)(6)-4							(b)(6)-4			M

6. DATE OF BIRTH (Y Y Y Y M M D D)								7. AGE AT ADMISSION			8. RACE	9. ETHNIC BACK-GROUND	RELIGION
19	20	21	22	23	24	25	26	27	28	29	30	31	
1	9	5	5	0	7	0	1	5	0	Y			MUS

10. LENGTH OF SERVICE			ETS	11. FMP		12. SOCIAL SECURITY NUMBER								
32	33	34		35	36	37	38	39	40	41	42	43	44	45
				2	0	(b)(6)-4								

ORGANIZATION (Active Duty Only)	13. MARITAL STATUS	HOUR OF ADMISSION	BRANCH / CORPS
	46		
	M	0011	EPW

14. FLYING STATUS			15. BENEFICIARY CATEGORY				16. ZIP CODE OF RESIDENCE								
47	48	49	50	51	52	EPW	53	54	55	56	57	58	59	60	61
			K	7	8										

17. UNIT LOCATION (State or Country Code)		18. MOS							19. TRAUMA		PREV. ADMISSION	
62	63	64	65	66	67	68	69	70	71	INJ	YEAR	NO
												☐

20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION		WARD	NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE
72	EMT	ICW3	
0			ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)
NAME AND LOCATION OF MEDICAL TREATMENT FACILITY (b)(3)-1			TELEPHONE NUMBER OF EMERGENCY ADDRESSEE

21. TYPE OF DISPOSITION		22. MTF TRANSFERRED TO							23. DATE OF DISPOSITION (Y Y M M D D)						
73	74	75	76	77	78	79	80	(b)(3)-1	81	82	83	84	85	86	
Transfered									0	3	0	3	2	8	1850

24. CLINIC SVC - ADMITTING				25. MTF TRANSFERRED FROM						26. DATE THIS ADMISSION (Y Y M M D D)					
87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102

27. LOCATION OF OCCURRENCE (Battle Casualty Only)		28. MTF OF INITIAL ADMISSION						29. DATE INITIAL ADMISSION (Y Y M M D D)					
103	104	105	106	107	108	109	110	111	112	113	114	115	116
								0	3	0	3	2	8

FOR LOCAL USE

DX: ~~GSW~~ ~~ABD~~ Dx 8792 E9912

INJ 450

Trauma 1

ADMITTING OFFICER (Signature, as required) (b)(6)-2

SIGNATURE OF ADMITTING CLERK Spc (b)(6)-2

DA FORM 2985, MAR 89 EDITION OF MAY 79 IS OBSOLETE

MEDCOM - 2670

INPATIENT TREATMENT RECORD COVER SHEET

For use of this form, see AR 40-400; the proponent agency is OTSG

1. REGISTER NUMBER	(b)(6)-4		3. GRADE	ADMISSION REMARKS
(b)(6)-4				

4. SEX	5. AGE	6. RACE	7. RELIGION	8. LENGTH OF SVC	9. ETS	10. PREVIOUS ADMISSION
M	30	O	MUS			NO

11. FMP	12. SSN	13. ORGANIZATION	14. WARD
20 1178	(b)(6)-4	IRAQ	ICU3

15. FLYING STATUS	16. RATING/ DSG	17. DEPT./ BEN	18. BRANCH/CORPS	19. DIC/ZIP	20. TYPE CASE
NO			EPW		INJ

21. SOURCE OF ADMISSION/AUTHORITY FOR ADMISSION	22. HOURS OF ADMISSION	23. CLINIC SERVICE
EMT	0011	

24. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE	25. TYPE DISPOSITION	26. DATE OF DISPOSITION
	TRANS	28 MAR 03

27a. ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)	27b. TELEPHONE NO.	28. DATE OF THIS ADMISSION	ADMITTING OFFICER
		28 MAR 03	

29. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY	30. DATE OF INITIAL ADMISSION	32. UNITS OF WHOLE BLOOD/ COMPONENT TRANSFUSED
(b)(3)-1	28 MAR 03	

31. SELECTED ADMINISTRATIVE DATA

☐ Check if Continued on Reverse

33. CAUSE OF INJURY

34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES

DX: GUN SHOT WOUND ABDOMEN

CODING INFORMATION: 868.00

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	f. TOTAL SICK DAYS
				1	1

36. Total Days All Facilites

a. ABSENT SICK DAYS	b. OTHER DAYS	c. CONV. LV/COOP CARE DAYS	d. SUPPLEMENTAL CARE DAYS	e. BED DAYS	f. TOTAL SICK DAYS

SIGNATURE OF ATTENDING MEDICAL OFFICER	SIGNATURE OF PAD OR MEDICAL RECORDS OFFICER

(b)(6)-4

ADMISSION AND CODING INFORMATION

For use of this form, see AR 40-400; proponent agency is OTSG

1. REPORTING MTF	2. MTF LOCATION (State or Country Code)
(b)(3)-1	

3. REGISTER NUMBER	NAME (Last, First, Middle Initial)	4. PAY GRADE	5. SEX
(b)(6)-4	(b)(6)-4		M

6. DATE OF BIRTH (Y Y Y Y M M D D)	7. AGE AT ADMISSION	8. RACE	9. ETHNIC BACKGROUND	RELIGION
19730101	30Y			MUS.

10. LENGTH OF SERVICE	ETS	11. FMP	12. SOCIAL SECURITY NUMBER
		20	(b)(6)-4

ORGANIZATION (Active Duty Only)	13. MARITAL STATUS	HOUR OF ADMISSION	BRANCH / CORPS
		0011	EPW

14. FLYING STATUS	15. BENEFICIARY CATEGORY	16. ZIP CODE OF RESIDENCE
	KTS EPW	

17. UNIT LOCATION (State or Country Code)	18. MOS	19. TRAUMA	PREV. ADMISSION
		INJ	YEAR / X NO

20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION	WARD	NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE
EMT	ICW3	

NAME AND LOC (b)(3)-1	ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)
	TELEPHONE NUMBER OF EMERGENCY ADDRESSEE

21. TYPE OF DISPOSITION	22. MTF TRANSFERRED TO	23. DATE OF DISPOSITION (Y Y M M D D)
TRANSFERED	(b)(3)-1	030328 1850

24. CLINIC SVC - ADMITTING	25. MTF TRANSFERRED FROM	26. DATE THIS ADMISSION (Y Y M M D D)

27. LOCATION OF OCCURRENCE (Battle Casualty Only)	28. MTF OF INITIAL ADMISSION	29. DATE INITIAL ADMISSION (Y Y M M D D)
		030328 0011

FOR LOCAL USE

Dx: GSW ABD

DY 8792
E 9912

Inj Trauma
450 1

ADMITTING OFFICER (Signature, as required)	SIGNATURE OF ADMITTING CLERK
(b)(6)-2	(b)(6)-2

DA FORM 2985, MAR 89 EDITION OF MAY 79 IS OBSOLETE

INPATIENT TREATMENT RECORD COVER SHEET

For use of this form, see AR 40-400; the proponent agency is OTSG

1. REGISTER NUMBER	2. NAME (Last, First, MI)			3. GRADE	ADMISSION REMARKS
(b)(6)-4	(b)(6)-4				
4. SEX: M	5. AGE: 59	6. RACE: O	7. RELIGION: MUS	8. LENGTH OF SVC	9. ETS	10. PREVIOUS ADMISSION: NO
11. FMP: 20 178	12. SSN: (b)(6)-4		13. ORGANIZATION: IRAQ			14. WARD: ICU3
15. FLYING STATUS: NO	16. RATING/ DSG	17. DEPT./ BEN	18. BRANCH/CORPS: EPW	19. UIC/ZIP		20. TYPE CASE: INJ

21. SOURCE OF ADMISSION/AUTHORITY FOR ADMISSION	22. HOURS OF ADMISSION	23. CLINIC SERVICE
EMT	0011	

24. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE	25. TYPE DISPOSITION	26. DATE OF DISPOSITION	
	TRANS	28 MAR 03	
27a. ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)	27b. TELEPHONE NO.	28. DATE OF THIS ADMISSION: 28 MAR 03	ADMITTING OFFICER
29. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY: (b)(3)-1		30. DATE OF INITIAL ADMISSION: 28 MAR 03	32. UNITS OF WHOLE BLOOD/ COMPONENT TRANSFUSED

31. SELECTED ADMINISTRATIVE DATA

☐ Check if Continued on Reverse

33. CAUSE OF INJURY

34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES

DX: GUN SHOT WOUNDTO RIGHT BUTTOCK

CODING INFORMATION: 959.1

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: 1	f. TOTAL SICK DAYS: 1

36. Total Days All Facilites

a. ABSENT SICK DAYS	b. OTHER DAYS	c. CONV. LV/COOP CARE DAYS	d. SUPPLEMENTAL CARE DAYS	e. BED DAYS	f. TOTAL SICK DAYS

SIGNATURE OF ATTENDING MEDICAL OFFICER	SIGNATURE OF PAD OR MEDICAL RECORDS OFFICER

DA FORM 3647, MAY 79 — EDITION OF 1 AUG 76 IS OBSOLETE — USAPPC V1.10

(b)(6)-4 [redacted]

ADMISSION AND CODING INFORMATION

For use of this form, see AR 40-400; proponent agency is OTSG

1. REPORTING MTF: 1 2 3 4 5 6 7 8 (b)(3)-1 [redacted]

2. MTF LOCATION (State or Country Code)

3. REGISTER NUMBER: (b)(6)-4 [redacted]

NAME (Last, First, Middle Initial): (b)(6)-4 [redacted]

4. PAY GRADE: 16 17

5. SEX: 18 — M

6. DATE OF BIRTH (Y Y Y Y M M D D): 19 20 21 22 23 24 25 26 — 1 9 4 4 0 7 0 1

7. AGE AT ADMISSION: 27 28 29 — 5 9 Y

8. RACE: 30

9. ETHNIC BACKGROUND: 31

RELIGION: Mus

10. LENGTH OF SERVICE: 32 33 34

ETS

11. FMP: 35 36 — 2 0

12. SOCIAL SECURITY NUMBER: 37 38 39 40 41 42 43 44 45 — (b)(6)-4 [redacted]

ORGANIZATION (Active Duty Only)

13. MARITAL STATUS: 46 — M

HOUR OF ADMISSION: 0011

BRANCH / CORPS: EPW

14. FLYING STATUS: 47 48 49

15. BENEFICIARY CATEGORY: 50 51 52 — K 7 8 — EPW

16. ZIP CODE OF RESIDENCE: 53 54 55 56 57 58 59 60 61

17. UNIT LOCATION (State or Country Code): 62 63

18. MOS: 64 65 66 67 68 69 70

19. TRAUMA: 71

PREV. ADMISSION: YEAR ☐ NO

20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION: 72 — ERA

WARD: ICU3

NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE: (b)(6)-4 [redacted] Brother-in-law

ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code): (b)(6)-4 [redacted]

NAME AND LOCATION OF MEDICAL TREATMENT FACILITY: (b)(3)-1 [redacted]

TELEPHONE NUMBER OF EMERGENCY ADDRESSEE: (b)(6)-4 [redacted]

21. TYPE OF DISPOSITION: 73 74 — Transferred

22. MTF TRANSFERRED TO: 75 76 77 78 79 80 — (b)(3)-1 [redacted]

23. DATE OF DISPOSITION (Y Y M M D D): 81 82 83 84 85 86 — 0 3 0 3 2 8 2300

24. CLINIC SVC - ADMITTING: 87 88 89 90

25. MTF TRANSFERRED FROM: 91 92 93 94 95 96

26. DATE THIS ADMISSION (Y Y M M D D): 97 98 99 100 101 102

27. LOCATION OF OCCURRENCE (Battle Casualty Only): 103 104

28. MTF OF INITIAL ADMISSION: 105 106 107 108 109 110

29. DATE INITIAL ADMISSION (Y Y M M D D): 111 112 113 114 115 116 — 0 3 0 3 2 8 0011

FOR LOCAL USE

Dx: Gunshot wound to Right buttock

Dx 8770
E9912

Inj Trauma
450 1

(b)(6)-2 [redacted]

ADMIT[redacted]

SIGNATURE OF ADMITTING CLERK: Soc (b)(6)-2 [redacted]

DA F[redacted] EDITION OF MAY 1978 OBSOLETE

MEDCOM - 2674

INPATIENT TREATMENT RECORD COVER SHEET

For use of this form, see AR 40-400; the proponent agency is OTSG

1. REGISTER NUMBER	2. NAME (Last, First, MI)	3. GRADE	ADMISSION REMARKS
(b)(6)-4	(b)(6)-4		

4. SEX	5. AGE	6. RACE	7. RELIGION	8. LENGTH OF SVC	9. ETS	10. PREVIOUS ADMISSION
M	29	O	MUS			NO

11. FMP	12. SSN	13. ORGANIZATION	14. WARD
	(b)(6)-4	IRAQ	ICU3

15. FLYING STATUS	16. RATING/ DSG	17. DEPT./ BEN	18. BRANCH/CORPS	19. DIC/ZIP	20. TYPE CASE
NO			EPW		INJ

21. SOURCE OF ADMISSION/AUTHORITY FOR ADMISSION	22. HOURS OF ADMISSION	23. CLINIC SERVICE
EMT	0011	

24. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE	25. TYPE DISPOSITION	26. DATE OF DISPOSITION
(b)(6)-4	XFR	28 MAR 03

27a. ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)	27b. TELEPHONE NO.	28. DATE OF THIS ADMISSION	ADMITTING OFFICER
(b)(6)-4		27 MAR 03	

29. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY	30. DATE OF INITIAL ADMISSION	32. UNITS OF WHOLE BLOOD/ COMPONENT TRANSFUSED
(b)(3)-1	27 MAR 03	

31. SELECTED ADMINISTRATIVE DATA

☐ Check if Continued on Reverse

33. CAUSE OF INJURY

34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES

DX: HAND FRACTURE FINGER AMPUTATION

CODING INFORMATION: 814.10

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	f. TOTAL SICK DAYS
				2	2

36. Total Days All Facilites

a. ABSENT SICK DAYS	b. OTHER DAYS	c. CONV. LV/COOP CARE DAYS	d. SUPPLEMENTAL CARE DAYS	e. BED DAYS	f. TOTAL SICK DAYS

SIGNATURE OF ATTENDING MEDICAL OFFICER	SIGNATURE OF PAD OR MEDICAL RECORDS OFFICER

DA FORM 3647, MAY 79 — EDITION OF 1 AUG 78 IS OBSOLETE — USAPPC V1.10

(b)(6)-4

ADMISSION AND CODING INFORMATION

For use of this form, see AR 40-400; proponent agency is OTSG

1. REPORTING MTF	MTF LOCATION (State or Country Code)
1 2 3 4 5 6 7 8	
(b)(3)-1	

3. REGISTER NUMBER	NAME (Last, First, Middle Initial)	4. PAY GRADE	5. SEX
9 10 11 12 13 14 15	(b)(6)-4	16 17	18
(b)(6)-4			M

6. DATE OF BIRTH (Y Y Y Y M M D D)	7. AGE AT ADMISSION	8. RACE	9. ETHNIC BACKGROUND	RELIGION
19 20 21 22 23 24 25 26	27 28 29	30	31	MUS
1 9 7 4 0 1 0 7	2 9 Y			

10. LENGTH OF SERVICE	ETS	11. FMP	12. SOCIAL SECURITY NUMBER
32 33 34		35 36	37 38 39 40 41 42 43 44 45
		2 0	(b)(6)-4

ORGANIZATION (Active Duty Only)	13. MARITAL STATUS	HOUR OF ADMISSION	BRANCH / CORPS
	46	0011	EPW

14. FLYING STATUS	15. BENEFICIARY CATEGORY	16. ZIP CODE OF RESIDENCE
47 48 49	50 51 52	53 54 55 56 57 58 59 60 61
	K 7 8 EPW	

17. UNIT LOCATION (State or Country Code)	18. MOS	19. TRAUMA	PREV. ADMISSION
62 63	64 65 66 67 68 69 70	71	YEAR ☐ NO
		I INJ	

20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION	WARD	NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE
72	ICU3	(b)(6)-4 (b)(6)-4 BROTHER
ERA		ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)
		(b)(6)-4
NAME AND LOCATION OF MEDICAL TREATMENT FACILITY		TELEPHONE NUMBER OF EMERGENCY ADDRESSEE
		(b)(6)-4

21. TYPE OF DISPOSITION	22. MTF TRANSFERRED TO	23. DATE OF DISPOSITION (Y Y M M D D)
73 74	75 76 77 78 (b)(3)-1	81 82 83 84 85 86
XFR		0 3 0 3 2 8 2300

24. CLINIC SVC - ADMITTING	25. MTF TRANSFERRED FROM	26. DATE THIS ADMISSION (Y Y M M D D)
87 88 89 90	91 92 93 94 95 96	97 98 99 100 101 102

27. LOCATION OF OCCURRENCE (Battle Casualty Only)	28. MTF OF INITIAL ADMISSION	29. DATE INITIAL ADMISSION (Y Y M M D D)
103 104	105 106 107 108 109 110	111 112 113 114 115 116
		0 3 0 3 2 7 0011

FOR LOCAL USE

Dx: HAND fx RINGER AMPUTATION

Dx 81500
8860
E9289

Inj Trauma
969 ?

ADMITTING OFFICER (Signature, as required)	SIGNATURE OF ADMITTING CLERK
(b)(6)-2	Spc (b)(6)-2

DA FORM 2985, MAR 89 EDITION OF MAY 79 IS OBSOLETE

INPATIENT TREATMENT RECORD COVER SHE

For use of this form, see AR 40-400; the proponent agency is OTSG

1. REGISTER NUMBER	2. NAME (Last, First, MI)	3. GRADE	ADMISSION REMARKS
(b)(6)-4	(b)(6)-4		

4. SEX	5. AGE	6. RACE	7. RELIGION	8. LENGTH OF SVC	9. ETS	10. PREVIOUS ADMISSION
M						

11. EMP	12. SSN	13. ORGANIZATION	14. WARD

15. FLYING STATUS	16. RATING/ DSG	17. DEPT/ BEN EPW K-78	18. BRANCH/CORPS	19. UIC/ZIP	20. TYPE CASE

21. SOURCE OF ADMISSION/AUTHORITY FOR ADMISSION	22. HOURS OF ADMISSION	23. CLINIC SERVICE

24. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE	25. TYPE DISPOSITION	26. DATE OF DISPOSITION

27a. ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)	27b. TELEPHONE NO.	28. DATE OF THIS ADMISSION	ADMITTING OFFICER

29. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY	30. DATE OF INTIAL ADMISSION	32. UNITS OF WHOLE BLOOD/ COMPONENT TRANSFUSED

31. SELECTED ADMINISTRATIVE DATA

☐ Check if Continued on Reverse

33. CAUSE OF INJURY

34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES

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	f. TOTAL SICK DAYS

36. Total Days All Facilites

a. ABSENT SICK DAYS	b. OTHER DAYS	c. CONV. LV/COOP CARE DAYS	d. SUPPLEMENTAL CARE DAYS	e. BED DAYS	f. TOTAL SICK DAYS

SIGNATURE OF ATTENDING MEDICAL OFFICER	SIGNATURE OF PAD OR MEDICAL RECORDS OFFICER

DA FORM 3647, MAY 79 EDITION OF 1 AUG 78 IS OBSOLETE USAPPC V1.10

(b)(6)-4

ADMISSION AND CODING INFORMATION

For use of this form, see AR 40-400; proponent agency is OTSG

1. REPORTING MTF	MTF LOCATION (State or Country Code)	3. REGISTER NUMBER	NAME (Last, First, Middle Initial)	4. PAY GRADE	5. SEX
(b)(3)-1	I Z	(b)(6)-4	(b)(6)-4		M

6. DATE OF BIRTH (Y Y Y Y M M D D)	7. AGE AT ADMISSION	8. RACE	9. ETHNIC BACK-GROUND	RELIGION
				Muslim

10. LENGTH OF SERVICE	ETS	11. FMP	12. SOCIAL SECURITY NUMBER
		EPW	(b)(6)-4

ORGANIZATION (Active Duty Only)	13. MARITAL STATUS	HOUR OF ADMISSION	BRANCH / CORPS
		1700	

14. FLYING STATUS	15. BENEFICIARY CATEGORY	16. ZIP CODE OF RESIDENCE
	K 7 8	

17. UNIT LOCATION (State or Country Code)	18. MOS	19. TRAUMA	PREV. ADMISSION
		B	YEAR / NO

20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION	WARD	NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE
EMT	ICU 3	ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)

NAME AND LOCATION OF MEDICAL TREATMENT FACILITY: (b)(3)-1

TELEPHONE NUMBER OF EMERGENCY ADDRESSEE

21. TYPE OF DISPOSITION	22. MTF TRANSFERRED TO	23. DATE OF DISPOSITION (Y Y M M D D)
XR	(b)(3)-1	030330 06304

24. CLINIC SVC - ADMITTING	25. MTF TRANSFERRED FROM	26. DATE THIS ADMISSION (Y Y M M D D)

27. LOCATION OF OCCURRENCE (Battle Casualty Only)	28. MTF OF INITIAL ADMISSION	29. DATE INITIAL ADMISSION (Y Y M M D D)
		030329

FOR LOCAL USE

(R) lower extremity traumatic amputation

Dx: 897.4
E9289
Trauma
9

Injury
9979

ADMITTING OFFICER (Signature, as required)	SIGNATURE OF ADMITTING CLERK
(b)(6)-2	(b)(6)-2

DA [illegible] EDITION OF MAY 79 IS

MEDCOM - 2678

ADMISSION AND CODING INFORMATION

For use of this form, see AR 40-400. the proponent agency is the OTSG

REPORTING MTF	REGISTER NUMBER
(c)(9)-1	(c)(9)-4

55. TOTAL SICK DAYS *(All Facilities)*	57. BED DAYS THIS MTF	58. BED DAYS OTHER FED MTFS	59. BED DAYS- CIV. HOSPITALS	60. BASSINET DAYS *(Neonatal)*
273 274 275 276 277	278 279 280 281	282 283 284 285	286 287 288 289	290 291 292 293
	0 0 0 2			

61. QUARTERS DAYS	62. MEDICAL HOLDING DAYS	63. COOPERATIVE CARE DAYS	64. CONVALESCENT LEAVE DAYS	65. SUPPLEMENTAL CARE DAY
294 295 296 297	298 299 300 301	302 303 304 305	306 307 308 309	310 311 312 313

66. OTHER DAYS	67. TOTAL SICK DAYS - THIS MTF	68. BED DAYS - ICU	69. BED DAYS - ADMITTING CLINIC SERVICE	70. CLINIC SERVICE *(Second)*
314 315 316 317	318 319 320 321 322	323 324 325 326	327 328 329 330	331 332 333 334

71. BED DAYS SECOND CLINIC SERVICE	72. CLINIC SERVICE *(Third)*	73. BED DAYS THIRD CLINIC SERVICE	74. CLINIC SERVICE DISPOSITION	75. BED DAYS DISPOSITION CLINIC SERVICE
335 336 337 338	339 340 341 342	343 344 345 346	347 348 349 350	351 352 353 354

76. CONVALESCENT LEAVE RECOMMENDED	77. PATIENT ACUITY - DAYS I	78. PATIENT ACUITY - DAYS II	79. PATIENT ACUITY - DAYS III	80. PATIENT ACUITY - DAYS IV
355 356 357	358 359 360 361	362 363 364 365	366 367 368 369	370 371 372 373

81. PATIENT ACUITY - DAYS V	82. PATIENT ACUITY - DAYS VI	83. *DO NOT USE THIS SPACE*	84. TYPE RECORD
374 375 376 377	378 379 380 381	382 383 384 385 386 387	388 389 390 391 392 393

FOR LOCAL USE

MEDCOM - 2679

INPATIENT TREATMENT RECORD COVER SHEET

For use of this form, see AR 40-400; the proponent agency is OTSG

1. REGISTER NUMBER	2. NAME (Last, First, MI)					3. GRADE	ADMISSION REMARKS
(b)(6)-4	(b)(6)-4						
4. SEX: M	5. AGE	6. RACE	7. RELIGION	8. LENGTH OF SVC	9. ETS	10. PREVIOUS ADMISSION	
11. FMP	12. SSN: (b)(6)-4		13. ORGANIZATION			14. WARD	
15. FLYING STATUS	16. RATING/ DSG	17. DEPT./ BEN: EPW K-78	18. BRANCH/CORPS	19. UIC/ZIP		20. TYPE CASE	
21. SOURCE OF ADMISSION/AUTHORITY FOR ADMISSION				22. HOURS OF ADMISSION	23. CLINIC SERVICE		
24. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE			25. TYPE DISPOSITION		26. DATE OF DISPOSITION		
27a. ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)			27b. TELEPHONE NO.		28. DATE OF THIS ADMISSION		ADMITTING OFFICER
29. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY					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

34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES

35. Total Days This Facility

a. ABSENT SICK DAYS	b. OTHER DAYS	c. CONV. LW/COOP CARE DAYS	d. SUPPLEMENTAL CARE DAYS	e. BED DAYS	f. TOTAL SICK DAYS

36. Total Days All Facilites

a. ABSENT SICK DAYS	b. OTHER DAYS	c. CONV. LW/COOP CARE DAYS	d. SUPPLEMENTAL CARE DAYS	e. BED DAYS	f. TOTAL SICK DAYS

SIGNATURE OF ATTENDING MEDICAL OFFICER	SIGNATURE OF PAO OR MEDICAL RECORDS OFFICER

(b)(6)-4

MEDICAL RECORD	ABBREVIATED MEDICAL RECORD

PERTINENT HISTORY, CHIEF COMPLAINT, AND CONDITION ON ADMISSION *(Enter date of admission)*

See SF558
Bp Notes on back

PHYSICAL EXAMINATION

PROGRESS *(Enter date of discharge and final diagnosis)*

SIGNATURE OF PHYSICIAN	DATE	IDENTIFICATION NO.	ORGANIZATION

PATIENT'S IDENTIFICATION *(For typed or written entries give Name last, first, middle; grade; date; hospital or medical facility)*	REGISTER NO.	WARD NO.

ABBREVIATED MEDICAL RECORD
Standard Form 539

GENERAL SERVICES ADMINISTRATION AND
INTERAGENCY COMMITTEE ON MEDICAL RECORDS
FIRMR (41 CFR) 201-45.505
OCTOBER 1975
USAPPC V1.00

558-103 (See Instructions on Back of this Sheet) NSN 7540-01-075-3786

EMERGENCY CARE AND TREATMENT
(Medical Record)

TREATMENT FACILITY (Stamp)

LOG NUMBER

ARRIVAL — DATE: DAY 29 | MONTH 03 | YR. 03 — TIME: 1630

TRANSPORTATION TO HOSPITAL (Attach care enroute sheet): ☐ PRIVATE VEHICLE ☐ AMBULANCE ☐ OTHER (Specify)

CURRENT MEDS. (tetanus immunization and other data)

HISTORY OBTAINED FROM: ☐ PATIENT ☐ OTHER (Specify)

ALLERGIES

PATIENT'S HOME ADDRESS OR DUTY STATION (City, State and ZIP Code)

HOME TELE. NO. (Inc. area code)

CHIEF COMPLAINT(S) (Include symptom(s), duration): GSW (A&B), (R) Leg FX

SEX: M | AGE: 22

POSSIBLE THIRD PARTY PAYER? ☐ YES ☐ NO

VITAL SIGNS			
TIME			
BP	124/68		
PULSE	90		
RESP.			
TEMP.			
WT. (Child)			

CATEGORY (See reverse)
- ☐ EMERGENT
- ☐ URGENT
- ☐ NON-URGENT

ORDERS	INITS.	TIME
Ancef 1g IV		
MSO4 2mg IV		
(R) Knee A/P		

ASSESSMENT/DIAGNOSIS

DISPOSITION (Check all that apply)
- ☐ HOME ☐ FULL DUTY
- QUARTERS: ☐ 24 Hrs. ☐ 48 Hrs. ☐ 72 Hrs.
- MODIFIED DUTY UNTIL: DAY | MONTH | YEAR
- REFERRED TO (Indicate clinic)
- ☐ EMERGENCY ☐ TODAY
- ☐ 72 HOURS ☐ ROUTINE
- ADMIT. TO HOSP. UNIT/SERVICE

CONDITION UPON RELEASE
- ☐ IMPROVED ☐ UNCHANGED
- ☐ DETERIORATED

TIME OF RELEASE:

DESCRIBE (1) Subjective data (Pertinent History); (2) Objective data (Examination - include results of tests and x-rays); (3) Assessment (Diagnosis); (4) Plan (Treatment/Procedures - include medication given and follow-up)

TIME SEEN BY PROVIDER

SpO2-98

EPW s/p GSW abdomen and (R) leg. GSW goes through to back. (R) leg thigh.

Abd- 2 gunshot wounds anterior- exit in back.

Ext- good femoral pulses good ROM.

A/P- To OR for exploration possible ex-fix (R) femur.

(b)(6)-2

(CONTINUE ON SF 507, IF NEEDED)

PATIENT'S IDENTIFICATION (Mechanical imprint) FOR WRITTEN ENTRIES GIVE: Name - last, first, middle; SSN; DOB, service status, name and relation of sponsor or next of kin. (IMPORTANT: LIST FACILITY HOLDING TREATMENT RECORD).

(b)(6)-4

SIGNATURE OF PROVIDER AND ID STAMP

INSTRUCTIONS TO PATIENT (Include medications ordered, any limitations and follow-up plans)

510-112 NSN 7540-00-634-4123

MEDICAL RECORD — NURSING NOTES

(Sign all notes)

DATE	HOUR A.M.	HOUR P.M.	OBSERVATIONS Include medication and treatment when indicated
29Mar03 2045		~~2045~~	Rec'd from OR S/P x-lap (-findings) + External fix to (R) femur. pt intubated on RA - POX 98%. See assessment on med. Care Record Sheet — [b)(6)-2] CPT
2300	300		VS B/P 137/78 HR 105 R 22 Pulse Ox 98% pt N/G to LIS
IV amnob.	100		ē min drainage. Pt to evac within next
IV fluid	1000		2-3 hrs — [b)(6)-2] CPT/AN
@0015 30 Mar			2mg MSO4 IV for % pain — CPT/AN
30 Mar 0200		725 ml	pt awake on + off, follows some commands communication diff d/t lang barrier. T 99.3 oral, O2 Sat 94, P 109, B/P 138/75, R 20 LS clear but diminished esp bases, N/G to LIS ē brownish drainage, pt remains restrained abd drg intact ē sm. amt. drainage noted @ leg external fixator ē ace wrap intact +pp @ R + L — [b)(6)-2] CPT
0400 30 Mar 03			pt % pain 4mg IV MSO4 given as ordered — [b)(6)-2] CPT
0600	100 IV		

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; rank; rate; hospital or medical facility) [b)(6)-4]

REGISTER NO.

WARD NO.

NURSING NOTES
Medical Record

STANDARD FORM 510 (REV. 7-91)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

RN ASSESSMENT

	ADMISSION ASSESSMENT — TIME: 2100	DISCHARGE ASSESSMENT — TIME:
RESP	Airway: patent / unassisted / chin lift / jaw thrust / sniff position Face Artificial airway: N/A / nasal / oral / endotracheal / other: Respirations: clear / unlabored / spontaneous / other: Rhonchi Oxygen by: simple mask / nasal canula / BB / RA / other:	Airway: patent / unassisted / chin lift / jaw thrust / sniff position Artificial airway: N/A / nasal / oral / endotracheal / other: Respirations: clear / unlabored / spontaneous / other: Oxygen by: simple mask / nasal canula / BB / RA / other:
CV	Monitor: sinus rhythm / RRR by pleth / other: ST Peripheral pulses: palpable / other: Capillary refill: < 3 seconds / other: Skin: warm / dry / pink nail beds / other:	Monitor: sinus rhythm / RRR by pleth / other: Peripheral pulses: palpable / other: Capillary refill: < 3 seconds / other: Skin: warm / dry / pink nail beds / other:
NEURO	LOC: A V P U Oriented x 3 / other: pt sedated Movement: grasps & plantar-dorsiflexion strong and equal: Yes / No / N/A Sensation: denies numbness and tingling: Yes / No / N/A Other:	LOC: A V P U Oriented x 3 / other: Movement: grasps & plantar-dorsiflexion strong and equal: Yes No/ N/A Sensation: denies numbness and tingling: Yes / No / N/A Other:
GI/GU	Abdomen: soft / non-distended / other: Foley catheter: Yes / No Urine clear yellow / other: Other:	Abdomen: soft / non-distended / other: Foley catheter: Yes / No Urine clear yellow / other: Other:
PSYCHO-SOCIAL	Affect: calm and appropriate / cooperative / other: Sedated Language: English / other: Interpreter present: Y / N / NA "Special Needs": N/A / identified: Other:	Patient informed of present condition: Yes / No Family updated on patient condition: Yes / No Other:
IV	None: Gauge: 14G Location: ECC Condition: patent / no redness / no edema Other: Solution: LR Rate: Amount remaining: 1000	None: Gauge: Location: Condition: patent / no redness / no edema Other: Solution: Rate: Amount remaining:
DSG	None: Type: 4x4 + tape + abd = 2nd Location: Rt leg = ace wrap dry + external fixator Condition: clean / dry / intact Other: Drains: N/A / Hemovac / Jackson Pratt / Other: Drainage: none / serous / serosanguenous / bloody / Other:	None: Type: Location: Condition: clean / dry / intact Other: Drains: N/A / Hemovac / Jackson Pratt / Other: Drainage: none / serous / serosanguenous / bloody / Other:
SAFETY	Safety measures taken: side rails up / bed straps on / bed locked Pediatric: staff/parent at bedside at all times / crib sides padded x 4 Other:	Safety measures taken: side rails up / bed straps on / bed locked Pediatric: staff/parent at bedside at all times / crib sides padded x 4 Other:
PEDS	Parent at bedside to comfort child: Yes / No Humidified oxygen: Yes / No / N/A IV on armboard: Yes / No / N/A	Parent at bedside to comfort child: Yes / No Humidified oxygen: Yes / No / N/A IV on armboard: Yes / No / N/A
OTHER		
	RN Signature (b)(6)-2 CPT/AN	RN Signature:

PATIENT TEACHING IN PACU (circle all that apply)

Topic — Level of Involvement: D=demonstrated V=verbalized — INIT

Pulmonary Toileting: Importance of / Cough-deep breathing exercises / incentive spirometer / ABD splinting / Other:		D / V	
Wound care: Ice compress / heat application / extremity elevation / signs of compartmental syndrome / Other:		D / V	
Pain management: Medications: type, dose, route, indications, side effects / positioning / activity restrictions / pm Rx requests on ward / Other:		D / V	
Surgeons and Anesthesia post-op orders		D / V	
Pediatric: safety: padded sides, IV armboard / monitoring equipment / staff-parent at BS at all times / pediatric post-op agitation vs pain / Other:		D / V	
Spinal anesthesia: use nursing assistance first time OOB, avoid pressure points while numb / Fundal massage / lochia and pad count / Other:		D / V	
Post cardiac cath: signs of bleeding / apply pressure over site when coughing, sneezing, or vomiting / lie flat with leg straight / use of sandbag / Other:		D / V	
MISC: Elevate HOB / avoid eye strain / wire cutter worn around neck / Oral intake restrictions Other:		D / V	

NURSING NOTES

Pt arrived from OR still intubated + sedated = occasional blow by O2 to keep Sats >93%

DISCHARGE NOTE: This patient meets criteria for discharge from the PACU or has been cleared by the anesthesia provider indicated on MCEUL OP 501: Anesthesia Record.

Nursing Care Plans remain open: #

Report called to: Ward: Via: At: hours.

(RN Signature) (b)(6)-2 for Anesthesia Service

MEDICAL RECORD	PREOPERATIVE/POSTOPERATIVE NURSING DOCUMENT For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General
1. AGE: 22 HEIGHT: — WEIGHT: —	2. KNOWN ALLERGIC SENSITIVITIES (e.g., Iodine, Tape, Medication): UNK
	3. PREVIOUS SURGERY [ ] NO [ ] YES (type): UNK

4. PROPOSED SURGICAL PROCEDURE:
EX LAP

5. ADDITIONAL INFORMATION:
Refer to DA Form 3888, Medical Record - Nursing History and Assessment. (X those that apply) ☐Family waiting ☐Emergency surgery, unable to obtain data ☐SDS Transfer ☐Additional problems or needs

6. PATIENT PROBLEMS AND NEEDS	7. PATIENT GOALS AND EXPECTED OUTCOMES	8. OR NURSING INTERVENTIONS
A. PSYCHOSOCIAL ✓ Potential for anxiety related to anesthesia and surgical procedure.	o Pt. verbalizes any specific anxiety. o Pt. exhibits relaxed body posture.	o Allow pt. to verbalize freely. o Explain OR environment and answer questions regarding surgery. o Offer comfort measures, (e.g., warm blanket, touch) o Explain all nursing procedures before they are done. o Remain with pt. whenever possible. o Maintain family interface.
B. AERATION ✓ Potential for respiratory dysfunction due to GETA	o Pt. will be able to breathe without difficulty during immediate intra-operative phase.	o Offer to elevate head of litter or offer pillow. o Observe pt. while awaiting surgery for signs of distress. o Assist anesthesia during intubation and extubation.
C. INTEGUMENT ✓ Potential impairment of skin integuity due to positioning and safety straps.	o Pt. will not exhibit signs of impairment of skin integrity (e.g., reddened areas.	o Utilize pressure preventing devices on OR table and accessories. o Check for proper positioning and support to maintain good body alignment. o Pad pressure points. o Place ESU ground pad on non compromised skin surface area. o Keep prep fluids from pooling.

9. PATIENT'S IDENTIFICATION *(For typed or written entries give: Name- last, first, middle; grade; date; hospital or medical facility)*
(b)(6)-4

6. PATIENT PROBLEMS AND NEEDS	7. PATIENT GOALS AND EXPECTED OUTCOMES	8. OR NURSING INTERVENTIONS
D. CIRCULATION ✓ Potential for inadequate tissue perfusion due to positioning and safety straps.	o Pt. will exhibit signs of adequate tissue perfusion (e.g., color, warmth, pedal pulse).	o Check for support stockings or ace wraps. If none, check with doctors. o Check that safety straps are correctly applied. o Offer pillow for under knees. o Place and take down legs from stirrups with slow bilateral motion. o Check that rings have been removed.
E. NEUROMUSCULAR CONTROL E.1. ___ Potential impairment of mobility due to SURG POSN E.2. ✓ Potential discomfort due to SURG POSN	o Pt. will be transferred to OR table without difficulty. o Pt. will not experience unnecessary physical discomfort.	o Have sufficient people available for transfer. o Insure proper body alignment. o Allow patient to lie in position of comfort while waiting for surgery. o Offer support (i.e., pillows, bathtowels, etc.) for positioning.
F. SPECIAL SENSES F.1. ✓ Diminished visual perception due to being SEDATE F.2. ___ Potential for decreased communication due to SEDATION F.3. Potential injury due to dentures. NA	o Pt. will be made aware of surroundings prior to anesthesia induction. o Pt. will be transferred safely to OR table. o Pt. will be able to understand instructions. o Minimize danger of injury during intraop period.	o Introduce self. Keep pt. informed as to where he/she is and what is happening. o Inform pt. in which direction to move and assist if necessary. o Speak clearly and slowly. o Address pt. from EITHER side. o Validate pt.'s understanding of verbal communication. o Verify removal of dentures.
G. OTHER PATIENT PROBLEMS / NEEDS. Or continuation of above problems/needs. NA	OTHER PATIENT GOALS AND EXPECTED OUTCOMES. Or continuation of above goals and outcomes.	OTHER NURSING INTERVENTIONS. Or continuation of above interventions.

Preop teaching done: Yes/No-Video/Class/Individual/Emergency

10. OR NURSING INTERVENTIONS COMPLETED/ADDITIONAL INTEROPERATIVE INTERVENTIONS NOTED.

(b)(6)-2 [redacted] [illegible] 29 MAR 03 DATE

11. POSTOPERATIVE EVALUATION: (Circle those that apply) VS: stable Dressing: None-Intact-Dry-Splint-Brace-Cast-Drain-Comments:_____ Voiding: Yes/No-Foley-Comments:_____ Tolerating Diet: Yes/No-NPO-Comments:_____ Skin Integrity: Intact-Red-Bum-Blisters-Comments:_____ CNS: Alert-Drowsy-Asleep-Disoriented-Comments:_____ Activity Level: BR-WC-Crutches-Ambulating w/o Assistance Circ: N/A Skin Warm-Appropriate Coloring-Surgical Extremity Pulse Present-Comments:_____ Pain Control: Satisfactory/Unsatisfactory PO Day:___ Informed Nursing Staff of Adverse Findings: Yes/No/NA Patient Available for PO Interview: Yes/No-On Ward/At Appointment/Discharged N/A

12. PREOPERATIVE EVALUATION PREPARED BY (Signature and Title)	13. POSTOPERATIVE EVALUATION PREPARED BY (Signature and Title)
(b)(6)-2 [redacted] [illegible] DATE: 29 MAR 03 TIME: 1715	(b)(6)-2 [redacted] DATE: 29mar03 TIME: 2040

REVERSE OF DA FORM 5179, JUN 9

MEDICAL RECORD — LRMC INTRAOPERATIVE DOCUMENT

For use of this form, see AR 40-400; the proponent agency is the office of The Surgeon General.

1. PATIENT TRANSPORTED TO OPERATING ROOM — VIA: Gurney — BY: (b)(6)-2

2. PATIENT IDENTIFIED, RECORD REVIEWED AND PROCEDURE VERIFIED BY (b)(6)-2

3. DATE: 29 Mar 03 — TIME PATIENT ARRIVED IN SUITE: 1715

4. PATIENT IN RO — TIME: 1715 — NUMBER: 90 9

5. PREOPERATIVE EMOTIONAL STATUS

☒ CALM ☐ ANXIOUS ☐ EXCITED ☐ CRYING ☐ ANGRY ☐ WITHDRAWN ☐ OTHER (Specify)

COMMENTS:

6. NURSING PERSONNEL

ASSIGNED SCRUB	(b)(6)-2	RELIEF SCRUB	
ASSIGNED CIRCULATOR	(b)(6)-2	RELIEF CIRCULATOR	

7. POSITION AND POSITIONAL AIDS (Specify)

☒ SUPINE ☐ LITHOTOMY ☐ PRONE ☐ KRASKE LATERAL: ☐ LEFT SIDE UP ☐ RIGHT SIDE UP

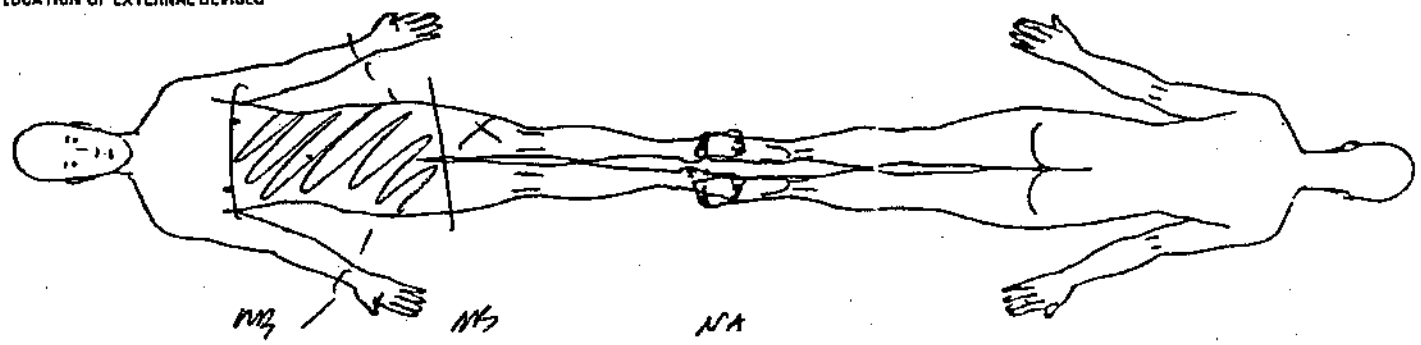
COMMENTS:

8. SKIN PREPARATION

HAIR REMOVAL ☐ YES ☒ NO
DONE BY: ☐ OR ☐ NURSING UNIT
METHOD: ☐ DEPILATORY ☐ RAZOR ☐ CLIP
COMMENTS: NA

PREP SOLUTION (Specify): BETA / BETA
SITE: ABD — BY WHOM: BG
SITE: — BY WHOM:
COMMENTS: NO SHAVING

9. LOCATION OF EXTERNAL DEVICES



LEGEND X Ground Pad -- Safety Strap --- Tourniquet

C = Correct I = Incorrect

10. COUNTS			Other**	First Closing Count	Final Closing Count	SCRUB	CIRCULATOR
Sponge	☒ Yes	☐ No		C	C	(b)(6)-2	(b)(6)-2
Needle Sharp	☒ Yes	☐ No					(b)(6)-2
Instrument	☐ Yes	☒ No					
Other	☐ Yes	☒ No					

11. PATIENT IDENTIFICATION (For typed or written entries give: Name - Last, first, middle; Grade; Date; Hospital or Medical Facility:)

(b)(6)-4

12. ELECTROSURGERY DEVICE(S) (ESU) ☒ YES ☐ NO

☒ ESU NO:
GROUND PAD: BRAND: VALLEY LAB
LOT NO: VNK 5419 EXP 2003

☐ ESU NO:
GROUND PAD: BRAND:
LOT NO:

☐ BIPOLAR NO:

13. PROSTHESIS, IMPLANTS [X] YES [ ] NO IF YES NAME, ID NUMBER, ETC. (OPTIONAL)

Ex Fix Howmedica Lot Code: VVACA
Cat no 5129-9-135 8929869

14. MEDICATIONS/ORDERS

IRRIGATION/MEDICATIONS GIVEN IN OPERATING ROOM (NOT BY ANESTHESIA) YES [ ] NO [X]

MEDICATIONS/SOLUTION	DOSAGE	TIME	METHOD	PREPARED BY	GIVEN BY

WOUND IRRIGATION [X] YES [ ] NO, TYPE(S): 0.9% NS

OTHER ORDERS	TIME	CARRIED OUT BY

PHYSICIAN'S SIGNATURE [b)(6)-2]

15. X-RAY IN OPERATING ROOM YES [X] NO [ ] IF YES, SITE

16. LABORATORY SPECIMENS

SPECIMEN (S) YES [ ] NO [X]	NAME	NAME
FROZEN SECTION (FS) YES [ ] NO [X]	NAME	NAME
CULTURE (C) YES [ ] NO [X]	NAME	NAME
NAME	NAME	NAME
NAME	NAME	18. DRESSING/IMMOBILIZATION (Specify)

17. TUBES, DRAINS/PACKING YES [X] NO [X] no

TYPE/SIZE	1. 16F Foley	2.	3.
SITE	1.	2.	3.

18. DRESSING/IMMOBILIZATION (Specify)
Kerlix Xeroform
fluffs 4x8's

19. ADDITIONAL INFORMATION
The medical record (SF 539), the progress note (SF 509), the operative consent (SF 522), and the patient agree that the correct operative site is the RIGHT LEG side.

Verified by: Patient/guardian Surgeon [b)(6)-2] CRNA, AN [b)(6)-2] Operating Room Nurse

OPERATION(S) PERFORMED

Ex Lap, Right Femur Ex Fx

PATIENT TRANSFERRED TO	TIME	METHOD
ICU	2040	litter

REGISTERED NURSE SIGNATURE [b)(6)-2]

REVERSE OF DA FORM 5179-1, OCT 87

MCEUL OP 358, 2 Mar 00
apprvl - 3 Feb 00

USAPA V1.00

(b)(6)-4

(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974 - AS A CLINICAL RECORD FORM, IT IS COVERED BY DD 2205)

ANESTHESIA RECORD

Page 1 of 1

START	IN OR	ANES. END	DATE
05	1712	2045	29 Mar 03
TOTS	SURG START	DRESSING	OR NO
1720	1733	2030	(b)(3)-1

OPERATION PERFORMED: Exp. Lap. (R) Femur ORIF

SURGEON(S): (b)(6)-2

PREOPERATIVE

☑ IDENTIFIED ☐ ID BAND ☑ QUESTIONING
☑ CHART REVIEWED ☐ NPO SINCE
☑ PRE-OP MEDICATION:

Drug	Dose	Route	Time
Versed	2mg	IV	1710
Cefazolin	1g	IV	1715

Pre-Anesthetic State: ☐ AWAKE ☐ CALM ☐ SEDATE ☑ APPREHENSIVE ☐ UNRESPONSIVE
Iraqi EPW Translator

MONITORS AND EQUIPMENT

☑ ANES. MACHINE # ___ & EQUIP. CHECKED
☑ NON-INV. B/P ☑ PNS
☑ CONT. EKG ☐ V LEAD EKG
☐ ESOPH. STETH. ☐ PRECORD STETH.
☑ PULSE OXIMETER ☑ O2 ANALYZER
☑ END TIDAL CO2 ☐ MASS SPEC.
☑ TEMPERATURE Nasal
☑ WARMING BLANKET ☑ FLUID WARMER
☑ AIRWAY HUMIDIFIER
☑ N/G TUBE ☐ O/G TUBE
☑ IV(s) (R) AC #17g
☐ ARTERIAL LINE
☐ CENTRAL LINE
☐ SWAN-GANZ
☑ FOLEY INSERTED: ☐ O.R. ☐ FLOOR
☑ EYE CARE taped
☑ PRESSURE POINTS CHECKED / PADDED

ANESTHETIC TECHNIQUE

☑ GENERAL ☐ LOCAL / MAC
☐ REGIONAL ☐ NERVE BLOCK

INDUCTION

☐ PREOXYGENATION ☐ INHALATION
☑ RAPID SEQUENCE ☐ INTRAMUSCULAR
☑ INTRAVENOUS ☐ RECTAL
☐ VSS ō induction

AIRWAY MANAGEMENT

☑ INTUBATION ☑ ORAL ☐ NASAL
☑ DIRECT VISION ☐ BLIND ☐ AWAKE
☐ FIBER OPTIC ☑ STYLET USED
☑ ATTEMPTS x 1 ☑ BLADE MAC 3
☑ ETT SIZE 8.0 ☐ DOUBLE LUMEN
☐ STRAIGHT ☐ RAE ☐ ANODE
☑ CUFFED 8cc ML AIR INJECTED
☐ UNCUFFED, LEAKS AT ___ CM H2O
☑ ETT SECURED AT 22 CM
☑ BREATH SOUNDS clear Bilat
☑ AIRWAY ☑ ORAL ☐ NASAL ☐ NATURAL
☐ MASK CASE ☐ VIA TRACHEOSTOMY
☐ NASAL CANNULA ☐ SIMPLE O2 MASK
☐ LMA SIZE

AGENTS (1700 – 2000)

Agent														
Propofol (mg)	150			2	40									
Fentanyl (cc)	3			2										
Vecuronium (mg)				5		3								
Sux (mg)		120												
MSO4 (mg)							3	3		4		4	3	3
ISO		.7	.8	1.0	1.2	1.2	1.1	1.1	1.1	1.1	1.2	1.2	1.2	X
Air (L/min)		.4	.4	.4	.4	.8	.8	.8	.8	.8	.8	.8		
N2O L/min														
O2 L/min		.4	.4	.4	.4	.5	.5	.5	.5	.5	.5	.5		

FLUIDS

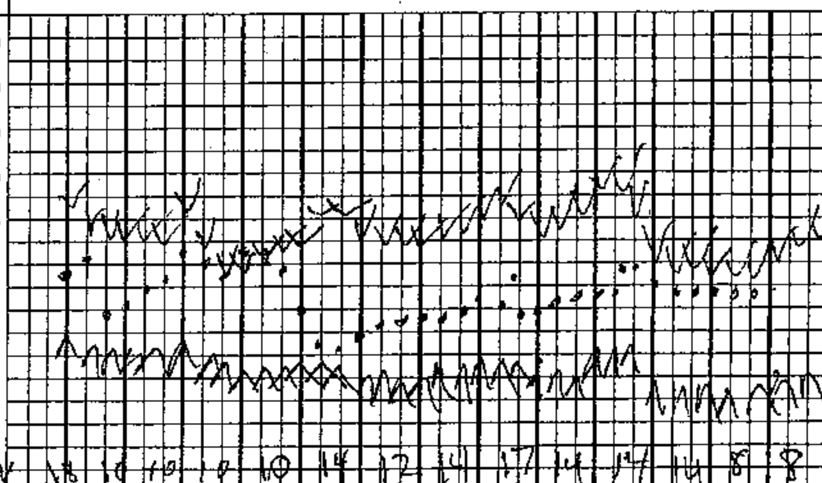
LR: 1000 — 1500 — 2000 — 2200 — 2400
Urine: 800 ... 50/850
EBL: min — 20 — 30 — 40

MONITORS

EKG	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR
% O2 Inspired	.41	.41	.41	.41	.41	.42	.42	.42	.42	.45	.5	1.0	
O2 Saturation	98	100	100	100	100	100	100	100	100	100	100	100	100
End Tidal CO2	40	33	35	34	34	52	50	50	53	53	58	55	45
Temperature		36.4	37.1	37.2				37.3		37.3			
PNS		4/4		0/4	4/4	4/4							

VITAL SIGNS

PRE-OP VALUES: B/P 122/70; P 92; R 19; SAT 98%; H/H 32.5 Hct



RESP

Tidal Volume		750	780	800	710										
Resp Rate	19	10	10	10	10	14	12	14	14						
Peak Pressure		24	23	24	22	30	SV	SV	SV	SV	SV	SV	SV	SV	SV

Position: Supine — 6 —

REMARKS: ☑ Patient reevaluated. No change from preop plan / evaluation.
☐ Significant changes from preop plan / evaluation.

2035 - To ICU SV Intubated. VSS. Report given.

Tourniquet Time:

RECOVERY

TIME IN PACU | CONDITION VSS

B/P | PULSE 89 | RESP 14 | O2 SAT 97

REMARKS | TEMP

REPORT TO: | PARRS:

FLUIDS TOTALS

IN		OUT	
Crystalloid	3000	EBL	40
	4000	Urine	850
Blood	(b)(6)	Gastric	25

(b)(6)-2

CRNA, CPT, AN
PHYSICIAN / CRNA

PATIENT'S IDENTIFICATION

SYMBOLS: X ANESTHESIA; ⊙ OPERATION; ∨ ∧ B/P CUFF PRESSURE; ARTERIAL LINE PRESSURE; ● PULSE; ○ SPONTANEOUS RESP; Ø ASSISTED RESP; ⊗ CONTROLLED RESP; T TOURNIQUET; F CRYSTALLOID FLUID; B BLOOD

NAME: (b)(6)-4 SURGEON: (b)(6)-2 Planned Surgery Date:

ANESTHESIA PREOPERATIVE EVALUATION

AGE | (M) F | HEIGHT | WEIGHT 70 Kg

PROPOSED OPERATION: Exploratory Laparotomy

PREOPERATIVE VITAL SIGNS: B/P 122/69 P 92 R 19

PREVIOUS ANESTHESIA / OPERATIONS ☑ NEGATIVE

CURRENT MEDICATIONS ☑ NONE

FAMILY HISTORY OF ANESTHESIA COMPLICATIONS ☐ NEGATIVE

ALLERGIES ☑ NKDA

AIRWAY / TEETH / HEAD & NECK: Class I

SYSTEM			WN	COMMENTS	PERTINENT STUDY RESULTS
RESPIRATORY			☑	Tobacco Use: ☑ No ☐ Yes ____ Pack/Day for ____ Years	Chest X-ray Pulmonary Studies
Asthma	Bronchitis	COPD			
Dyspnea	Pneumonia	Productive Cough			
Recent cold	SOB	Tuberculosis			
CARDIOVASCULAR			☑		EKG: NSR
Angina	Arrhythmia	CHF			
Exercise Tolerance	Hypertension	MI			
Murmur	MVP	Pacemaker			
Rheumatic fever					
HEPATO/GASTROINTESTINAL			☑	Ethanol Use: ☐ No ☐ Yes Frequency ____	LFTs
Bowel obstruction	Cirrhosis	Hepatitis			
Hiatal Hernia	Jaundice	N&V			
Reflux/Heartburn	Ulcers				
NEURO/MUSCULOSKELETAL			☑		
Arthritis	Back problems	CVA/Stroke			
DJD	Headaches	Loss of consciousness			
Neuromuscular disease	Paralysis	Paresthesia			
Syncope	Seizures	TIAs			
Weakness					
RENAL/ENDOCRINE			☑		Urinalysis Thyroid FBS
Diabetes	Renal failure/Dialysis	Thyroid disease			
Urinary retention	Urinary tract infection	Weight loss/gain			
OTHER					Hgb / Hct / CBC Lytes: Hct = 32.5, Plt = 227
Anemia	Bleeding tendancies	Hemophilia			
Pregnancy	Sickle cell trait	Transfusion history			

PROBLEM LIST / DIAGNOSES: GSW abdomen

ASA: 1, (2), 3, 4, 5, (E)

PREOPERATIVE MEDICATIONS ORDERED: Ancef 1g IV slow.

COUNSELING STATEMENT

Anesthesia alternatives, benefits and risks from minor to death explained. All questions answered.
Patient / legal guardian voices understanding and gives consent for :
Local / MAC, SAB, Epidural, IVR, (General Anes.)
Other: _____
Appropriate alternative as backup.
NPO status explained.

PATIENT'S SIGNATURE DATE

EVALUATOR(S) SIGNATURE

CRNA (b)(6)-2 CRNA DATE

PHYSICIAN DATE

POST ANESTHESIA VISITS

ANESTHESIA RECOVERY COMPLICATED BY THE FOLLOWING PROBLEMS: (IF NONE, SO STATE)

DATE:

SIGNED: TIME:

(b)(6)-4

NSN 7540-01-165-7294 519-502

RADIOLOGIC CONSULTATION REQUEST/REPORT

(Radiology/Nuclear Medicine/Ultrasound/Computed Tomography Examinations)

EXAMINATION(S) REQUESTED	AGE	SEX	SSN (Sponsor)	WARD/CLINIC	REGISTER NO.
(R) Kenner A/P					
	FILM NO.				PREGNANT ☐ YES ☐ NO
	REQUE (b)(6)-2				TELEPHONE/PAGE NO.
	SIGNATOR (b)(6)-2		TOR		DATE REQUESTED

SPECIFIC REASON(S) FOR REQUEST *(Complaints and findings)*

GSW (R) leg

DATE OF EXAMINATION *(Month, day, year)*	DATE OF REPORT *(Month, day, year)*	DATE OF TRANSCRIPTION *(Month, day, year)*

RADIOLOGIC REPORT

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name — last, first, middle, Medical Facility)*	LOCATION OF MEDICAL RECORDS
	LOCATION OF RADIOLOGIC FACILITY
	SIGNATURE

RADIOLOGIC CONSULTATION RT

STANDARD FORM 519-B (8-83)
Prescribed by GSA/ICMR
FPMR (41 CFR) 101-11.806-8

DOCTOR'S ORDERS *(Date and sign all orders)*

29 March Brief Op Note

1822 preop dx: Penetrating injury to abdomen
Postop dx: Same
Procedure: Exploratory Laparotomy
Surgeon: (b)(6)-2
Anesthesia: GETA
Findings: Negative exploration
Complications: None
Disposition: Procede with management of femur fracture.

29 March 03 - Ortho Surg. Op Note
1820

(b)(6)-2

(b)(6)-2

Dx: (R) open femur fx, distal (3 intra-articular extension
procedure: (R) femur ORIF; spanning ex-fix.
(depuy - single bar).
Surgeon: Dr. [redacted]; assistant: Dr (b)(6)-2

TEMPERATURE - PULSE - RESPIRATION

DATE AND TIME	T	P	R	STOOLS	WEIGHT

NURSE'S NOTE

MEDICATION AND NURSE'S NOTES

anesthesia: epi (b)(6)-2 (General).
findings: spiral femur fx left thigh
c medial wound (proximal).
amputations: none.
disposition/post-op plan:
repeat ORIF in 48hr c
adjustment of ex-fix to comp.
shortening (~2cm) and general
alignment. ; DVT prophylaxis.
- A/C to 86+ CXR.

(b)(6)-2

[redacted], MD, USA, ORSD.

CLINICAL RECORD - DOCTOR'S ORDERS

For use of this form, see AR 40-400; the proponent agency is the Office of The Surgeon General.

THE DOCTOR SHALL RECORD DATE, TIME AND SIGN EACH SET OF ORDERS. IF PROBLEM ORIENTED MEDICAL RECORD SYSTEM IS USED, WRITE PROBLEM NUMBER IN COLUMN INDICATED BY ARROW BELOW.

PATIENT IDENTIFICATION [redacted] (b)(6)-4

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER 29 March 2003 TIME OF ORDER 2020 HOURS

LIST TIME ORDER NOTED AND SIGN

Admit: ICU
Dx: Ex lap / Ex-Fix (R) femur
Cond: Stable
Vitals: Qroutine
Allergies: NKDA
Act: Bedrest

PATIENT IDENTIFICATION (b)(6)-4

NURSING UNIT | ROOM NO.

DATE OF ORDER TIME OF ORDER

-cont- HOURS

Diet: NPO
IV: NS @ 120 cc/hr
Meds: MSO4 2-4mg IV Q4h PRN
Phenergan 12.5mg IV Q4h PRN
Ancef 1g IV Q8h
Gentamycin 350mg IV QD
Penicillin 2mil u IV Q6h

(b)(6)-2

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER TIME OF ORDER

-cont- HOURS

Lovenox 30mg IV Q12
NGT to LWS tinterm
Foley to gravity
Repeat CBC @ 0700 30 March
HOB 30°
Encourage cough and deep breathing

(b)(6)-2

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER 29MAR03 TIME OF ORDER 2230 HOURS

ΔLovenox to 30mg SC Q12°

(b)(6)-2

(b)(6)-4

Dated 29 Mar 03

DA FORM 1 APR 79 4256 REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED.

CLINICAL RECORD	THER. TIC DOCUMENTATION CARE PLA. ON-MEDICATION) For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General.	Mo. 07 Yr. 03

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED 29 30
29	[b)(6)-2]	IVF (NS) / LR / D5NS D5 1/2NS To run	07	✓
		@ 120 cc/hr	19	[b)(6)-2]
29	[b)(6)-2]	Ancef 1 GM IV q 8 HRs	07	✓ [b)(6)-2]
			15	[b)(6)-2]
			23	
29	[b)(6)-2]	Gentamycin [redacted] V Q D	23	
		Cefoxitin 2 gm IV q 8hrs		
		02 titrate to keep SPO2 >	07	
			19	
		Versed gtt 1-10mg/hr titrate to Ramsey	07	
		scale of	19	
		Fentanyl gtt start at 50mcg/hr titrate for	07	
		adequate pain control MAX Dose of	19	
		Vecuronium 1mcg/kg/min	07	
			19	
29	[b)(6)-2]	Penicillin 2mil u	06	✓ [b)(6)-2]
		IV Q6H	12	✓
			18	✓
			24	[b)(6)-2]
29	[b)(6)-2]	Lovenox 30mg IV	08	✓
		Q12°	20	[b)(6)-2]

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS:

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO: _____

PATIENT IDENTIFICATION: [b)(6)-4]

ACTION TIMES
USE PENCIL. CIRCLE ACTION TIMES

D	8	9	10	11	12	13	14	15
E	16	17	18	19	20	21	22	23
N	24	01	02	03	04	05	06	07

Treatment Facility: 212th Mobile Army Surgical Hospital

DA FORM 4677, 1 OCT 78 — EDITION OF 1 DEC 77 MAY BE USED. — USAPA V1.00

Verify by Initialing		THE. EUTIC DOCUMENTATION CARE PL. (NON-MEDICATION)				Mo ____ Yr ____
Order Date	Clerk Nurse	SINGLE ACTIONS	Date to be Done	Time to be Done	Time Done	Initials

Order/ Expir Date	Clerk/ Nurse	PRN ACTION, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING COMPLETION TIME/DATE COMPLETED
		Morphine Sulfate 2-4 mg IV q 4 hr PRN pain	2330 2 mg 0130 2 mg 0400 2 mg 0530 2 mg
		Phenergan (12.5) 25mg IV q 4-6 hrs prn N/V	(b)(6)-2
		~~MOM 30cc PRN Gastric Upset~~	
		~~NS / LR bolus X ___ liters~~	

USAPA V1.00

CLINICAL RECORD	THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION) For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General.	Mo. 03 Yr. 03

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED 29	30
28	(b)(6)-2	Vital signs q hr / q2hr / q6hr / q8hr /	07	(b)(6)-2	
		q shift	19		
		Cardiac Respiratory monitoring	07		
			19		
29	(b)(6)-2	Diet: NPO / Regular / Soft / Clear	07		
		Liquid	19		
29	(b)(6)-2	Activity: Ad Lib / Strict BR / BR with	07		
		BSC / NWB R or L LE	19		
29	(b)(6)-2	HOB up 30 Degrees	07		
			19		
29	(b)(6)-2	Nursing I/O, CDB / NG to LIS / LCS	07		
		↳ c Foley to Gravity	19		
		Labs: Chem 7 / H&H / PT/PTT /	04		
		CBC q AM / 4 hrs / 8 HRS / BID	08		
			12		
			16		
			20		
			24		
		~~EKG q AM / QOD~~	06		
		~~PCXRAY q AM / QOD~~	06		
		~~Neuro checks q 1hr / 2 hr / 4 hr / 6 hr /~~	07		
		~~q shift~~	19		
29	(b)(6)-2	Vascular checks q 1hr / 2 hr / 4 hr /	07		
		6 hr / q shift	19	(b)(6)-2	

ALLERGIES: ☐ YES ☒ NO

PRIMARY DIAGNOSIS: Ex Lap / Ex Fix (R) femur

ADDITIONAL PAGES IN USE: ☐ YES ☒ NO

PAGE NO: _____

PATIENT IDENTIFICATION: (b)(6)-4

ACTION TIMES
USE PENCIL. CIRCLE ACTION TIMES

D	8	9	10	11	12	13	14	15	
E	16	17	18	19	20	21	22	23	
N	24	01	02	03	04	05	06	07	

Treatment Facility: 212th Mobile Army Surgical Hospital

DA FORM 4677, 1 OCT 78 — EDITION OF 1 DEC 77 MAY BE USED. — USAPA V1.00

Verify by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)				Mo 03 Yr 03
Order Date	Clerk Nurse	SINGLE ACTIONS	Date to be Done	Time to be Done	Time Done	Initials
29	(b)(6)-2	Admit Patient to ICU	29Mar			(b)(6)-2
		Diagnosis: ex Lap / Ex fix R femur				
		Condition: Stable / Serious / Critical				
		Allergies: NKDA /				
29	(b)(6)-2	CBC	30MAR	0700		

Order/ Expir Date	Clerk/ Nurse	PRN ACTION, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING COMPLETION TIME/DATE COMPLETED

USAPA V1.00

CAL RECORD SUPPLEMENTAL MEDICAL

For: ... see AR 40-66 for proponent ... Office of TA ... General

REPORT TITLE: Medical POSTANESTHESIA CARE RECORD | OTSG APPROVED (Date):

Time In: 2045 | Procedure: Exlap / External Fixator @ femur | ASA Grade (I – V):

Physician: | Anesthesia Provider: | Pre-Op Vitals: T= P= R= BP= / SaO2=

ANESTHESIA: General Spinal Epidural
Sedation Local Nerve Block:
Intrathecal w/ narcotic: time:
Other:

REVERSALS: Narcotic: No / Yes time:
Muscle Relaxant: No / Yes time:

Allergies: NKA
Latex allergy: N / Y
Medical/Birth Hx:
Complications:
Tourniquet time:

INTAKE:	OR / PACU
Crystalloids	/
Blood Prod	/
Colloids	/
Irrigations	/
Other	/

OUTPUT:	OR / PACU
Urine	/
EBL	/
Drains	/
Emesis	/
Other	/

VITAL SIGNS | **POST ANESTHESIA RECOVERY SCORE** | **PAIN ASSESSMENT** | **OTHER**

Time	BP	T	P	R	SaO2	O2	Act	Resp	Circ	LOC	Skin	Total	0-10	Qual/ Locat	Dermatomal	Rel.	Nurse action	Input	Output		Init
2045	121/62	97.9 ax	103	20	99%	RA							Sedate	—	(b)(6)-2						
2105	133/77	—	101	20	99%	RA								—							
2118	143/78	—	102	22	97	RA								—							
2134	132/84	—	106	28	94	RA							Sedate	—							
2148	129/70	99.0	100	24	93	RA								—							
2205	130/70	—	108	22	93	RA								—							
2311	134/69		108	20	94	RA															

VITAL SIGNS
BP = blood pressure
P = pulse
R = respirations
T = temperature ax = axillary
SaO2 = oxygen saturation

Activity (Act)
2 = Moves 4 extremities
1 = Moves 2 extremities
0 = Moves 0 extremities

RESPIRATIONS (Resp)
2 = Cough/deep breath
1 = Dyspnea, airway
0 = Apnea

CIRCULATION (Circ)
2 = 20% +/- PRE-OP BP
1 = 20% - 50% +/-
0 = 50% +/-

LEVEL OF CONSCIOUSNESS (LOC)
2 = Fully awake
1 = Verbally aroused
0 = Unresponsive
No nystagmus w/ ketamine

SKIN
2 = Pink
1 = Pale, dusky
0 = Cyanotic

Init = initials IS = incentive spirometry C/DB = cough/deep breath HOB = elevate head of bed EE = elevate extremity ICE = cold compress CDI = clean/dry/intact
PrT = patient teaching – see notes WB = warm blankets HL = heat lamps IC = ice chips H = hygiene care RA = room air BB = blow-by Other:
Quality Codes: AH = Aching BN = burning CO = complains of pain CR = crushing DL = dull IR = irritable PE = painful expression PR = pressure RT = restless SH = sharp
SL = sleeping SP = splinting ST = stabbing TH = throbbing UD = unable to describe Other:
Location Codes: H = head F = face Fd = fundus Tr = throat N = neck Sd = shoulder B = back Ch = chest ABD = abdomen U = umbilicus UE = upper extremity LE = lower extremity Hd = hand Ft = foot K = Knee Vag = Vagina Other:

MEDICATIONS RECEIVED IN PACU

TIME	PROBLEM/COMPLAINT For analgesic include Quality, Intensity (0-10), and Location	MED DOSE/ROUTE	INIT	REASSESSMENT/RESPONSE For analgesic include Quality, Intensity (0 – 10), and Location	TIME	INIT
2330	6/10 pain	2mg MSO4 IV	TP			
0015	" " abd/RLeg	2mg MSO4 IV	TP			

PREPARED BY (Signature & Title) | DEPARTMENT/SERVICE/CLINIC | (Continue on reverse) DATE

PATIENT'S IDENTIFICATION (For typed or written entries give: first, middle; grade; date; hospital or medical facility) Name – last,
(b)(6)-4

☐ HISTORY/PHYSICAL ☐ FLOW CHART
☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)
☐ DIAGNOSTIC STUDIES
☐ TREATMENT

2001705

AEROMEDICAL EVACUATION PATIENT RECORD

(b)(6)-4

PATIENT IDENTIFICATION

1. NAME (Last, First, Middle Initial) (b)(6)-4
2. SSN —
3a. STATUS —
3b. SERVICE —
4. PRECEDENCE U
5. GRADE —
6. AGE 4N
7. SEX M
8. WEIGHT
9. BLOOD TYPE
10. CLASSIFICATION (IA-5F) AMBULATORY / LITTER X
11. ACCEPTING PHYSICIAN
12. CITE/AUTHORITY NO.
13. APPT/BURG DATE
14a. ORIGINATING FACILITY (b)(3)-1
14b. ORIGINATING FACILITY PHONE NUMBER
15a. DESTINATION FACILITY (b)(3)-1
15b. DESTINATION FACILITY PHONE NUMBER
16. NUMBER OF ATTENDANTS: 16a. MEDICAL Ø; 16b. NON MED Ø

17. DIAGNOSIS
s/p ex lap for GSW to abdomen
(R) femur fx 2° GSW s/p ex fix

18. X BATTLE CASUALTY / FRIENDLY / NON-BATTLE INJURY

19. CLINICAL ISSUES (Please indicate Yes or No on clinical issues. Explain YES comments in Section 23)

	YES	NO	ISSUE		YES	NO	ISSUE		YES	NO	ISSUE
a.		X	HYPERTENSION	i.		X	MOTION IMPAIRED	k.	Ø		AMBULATORY
b.			CARDIAC HX	j.			VISION IMPAIRED	l.		X	AMBULATORY AID
c.			DIABETES	k.			VOMITING PROBLEMS	m.			SELF-MEDS
d.			RESPIRATORY	l.			BOWEL PROBLEMS	n.			ASSISTANT SHOULD BE NEED
e.		X	CARDIAC	m.		X	SELF-CARE	o.			OTHER

20. PHYSICIANS ORDERS
20a. DATE 29MAR02
20b. TIME 2240
20c. ALLERGIES NKDA
20d. DIET X REG / SEMI-A / CARDIAC / DIABETIC ____ CALS
ORAL ____ Qty prov ____ Qty Rx ____ Mins K ____ mg PO4
TUBE ____ TYPE ____ bolus, I/D, 24h, FULL STRENGTH
RESTRICTING: ASA ____ / OTHER (Specify) ____
TUBE: Change to D1D at ____ cc/hr for max of ____ days
TUBE FEEDING ____ at ____ strength at ____ cc/hr
20e. IV/BLOOD

20f. SPECIAL EQUIPMENT

	SUCTION		TRACTION		ORTHOPEDIC BRACES
	NG TUBE		IV PUMP		CHEST TUBE/HEIMLICH
	STRYKER FRAME		TRACH		RESTRAINTS
	INCUBATOR		MONITOR		OTHER (Explain in 23)
			FOLEY		

O2: ____ LITERS: ____ ROUTE: ____
VENTILATOR SETTINGS

20g. ALTITUDE RESTRICTION:

20h. RECORDS TO ACCOMPANY PATIENT

	OUTPATIENT RECORDS		X-RAYS		FINANCIAL
	INPATIENT RECORDS		OB RECORDS		OTHER (Specify)
	NARRATIVE SUMMARY		DENTAL RECORDS		

20i. MEDICATIONS/TREATMENTS
Ancef 2gm IV Q8°
Gentamicin 350 mg IV QD
PCN 2 million units IV Q6°
Lovenox 30 mg SQ Q12°

21. PRE-FLIGHT VITALS

21a. DATE/TIME	21b. TEMP	21c. PULSE	21d. RESP	21e. BP

22. BRIEF NARRATIVE
EPW s/p GSW abdomen x
(R) femur. Pt. went for ex lap,
& organ damage noted. (R) femur
washed out & ext. fixator
applied. Pt. stable for
transport to next echelon.

23. ASSESSMENT/PROGRESS

DATE/TIME	NOTES

24. (b)(6)-2

25. STAMP AND SIGNATURE OF FLIGHT SURGEON

AF FORM 3899, MAR 95

(b)(6)-4

ADMISSION AND CODING INFORMATION

For use of this form, see AR 40-400; proponent agency is OTSG

1. REPORTING MTF	2. MTF LOCATION (State or Country Code)
(b)(3)-1	

3. REGISTER NUMBER	NAME (Last, First, Middle Initial)	4. PAY GRADE	5. SEX
(b)(6)-4	(b)(6)-4		M

6. DATE OF BIRTH (Y Y Y Y M M D D)	7. AGE AT ADMISSION	8. RACE	9. ETHNIC BACKGROUND	RELIGION
19 80 21 22 23 24 25 26	27 28 29	30	31	MUS
1 9 8 2 0 1 0 1	2 2 Y			

10. LENGTH OF SERVICE	ETS	11. FMP	12. SOCIAL SECURITY NUMBER
32 33 34		35 36 EPW	37 38 39 40 41 42 43 44 45 (b)(6)-4
		2 0	

ORGANIZATION (Active Duty Only)	13. MARITAL STATUS	HOUR OF ADMISSION	BRANCH / CORPS
	46 M	1700	

14. FLYING STATUS	15. BENEFICIARY CATEGORY	16. ZIP CODE OF RESIDENCE
47 48 49	50 51 52 R 7 8	53 54 55 56 57 58 59 60 61

17. UNIT LOCATION (State or Country Code)	18. MOS	19. TRAUMA	PREV. ADMISSION
62 63	64 65 66 67 68 69 70	71	YEAR ☐ NO

20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION	WARD	NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE
72 GMT	ICU 3	
NAME AND LOCATION OF MEDICAL TREATMENT FACILITY (b)(3)-1		ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)
		TELEPHONE NUMBER OF EMERGENCY ADDRESSEE

21. TYPE OF DISPOSITION	22. MTF TRANSFERRED TO 86th CSH FWD	23. DATE OF DISPOSITION (Y Y M M D D)
73 74	75 76 77 78 79 80	81 82 83 84 85 86
		0 3 0 3 3 0 0630

24. CLINIC SVC - ADMITTING	25. MTF TRANSFERRED FROM	26. DATE THIS ADMISSION (Y Y M M D D)
87 88 89 90	91 92 93 94 95 96	97 98 99 100 101 102

27. LOCATION OF OCCURRENCE (Battle Casualty Only)	28. MTF OF INITIAL ADMISSION	29. DATE INITIAL ADMISSION (Y Y M M D D)
103 104	105 106 107 108 109 110	111 112 113 114 115 116
		0 3 0 3 2 9

FOR LOCAL USE

Gun shot wound in the right abdomen
Gun shot wound in (R) Leg

DX: 86813
8911
E9112

IMMED
4500
TRAUMA

ADMITTING OFFICER (Signature as required) (b)(6)-2

SIGNATURE OF ADMITTING CLERK (b)(6)-2

DA FORM 2985, MAR 89 EDITION OF MAY 79

ADMISSION AND CODING INFORMATION

For use of this form, see AR 40-400; the proponent agency is the OTSG

REPORTING MTF	REGISTER NUMBER
341	4-6

56. TOTAL SICK DAYS *(All Facilities)*	57. BED DAYS THIS MTF	58. BED DAYS OTHER FED MTFS	59. BED DAYS- CIV. HOSPITALS	60. BASSINET DAYS *(Neonatal)*
273 274 275 276 277	278 279 280 281	282 283 284 285	286 287 288 289	290 291 292 293
	0 0 0 2			

61. QUARTERS DAYS	62. MEDICAL HOLDING DAYS	63. COOPERATIVE CARE DAYS	64. CONVALESCENT LEAVE DAYS	65. SUPPLEMENTAL CARE DAYS
294 295 296 297	298 299 300 301	302 303 304 305	306 307 308 309	310 311 312 313

66. OTHER DAYS	67. TOTAL SICK DAYS - THIS MTF	68. BED DAYS - ICU	69. BED DAYS - ADMITTING CLINIC SERVICE	70. CLINIC SERVICE *(Second)*
314 315 316 317	318 319 320 321 322	323 324 325 326	327 328 329 330	331 332 333 334

71. BED DAYS SECOND CLINIC SERVICE	72. CLINIC SERVICE *(Third)*	73. BED DAYS THIRD CLINIC SERVICE	74. CLINIC SERVICE DISPOSITION	75. BED DAYS DISPOSITION CLINIC SERVICE
335 336 337 338	339 340 341 342	343 344 345 346	347 348 349 350	351 352 353 354

76. CONVALESCENT LEAVE RECOMMENDED	77. PATIENT ACUITY - DAYS I	78. PATIENT ACUITY - DAYS II	79. PATIENT ACUITY - DAYS III	80. PATIENT ACUITY - DAYS IV
355 356 357	358 359 360 361	362 363 364 365	366 367 368 369	370 371 372 373

81. PATIENT ACUITY - DAYS V	82. PATIENT ACUITY - DAYS VI	83. *DO NOT USE THIS SPACE*	84. TYPE RECORD
374 375 376 377	378 379 380 381	382 383 384 385 386 387	388 389 390 391 392 393

FOR LOCAL USE

MEDCOM - 2701

INPATIENT TREATMENT RECORD COVER SHEET

For use of this form, see AR 40-400; the proponent agency is DTSG

1. REGISTER NUMBER	(b)(6)-4			3. GRADE	ADMISSION REMARKS
(b)(6)-4					
4. SEX: M	5. AGE: 27y	6. RACE	7. RELIGION	8. LENGTH OF SVC	9. ETS	10. PREVIOUS ADMISSION	
11. FMP	12. SSN: (b)(6)-4		13. ORGANIZATION			14. WARD	
15. FLYING STATUS	16. RATING/ OSC	17. DEPT.: (b)(6)-4	18. BRANCH/CORPS	19. UIC/ZIP		20. TYPE CASE	
21. SOURCE OF ADMISSION/AUTHORITY FOR ADMISSION				22. HOURS OF ADMISSION	23. CLINIC SERVICE		
24. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE			25. TYPE DISPOSITION		26. DATE OF DISPOSITION		
27a. ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)			27b. TELEPHONE NO.		28. DATE OF THIS ADMISSION		ADMITTING OFFICER
29. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY					30. DATE OF INTIAL ADMISSION		32. UNITS OF WHOLE BLOOD/ COMPONENT TRANSFUSED

31. SELECTED ADMINISTRATIVE DATA

☐ Check if Continued on Reverse

33. CAUSE OF INJURY

34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES

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	f. TOTAL SICK DAYS

36. Total Days All Facilites

a. ABSENT SICK DAYS	b. OTHER DAYS	c. CONV. LV/COOP CARE DAYS	d. SUPPLEMENTAL CARE DAYS	e. BED DAYS	f. TOTAL SICK DAYS

SIGNATURE OF ATTENDING MEDICAL OFFICER	SIGNATURE OF PAD OR MEDICAL RECORDS OFFICER

DA FORM 3647, MAY 79 EDITION OF 1 AUG 76 IS OBSOLETE USAPPC V1.10

MEDICAL	ABBREVIATED MEDICAL RECORD

PERTINENT HISTORY, CHIEF COMPLAINT, AND CONDITION ON ADMISSION *(Enter date of admission)*

PHYSICAL EXAMINATION

See SF 558

PROGRESS *(Enter date of discharge and final diagnosis)*

SIGNATURE OF PHYSICIAN	DATE	IDENTIFICATION NO.	ORGANIZATION

PATIENT'S IDENTIFICATION *(For typed or written entries give Name last, first, middle; grade; date; hospital or medical facility)*	REGISTER NO.	WARD NO.

ABBREVIATED MEDICAL RECORD
Standard Form 539

GENERAL SERVICES ADMINISTRATION AND
INTERAGENCY COMMITTEE ON MEDICAL RECORDS
FIRMR (41 CFR) 201-45.505
OCTOBER 1975
USAPPC V1.00

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD — **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
	Surgery Staff
31 March 03	EPW sustained blunt torso trauma & being run over by a Bradley fighting vehicle.
[redacted]	Awake & alert on arrival c obvious open (R) femur fracture c large ST defect on post (R) thigh. Large abrasion over lower (R) chest c ↓ BS. 30 Fr (R) chest tube placed & attached to Heimlich Valve BP 120/71 HR 83. FAST exam (-). Pelvis stable but tender c manipulation. ↓ Scrotal or perineal ecchymosis, & no prostate on exam. Foley catheter placed easily by me c return of gross blood / hematuria. Only other injuries noted on exam are superficial abrasions at PNE & (L) ankle which from failed IV attempt in field. Moves all extremities.
	A: (1) Blunt Chest / abdominal trauma (2) Open (R) femur fracture (3) Gross hematuria – possible bladder or renal injury
	P: (4) Possible pelvic fracture.

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	**SSN/ID NO.**	**RELATIONSHIP TO SPONSOR**	

PATIENT'S IDENTIFICATION: *(For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade:)*	REGISTER NO.	WARD NO.
[redacted]		

[redacted]

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record
STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1

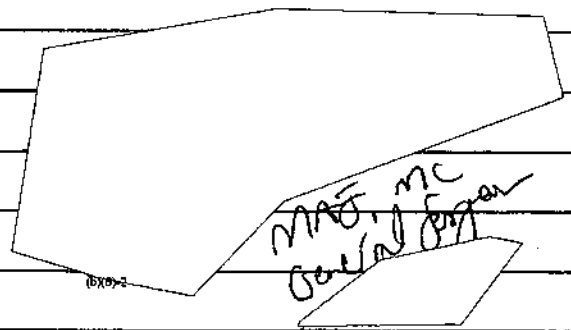
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
	(P:) Broad spectrum IV abx given c̄
Ancef 1 gm	immobilization of femur fracture.
GM 1715	Vigorous fluid resuscitation as needed c̄
2020	monitoring of hemodynamic status.
	Watch urine for clearing of hematuria
Unasyn 3 gm	Chest & abdomen xray for mor.
1750 Z	
	[redacted]
MSO4 4mg	
1740	
Albumin 180 ml	MAJ, MC, USA
1845	General Surgeon
	[redacted]
1858	Blood transfusion started. Patient tachycardic and
	tachypnic RR 26 BP 122/53 P 98 Sats 99% Breath
	sounds equal bilaterally. Chest s̄ drainage. Foley
	c̄ sanguinous drainage. Abdomen non-distended.
	and nontender to palpation [redacted] [redacted]
1905	P 99 BP 124/62 RR 28 SATS 99% 1920 126/64 P 93 RR 26 98%
1910	P 92 BP 127/58 RR 26 SATS 98%
1915	P 104 BP 143/70 RR 32 SATS 94%
1915	RN: Pt restraints placed for procedures. NG tube placed
	2nd line. Placement verified by suction of gastric contents.
	Skin mottled on right arm. Suspect blood infusion
1917 Benadryl	reaction. 25 mg Benadryl given [redacted] [redacted]
1924	Diagnostic Peritoneal lavage started by MAJ [redacted]
	and assisted by Dr [redacted] Pt tolerating procedure well.
	[redacted] [redacted]

[redacted]

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
	Surgery Staff
23 March 08	Pt w hemodynamic instability last several hrs
(b)(6)-4	c widened pulse pressure. Mild tachycardia to low 100's. Repeat FAST performed c optimal windows. Some question of (R) renal laceration by FAST. Urine clearing. Hemodynamic stability tx'd c crystalloid (total 4 liters to this point), Colloid (1 unit albumin) & 1 unit PRBC. Due to hemodynamic instability & loss of clear windows on FAST, dynamic/serial DPL performed & noted to be grossly (-). Significant improvement in BP & pulse pressure & transfusion. Urine output adequate to this point. Due to hemodynamic stability & overall etiology, will hold on IR/IO & open fracture tonight. Due to weather concerns our evac not possible until 24 MAR 08.



HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	**SSN/ID NO.**	**RELATIONSHIP TO SPONSOR**	

PATIENT'S IDENTIFICATION: *(For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)*

REGISTER NO.	WARD NO.

(b)(3)-1

(b)(3)-1

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record
STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
30 Mar 03	Ortho
2005	Hx & findings as above. PE exam reveals no
	UE injury, pelvis stable. RLE c ~~[illegible]~~ obvious
	deformity at distal femoral diaphysis. ≈ 8 x 10 cm
	wound on posterior thigh. Good distal pulses. Pt
	received IV Ancef & Unasyn. Will keep wound dressed
	Repeat IV abx, pt to be evac'd @ 0300Z
	(b)(6)-2 [redacted]
	Orthopedic Surgeon
2200 30 MAR 03	N.N.) Patient asleep, easily arousable. Breath sounds diminished
	on right side. Equal rise & fall of chest bilaterally. Pt
	tachypneic at 36 RPM. Sats 100% on 6L via NRB.
	Chest tube in place c heimlich valve attached. Ø
	blood in tube. NSR on monitor. Rate 89 BPM.
	S1 S2 audible. Abdomen soft & nontender to palpation
	Ø distention. Foley to gravity draining blood tinged urine
	200 ml out since placement. NG tube to gravity. Wet 4x4's
	placed on open femur fx. Ø gross bleeding at site. Dressing on (L)
	ankle CDI. Bilateral IV's patent. MSO4 2mg for pain. Patient
	normotensive 117/72. GCS 11 (b)(6)-2 [redacted]
2300	2mg MSO4 IV. 125/65 - 90 - 29 - 98% 6L O2 via FM. ~~[illegible]~~ Resting
	comfortably at this time. (b)(6)-2 [redacted]

STANDARD FORM 600 (REV. 6-97) BACK

*U.S. GPO: 2002 - 491-600/50618

DATE	NOTES
29Apr03	PT arrival
0300	
)	
)	

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD | **PROGRESS NOTES**

DATE	NOTES
2 Apr 03 - 0300	pt arrival via Litter, [redacted] by a buddy, a&o upon arrival, Perrla, HR 110-120, Distal pulses +3 All ext, BS shallow clear to auscultation, Pulse ox on 80s, Nonrebreather 8 L O2, applied, sats came up to 90s, chest tub (L) side to -20 cm pleurovac, (R) Femur Fx, Fibular, Pelvic Fx, 2nd degree burn on (R) Foot. Foley to gravity drunk burgundy urine, [redacted] S/C L.p IV
3 Apr 03 - 0310	4 mg morphine [redacted]
3 Apr 03 - 0330	ancef 1 G gm [redacted] S/C L.p IV
0430Z	Stable VS 8/P 131/53 P-83, sats 96% E FM 42/min, RR 36 T° 99.9, good breath sounds on (L), clear on upper lobe (R), ↓ at middle lobe and bases, ↓ BS, good capillary refill and pulses x 4, chest tube to (R) side E water seal only, still has +2 edema to (R) lower extremity E 2nd burns to ankle area and (R) femur Fx already repaired E ext. fixations, getting ready for transport, translator explained to patient timeline since yesterday. Held X-ray, I stat 8, pending 1 6m of Ancef due today 15:30 hours
1030	1 6m of Ancef given now, no changes in pt condition, on litter awaiting for transport / transfer [redacted]

RELATIONSHIP TO SPONSOR	SPONSOR'S NAME			SPONSOR'S [redacted] (SSN or Other)
	LAST	FIRST	MI	

DEPART./SERVICE	HOSPITAL OR MEDICAL FACILITY	RECORDS MAINTAINED AT

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade)	REGISTER NO.	WARD NO.
[redacted]		

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 5-99)
Prescribed by GSA/ICMR FPMR (41 CFR) 101-11.203(b)(10)

DATE	NOTES
7 APR 03 1400 Z	Pat. ready for aerovac Foley c̄ UO, CT to water seal, IV sites s̄ S/S of compromise (b)(6)-2 (b)(6)-2

FPI LEX Printed on Recycled Paper

STANDARD FORM 509 (REV. 5-99) BACK

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD | **PROGRESS NOTES**

DATE	NOTES
	Surgery [redacted]
	Young Iraqi EBW struck by Bradley on 31 Mar c̄ resulting (R) PTX, (R) femur Fx, Pelvis fracture. Managed c̄ ex fix to femur. On arrival, pt in [illegible] c̄ O_2 per FM n=91. sat 98% alert BP 122/43

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD | **PROGRESS NOTES**

DATE	NOTES
2 APR 0615Z	- Patient alert to stimuli v/nv. Infusing O+ blood 23/6 c̄ NS. NRB in use @ 10 LPM. (R) Fem Fx c̄ ext Fix intact & dressing c̄ mild breakthrough bleeding. Chest tube draining small amount of serosanguinous fluid. Foley draining serosanguinous fluid. RR Tachypnic, febrile 101° approx. [redacted] RT/AN
0715 2 apr 03	- PT A&O x3, Verbal, BS equal bilat C+A A to P, O_2 sats 96% on 4L SM via concentrator, Normal Sinus Tachy, B/p WNL, cap ref < 3 secs all distal Pulses +3, PT has Pelvic Fx, (R) Femur Fx, chest tube on (R) side 20 cm via pleurevac, BS hypoactive (R) Foot & ankle 2nd degree burns, Foley to gravity draining clear Yellow QS, PT has swollen (R) hand Complains of pain [redacted] SPC LPM

RELATIONSHIP TO SPONSOR | [redacted] SPONSOR'S NAME: LAST | FIRST | MI | SPONSOR'S ID NUMBER *(SSN or Other)*

DEPART./SERVICE | HOSPITAL OR MEDICAL FACILITY | RECORDS MAINTAINED AT

[redacted] IDENTIFICATION: *(For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade)* | REGISTER NO. | WARD NO.

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV 5-99)
Prescribed by GSA/ICMR FPMR (41 CFR) 101-11.203(b)(10)

558-103 (See Instructions on Back of this Sheet) NSN 7540-01-075-3786

EMERGENCY CARE AND TREATMENT
(Medical Record)

TREATMENT FACILITY (Stamp)

LOG NUMBER

ARRIVAL: DATE DAY 3 MONTH 03 YR. 03; TIME 0945

TRANSPORTATION TO HOSPITAL (Attach care enroute sheet): ☐ PRIVATE VEHICLE ☒ AMBULANCE ☐ OTHER (Specify)

CURRENT MEDS. (Tetanus immunization and other data)

HISTORY OBTAINED FROM ☐ PATIENT ☐ OTHER (Specify)

ALLERGIES

PATIENT'S HOME ADDRESS OR DUTY STATION (City, State and ZIP Code)

HOME TELE. NO. (Inc. area code)

CHIEF COMPLAINT(S) (Include symptom(s), duration): MA(B) trauma

SEX M AGE

POSSIBLE THIRD PARTY PAYER? ☐ YES ☐ NO

TIME SEEN BY PROVIDER

VITAL SIGNS		
TIME	0940	0950
BP	134/68	150/52
PULSE	91	90
RESP.	36	40
TEMP.	95.9	
WT. (Child)	532 lbs	540 lbs

CATEGORY (See reverse)
- ☐ EMERGENT
- ☒ URGENT
- ☐ NON-URGENT

ORDERS	INITS.	TIME
Chest Xray		
Pelvic		
MSO4 4mg IV	(b)(6)-	0930

ASSESSMENT/DIAGNOSIS
(R) Femur FX
Pelvic FX

DISPOSITION (Check all that apply)
- ☐ HOME ☐ FULL DUTY
- QUARTERS: ☐ 24 Hrs. ☐ 48 Hrs. ☐ 72 Hrs.
- MODIFIED DUTY UNTIL: DAY | MONTH | YEAR
- REFERRED TO (Indicate clinic)
- ☐ EMERGENCY ☐ TODAY
- ☐ 72 HOURS ☐ ROUTINE
- ADMIT. TO HOSP. UNIT/SERVICE: Ortho

CONDITION UPON RELEASE
- ☐ IMPROVED ☐ UNCHANGED
- ☐ DETERIORATED
- TIME OF RELEASE: 0950

DESCRIBE (1) Subjective data (Pertinent History); (2) Objective data (Examination - include results of tests and x-rays); (3) Assessment (Diagnosis); (4) Plan (Treatment/Procedures - include medication given and follow-up)

EPW ran over by Bradley fighting vehicle.
Patient sustained blunt trauma to chest, (R) thigh, ? renal injury (gross hematuria).
Chest - ↓ BS (R) chest
Abd - DPL incision, Soft, ND/NT
Pelvic - pelvic tenderness
Ext - open (R) femur fracture
(R) humerus ~~fracture~~ (deformity ? fx)
ChestXray - Chest tube (R) chest, No PTX
Pelvis - pubic rami fx on (R)
FAST - Exam - ? (R) renal laceration → FST
DPL - Grossly negative
A/P - Blunt Trauma, Bradley vehicle
(1) chest - pleurovac attached
(2) Local washout to femur fx, traction splint
(3) Plan air evacuation

(CONTINUE ON SF 507, IF NEEDED)

(b)(6)-2

PATIENT'S IDENTIFICATION (Mechanical imprint) FOR WRITTEN ENTRIES GIVE: Name - last, first, middle; SSN; DOB, service status, name and relation of sponsor or next of kin. (IMPORTANT: LIST FACILITY HOLDING TREAT-

(b)(6)-4

(b)(3)-1

SIGNATURE OF PROVIDER AND ID STAMP

INSTRUCTIONS TO PATIENT (Include medications ordered, any limitations and follow-up plans)

EMERGENCY CARE AND TREATMENT
MEDCOM - 2712 _opy

STANDARD FORM 558 (REV. 6-82)
Prescribed by GSA and ICMR
FIRMR (41 CFR) 201-45.505

510-112 NSN 7540-00-634-4123

MEDICAL RECORD — NURSING NOTES

(Sign all notes)

DATE	HOUR A.M.	HOUR P.M.	OBSERVATIONS Include medication and treatment when indicated
31Mar03	0015		1000 cc uop. 123/64-101-37-94% 6L O2 via FM. Resp. range
			from 24-45. urine (1000cc output) amber color c̄ red clots @ times
			CT s̄ drainage, NG patent. LS ↓ Ⓡ side ... CTA. IV cont
			as ordered. resting comfortably @ this time. (b)(6)-2 [redacted]
	0230		4mg MSO4 IV (b)(6)-2 [redacted] 125/70-27-94-96% 6L O2
	0245		300cc sanguinous urine - Foley patent, Chest tube c̄ heimlich
			valve patent, IV patent. 118/63-91-24-99% O2 2L via FM
			resting comfortably at this time. (b)(6)-2 [redacted]
			500cc bag of NS D/C - (200cc left) - bag from last
			night. 1000cc↑ (b)(6)-2 [redacted]
	0315		Pt. has remained NPO, T 98 RA, 38-96-124/66
			(b)(6)-2 [redacted] RT, AN
31Mar		1900	pt is doing well. V.S. have remained
1Apr02	0700		Stable t/o shift. HR in 80's POX 98% on
			RA Resp Rate - 16, BP normal,
			UOP good 1600 cc for shift. RMA
			c̄ small amount of sanguineous drainage.
			Lungs CTA, Heart Sounds Normal,
			BS all quads; +CNS to lower extremities
			all night. ~~OREF to Ⓡ femur~~ (b)(6)-2 [redacted]
			Ext. fixator to Ⓡ femur. pt on Reg diet +
			eating small amounts. (b)(6)-2 [redacted]
01APR03	0730		Assumed Care c̄ Charge nurse. VSS, Awake and Alert
			follows commands appropriately, CT to H2O seal Cont

Continue on reverse side

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; rank; rate; hospital or medical facility)

(b)(6)-4 [redacted]

(b)(6)-2 [redacted]

REGISTER NO. | WARD NO.

NURSING NOTES

Medical Record

STANDARD FORM 510 (REV. 7-91)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

MEDCOM - 2713

NURSING NOTES
(Sign all notes)

DATE	HOUR A.M.	HOUR P.M.	OBSERVATIONS Include medication and treatment when indicated
~~31~~ 01APR03	0730		Cont NPN Ø S&S of Infection, Dressing Intact. FTG c̄ Red/amber urine. O_2 @ 1L NC Sats > 92%. IVF-LR@120/hr CR Monitor c̄ NSR 90's. [redacted] 91W/MC LPN
01APR03	0815		Emptied 225ml Red/amber urine From Foley bag Pt c/o pain "Too much" Received H SSG Chase For MSO4 Administration. [redacted] 91W/MC LPN.
01APR03	1020		VS BP 107/56, HR 106, RR-28, SPO2 92% 3L NC Pt NPO to surgery
01APR03	~~12~~	1315	Returned From Surgery via Litter c̄ CT to wall suction, 10L O_2 via FM, Foley to Gravity. External Fixation to (R) thigh area, HR 130's BP-105/78, RR-36, Called for CXR for placement and effectiveness. [redacted] 91W/MC LPN
01APR03		1900	700ml Red/Amber Urine out of Foley [redacted] 91W/MC LPN [redacted]

*U.S. Government Printing Office: 1995 — 387-722/20011

[redacted]

STANDARD FORM 510 (REV. 7-91) BACK

MEDCOM - 2714

510-112 NSN 7540-00-634-4123

MEDICAL RECORD — NURSING NOTES

(Sign all notes)

DATE	HOUR A.M.	HOUR P.M.	OBSERVATIONS Include medication and treatment when indicated
1 APR 03		2157	VS BP 114/59 P 88 R 24 T 90.3 (+) pedal pulses (R) leg warm dry cap refill c 3 secs pt resting

(Continue on reverse side)

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name—last, first, middle; grade; rank; rate; hospital or medical facility)*

REGISTER NO.

WARD NO.

(b)(3)-1

NURSING NOTES

Medical Record

STANDARD FORM 510 (REV. 7-91)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

MEDCOM - 2715

MEDICAL RECORD | **LRMC INTRAOPERATIVE DOCUMENT**

For use of this form, see AR 40-407; the proponent agency is the office of The Surgeon General.

1. PATIENT TRANSPORTED TO OPERATING ROOM
VIA Cart BY MAJ [b)(6)-2]

2. PATIENT IDENTIFIED, RECORD REVIEWED AND PROCEDURE VERIFIED BY [b)(6)-2], CPT

3. DATE 1 APR 03 TIME PATIENT ARRIVED IN SUITE 1130

4. PATIENT IN ROOM TIME 1130 NUMBER 1

5. PREOPERATIVE EMOTIONAL STATUS

☒ CALM ☐ ANXIOUS ☐ EXCITED ☐ CRYING ☐ ANGRY ☐ WITHDRAWN ☐ OTHER *(Specify)*

COMMENTS:

6. NURSING PERSONNEL

ASSIGNED SCRUB	SPC [b)(6)-2] 91D	RELIEF SCRUB	
ASSIGNED CIRCULATOR	[b)(6)-2] CPT AN	RELIEF CIRCULATOR	

7. POSITION AND POSITIONAL AIDS *(Specify)*

☒ SUPINE ☐ LITHOTOMY ☐ PRONE ☐ KRASKE LATERAL: ☐ LEFT SIDE UP ☐ RIGHT SIDE UP

COMMENTS:

8. SKIN PREPARATION

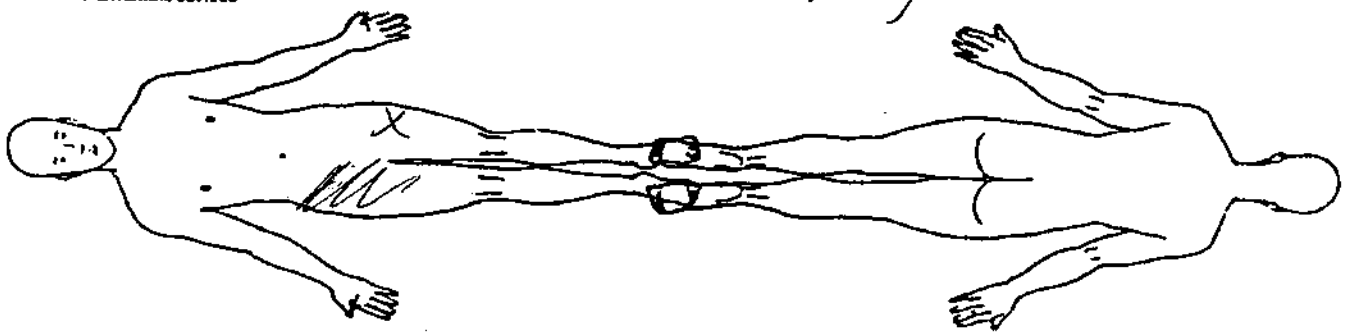
HAIR REMOVAL ☐ YES ☒ NO
DONE BY: ☐ OR ☐ NURSING UNIT
METHOD: ☐ DEPILATORY ☐ RAZOR ☐ CLIP

COMMENTS:

PREP SOLUTION *(Specify)* Hibiclens BY WHOM: CPT [b)(6)-2]
SITE: Right leg BY WHOM:

COMMENTS: & pooling noted

9. LOCATION OF EXTERNAL DEVICES



LEGEND X Ground Pad -- Safety Strap --- Tourniquet

C – Correct I – Incorrect

10. COUNTS			Other**	First Closing Count	Final Closing Count
Sponge	☒ Yes	☐ No		C	C
Needle Sharp	☒ Yes	☐ No		C	C
Instrument	☐ Yes	☐ No			
Other	☐ Yes	☐ No			

SCRUB: SPC [b)(6)-2] CIRCULATOR: [b)(6)-2] CPT N

11. PATIENT IDENTIFICATION *(For typed or written entries give: Name - Last, first, middle; Grade; Date; Hospital or Medical Facility;)*

EPW [b)(6)-4]

12. ELECTROSURGERY DEVICE(S) (ESU) ☒ YES ☐ NO

☒ ESU NO: Valleylab Force II Jeff, 30120
GROUND PAD: BRAND E7506
LOT NO: 10527

☐ ESU NO:
GROUND PAD: BRAND
LOT NO:

☐ BIPOLAR NO:

DA FORM 5179-1, OCT 87 [b)(3)-1] REPLACES DA FORM 5179-1 (FEB 83), WHICH IS OBSOLETE

MCEUL OP 358, 2 Mar 00
MRRC apprvl - 3 Feb 00

USAPA V1.00

13. PROSTHESIS, IMPLANTS ☐ YES ☒ NO IF YES NAME; ID NUMBER; MANUFACTURER

14. MEDICATIONS/ORDERS

IRRIGATION/MEDICATIONS GIVEN IN OPERATING ROOM (NOT BY ANESTHESIA) YES ☐ NO ☒

MEDICATIONS/SOLUTION	DOSAGE	TIME	METHOD	PREPARED BY	GIVEN BY

WOUND IRRIGATION ☒ YES ☐ NO, TYPE(S): .9%NACL

OTHER ORDERS	TIME	CARRIED OUT BY

PHYSICIAN'S SIGNATURE

15. X-RAY IN OPERATING ROOM YES ☒ NO ☐ IF YES, SITE Right femur

16. LABORATORY SPECIMENS

SPECIMEN (S) YES ☐ NO ☒	NAME	NAME
FROZEN SECTION (FS) YES ☐ NO ☒	NAME	NAME
CULTURE (C) YES ☐ NO ☒	NAME	NAME
NAME	NAME	NAME
NAME	NAME	18. DRESSING/IMMOBILIZATION *(Specify)* Kerlix Fluffs ABDpad Xeroform

17. TUBES, DRAINS/PACKING YES ☐ NO ☒

TYPE/SIZE	1.	2.	3.
SITE	1.	2.	3.

19. ADDITIONAL INFORMATION

The medical record (SF 539), the progress note (SF 509), the operative consent (SF 522), and the patient agree that the correct operative site is the _____ side.

Verified by: N/A

Patient/guardian Surgeon Anesthesia Operating Room Nurse

20. OPERATION(S) PERFORMED

Right femur I+D

21. PATIENT TRANSFERRED TO ICU TIME See anes record METHOD Litter

(b)(6)-2

87

MCEUL OP 358, 2 Mar 00
MRRC apprvl - 3 Feb 00

USAPA V1.00

(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974 - AS A CLINICAL RECORD FORM, IT IS COVERED BY DD 2205)

ANESTHESIA RECORD

Page 1 of 1 | ANES. START 1030 | IN OR 1137 | ANES. END 1310 | DATE 1 APR 03

OPERATION PERFORMED: I&D of (R) LE

SURGEON(S) (b)(6)-2

TOTS 1140 | SURG START 1215 | DRESSING 1300 | OR NO. BD #1

PREOPERATIVE

- [x] IDENTIFIED [x] ID BAND [x] QUESTIONING
- [x] CHART REVIEWED [x] NPO SINCE 0800
- [ ] PRE-OP MEDICATION:

Drug	Dose	Route	Time
Bicitra	30cc	PO	1040
Reglan	10	IV	1040
Zantac	50	IV	1040
Versed	3	IV	1130

Pre-Anesthetic State:
- [x] CALM [x] AWAKE
- [ ] APPREHENSIVE [ ] SEDATE
- [ ] UNRESPONSIVE

MONITORS AND EQUIPMENT

- [x] ANES. MACHINE # ___ & EQUIP. CHECKED
- [x] NON-INV. B/P [ ] PNS
- [x] CONT. EKG [ ] V LEAD EKG
- [ ] ESOPH. STETH. [ ] PRECORD STETH.
- [x] PULSE OXIMETER [x] O2 ANALYZER
- [x] END TIDAL CO2 [ ] MASS SPEC.
- [ ] TEMPERATURE
- [ ] WARMING BLANKET [ ] FLUID WARMER
- [ ] AIRWAY HUMIDIFIER
- [ ] N/G TUBE [ ] O/G TUBE
- [x] IV(s) 18g (L) UE
- [ ] ARTERIAL LINE
- [ ] CENTRAL LINE
- [ ] SWAN-GANZ
- [ ] FOLEY INSERTED: [ ] O.R. [ ] FLOOR
- [ ] EYE CARE
- [x] PRESSURE POINTS CHECKED / PADDED

ANESTHETIC TECHNIQUE

- [ ] GENERAL [ ] LOCAL / MAC
- [x] REGIONAL [ ] NERVE BLOCK
- [ ] SAB c Marcaine

INDUCTION

- [ ] PREOXYGENATION [ ] INHALATION
- [ ] RAPID SEQUENCE [ ] INTRAMUSCULAR
- [ ] INTRAVENOUS [ ] RECTAL

AIRWAY MANAGEMENT

- [ ] INTUBATION [ ] ORAL [ ] NASAL
- [ ] DIRECT VISION [ ] BLIND [ ] AWAKE
- [ ] FIBER OPTIC [ ] STYLET USED
- [ ] ATTEMPTS x ___ [ ] BLADE ___
- [ ] ETT SIZE ___ [ ] DOUBLE LUMEN
- [ ] STRAIGHT [ ] RAE [ ] ANODE
- [ ] CUFFED ___ ML AIR INJECTED
- [ ] UNCUFFED, LEAKS AT ___ CM H2O
- [ ] ETT SECURED AT ___ CM
- [ ] BREATH SOUNDS
- [ ] AIRWAY [ ] ORAL [ ] NASAL [x] NATURAL
- [ ] MASK CASE [ ] VIA TRACHEOSTOMY
- [ ] NASAL CANNULA [x] SIMPLE O2 MASK
- [ ] LMA SIZE

Intraoperative record

	1130	X	1200	X	1230	X	1300	TOTALS
AGENTS: Versed	2							
Fentanyl	100							
Fentanyl (SAB)	25							
N2O L/min	—	—	—	—	—	—		
O2 L/min	2 L/m	2	2	3	3	3		
FLUIDS: LR (1000)					600		800	
Urine					100		150	
EBL					550		550	
MONITORS: EKG	ST	ST	ST	ST	ST	ST		
% O2 Inspired	FM	FM	FM	FM	FM	FM		
O2 Saturation	100	100	96	95	98	98		
End Tidal CO2	(+)	(+)	(+)	(+)	(+)	(+)		
Temperature	—	—	—	—	—	—		
PNS	—	—	—	—	—	—		

TIME: 1130 X 1200 X 1230 X 1300

PRE-OP VALUES (VITAL SIGNS): B/P 126/72; P 108; R 16; SAT 97% RA, ↑ 100%; H/H

Tidal Volume	—	—	—	—	—	—
Resp Rate	—	—	—	—	—	—
Peak Pressure	—	—	—	—	—	—
	SV	SV	SV	SV	SV	SV

Symbols for Remarks: <A> <B> ... <C>

Position: SUPINE

SYMBOLS: X ANESTHESIA; ⊙ OPERATION; V Λ B/P CUFF PRESSURE; ARTERIAL LINE PRESSURE; • PULSE; O SPONTANEOUS RESP; Ø ASSISTED RESP; ⊗ CONTROLLED RESP; T TOURNIQUET; F CRYSTALLOID FLUID; B BLOOD

REMARKS: [ ] Patient reevaluated. No change from preop plan / evaluation. [ ] Significant changes from preop plan / evaluation.
<A> To OR, monitors on, (R) lat decub c monitors on, <B> SAB placed, VSS. <C> VSS, to ICU 3 for postop care, VSS, report given

Tourniquet Time:

RECOVERY

TIME IN PACU	CONDITION
1305	SOMNOLENT

B/P	PULSE	RESP	O2 SAT
107/52	114	28	99

REMARKS Pt Stable | TEMP

REPORT TO: CN (b)(6)-2

(b)(6)-2

IN	FLUIDS TOTALS	OUT
Crystalloid 800	EBL 550	
	Urine 150	
Blood 550	Gastric Ø	

PHYSICIAN / CRNA: ___ MD, CRNA

PATIENT'S IDENTIFICATION

(b)(6)-4

(b)(3)-1

Left margin: 1000 ANEST IV 1100 LR ...

MCEUH OP 100, APR 00(Rev) (MRRC APPROVED: 29 MAR 99) Page 1 of 2

MEDCOM - 2718

SAB TIME 1135 SAB SOLUTION 25% Dextrose 2 ml
SPACE L3-4 15g (2cc)

NAME: [redacted] SURGEON: [redacted] Planned Surgery Date: 1 APR 03

ANESTHESIA PREOPERATIVE EVALUATION

AGE | M / F | HEIGHT | WEIGHT: 65 Kg

PROPOSED OPERATION: I&D @ LE

PREOPERATIVE VITAL SIGNS: BP 126/72 P 88 R 16 Sat 97%

PREVIOUS ANESTHESIA / OPERATIONS: ☑ NEGATIVE

CURRENT MEDICATIONS: ☐ NONE
ANCEF 1gm q 8hrs
LOVENOX 30mg SQ BID

FAMILY HISTORY OF ANESTHESIA COMPLICATIONS: ☑ NEGATIVE

ALLERGIES: ☑ NKDA

AIRWAY / TEETH / HEAD & NECK
MPT 1, Rdm, 3FB, No loose teeth

SYSTEM			WN	COMMENTS	PERTINENT STUDY RESULTS
RESPIRATORY			☑	Tobacco Use: ☐ No ☑ Yes ____ Pack/Day for ____ Years	Chest X-ray / Pulmonary Studies
Asthma	Bronchitis	COPD			
Dyspnea	Pneumonia	Productive Cough			
Recent cold	SOB	Tuberculosis			
CARDIOVASCULAR			☑		EKG
Angina	Arrhythmia	CHF			
Exercise Tolerance	Hypertension	MI			
Murmur	MVP	Pacemaker			
Rheumatic fever					
HEPATO/GASTROINTESTINAL			☑	Ethanol Use : ☐ No ☐ Yes Frequency ____	LFTs
Bowel obstruction	Cirrhosis	Hepatitis			
Hiatal Hernia	Jaundice	N&V			
Reflux/Heartburn	Ulcers				
NEURO/MUSCULOSKELETAL			☑		
Arthritis	Back problems	CVA/Stroke			
DJD	Headaches	Loss of consciousness			
Neuromuscular disease	Paralysis	Paresthesia			
Syncope	Seizures	TIAs			
Weakness					
RENAL/ENDOCRINE			☑		Urinalysis / Thyroid / FBS
Diabetes	Renal failure/Dialysis	Thyroid disease			
Urinary retention	Urinary tract infection	Weight loss/gain			
OTHER					Hgb / Hct / CBC / Lytes
Anemia	Bleeding tendancies	Hemophilia			
Pregnancy	Sickle cell trait	Transfusion history			

PROBLEM LIST / DIAGNOSES
1° Dx Open RLE Fx
Tobacco Abuse

ASA: 1 2 3 4 5 E

PREOPERATIVE MEDICATIONS ORDERED

COUNSELING STATEMENT

Anesthesia alternatives, benefits and risks from minor to death explained. All questions answered.
Patient / legal guardian voices understanding and gives consent for :
Local / MAC (SAB) Epidural, IVR, (General Anes.)
Other: ____
Appropriate alternative as backup. ORS/

NPO status explained

[redacted] [redacted] MD, CRNA 1 APR 03
SIGNATURE DATE

CR [redacted] MD, CRNA DATE 1 APR 03

PH [redacted] DATE

POST ANESTHESIA VISITS

ANESTHESIA RECOVERY COMPLICATED BY THE FOLLOWING PROBLEMS: (IF NONE, SO STATE)

DATE: ____

SIGNED: ____ TIME: ____

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE
DATE	**SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION** *(Sign each entry)*
	Doctor's Orders
	TO Pt Ward
31 March 03	Dx: ① Blunt chest/abdominal trauma
2320Z	② Gross hematuria
	③ Possible pelvic fracture
	④ Open Ⓡ femur fracture
	Cond: Serious
	All: Unknown
	Vitals, I/O q1°
	Foley to gravity
	Ⓡ CT to Heimlich valve
	NGT to gravity
	~~Call~~ Notify M.D. for SBP < 100 or DBP < 50 on 2 or
	more consecutive readings, O_2 sat < 95%, HR > 105 or < 60
	NPO
	IVF NS @ 100 cc/°
	~~Call~~ Notify M.D. for UOP < 30 cc/°
	Unasyn 3 gm IV — not available at 1200Z
	Ancef 1 gm IV — Given @ 2400 h
	MSO4 2 mg IV q 3-4° prn pain (b)(6)-2
	MAJ Mc USA General Surgery (b)(3)-1
31 March 03	Admitted to ICU#3 03:15 AM: (b)(3)-1

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT (b)(3)-1
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	

PATIENT'S IDENTIFICATION: *(For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)* | REGISTER NO. | WARD NO.

#47

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record

STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
31 March 03	96.6°F, HR 89 BP 109/54 (83) O2 sat on RA 82%, placed on 15L
	NRM c 100% O2 sat RR 40 (R) lung with coarse crackles ↓ (R) LL.
	(R) CT c good resp variations. (L) LE immobilized (traction splint), Denies
	any neuro deficits, good perfusion (R) UE c/o pain
	moving fingers. Denies neuro deficits, good perfusion.
	lethargic but arousable. Abd. soft, nontender, NG
	(L) ankle laceration covered c dressing. Noted multiple
	scattered skin abrasions. 09.28 MSO4 IV given
	for pain. 09:56 109/57 (78) 92 HR 92, RR - 36, O2 sat 93%
	10:00 ↑RR, ↓ O2 sat. MD notified. ↑FiO2 to 10L NRM. CT → LWS
	with good effect. Noticed ↓ WOB, ↑ O2 sat. Will follow
UO - 600cc	closely. 10:00 VSS. started abx. 11:12 (600cc) of
	concentrated urine, (+) hematuria. VSS Remains on
	10L NRM. CT c good resp-variations. NG changed
UO - 270cc	12:00 VSS Pt. resting comfortably. 14:30 109/59 HR-102,
CT - 55cc	96% O2 sat, RR-44. CT c 55cc serosang drainage
	Resting comfortably 15:00 Pt. desaturated to 70's. NRM
	10L placed c good results (sat 100%) BP 109/59 (76).
	RR-40 bpm, temp 101.7°F. 15:15 107/60, HR-104, 99%
	Remains febrile. 16:00 3L NP c O2 sat 96%. Denies
	pain. 16:22 MSO4 IV given for pain. (R) Femoral
	dressing changed.
	19:30 100.5°F VSS. Resting Comfortably O2 sat 97% on
	3L NP (R) LE without neuro-vascular deficits (L) LE
	edema Good perfusion.

STANDARD FORM 600 (REV. 6-97) BACK
*U.S. GPO: 2002 - 491-600/50618

CLINICAL RECORD - DOCTOR'S ORDERS

For use of this form, see AR 40-400; the proponent agency is the Office of The Surgeon General.

THE DOCTOR SHALL RECORD DATE, TIME AND SIGN EACH SET OF ORDERS. IF PROBLEM ORIENTED MEDICAL RECORD SYSTEM IS USED, WRITE PROBLEM NUMBER IN COLUMN INDICATED BY ARROW BELOW.

PATIENT IDENTIFICATION

(b)(6)-4

(b)(3)-1

NURSING UNIT	ROOM NO.	BED NO.

	DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
	31MAR03	1630 HOURS	
1	Δ chest tube to water seal		✓
2	Tylenol 650 mg p.o. Q6°		✓
3	Lovenox 30 mg SC Q12°		✓
4	Pt. may have sips H2O.		✓
5	D/C NGT		✓
6	Δ diet to regular		✓

(b)(6)-2

PATIENT IDENTIFICATION

NURSING UNIT	ROOM NO.	BED NO.

	DATE OF ORDER	TIME OF ORDER	
		HOURS	
7	Vascular V's (R) foot Q1°		✓

(b)(6)-2

PATIENT IDENTIFICATION

NURSING UNIT	ROOM NO.	BED NO.

	DATE OF ORDER	TIME OF ORDER	
	1APR03	0935 HOURS	
	NPO		
	Ace wrap for Wound Wash		
	V.O. Dr (b)(6)-2		(b)(6)-2
	(b)(6)-2		

PATIENT IDENTIFICATION

NURSING UNIT	ROOM NO.	BED NO.

	DATE OF ORDER	TIME OF ORDER	
	1APR03	1050 HOURS	
	CT to 25cm H2O suction		

(b)(6)-2

CLINICAL RECORD - DOCTOR'S ORDERS

For use of this form, see AR 40-66, the proponent agency is OTSG

THE DOCTOR SHALL RECORD DATE, TIME AND SIGN EACH SET OF ORDERS. IF PROBLEM ORIENTED MEDICAL RECORD SYSTEM IS USED, WRITE PROBLEM NUMBER IN COLUMN INDICATED BY ARROW BELOW.

PATIENT IDENTIFICATION

(b)(6)-4

Ian 3

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 31 March TIME OF ORDER: 0830 HOURS

LIST T ORDE NOTED SIGN

1. Admit Patient to ICU
2. Diagnosis: Pediatric Stanick
3. Condition: Stable/Serious/Critical
4. Allergies: NKDA/
5. Vital signs q hr/q2hr/q6hr/q8hr/q shift
6. Cardiac respiratory monitoring
7. Diet: NPO / regular/ soft/ clear liquid

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER TIME OF ORDER HOURS

8. Activity: AD LIB/ Strict BR/ BR with BSC/ NWB R or L LE
9. HOB up 30 degrees
10. Nursing I/O; CDB/ NG to LIS/ LCS
11. Labs: Chem 7/ H/H/ PT/PTT/ CBC q AM/ 4 hrs/ 8 hrs/ BID
12. EKG q AM

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER TIME OF ORDER HOURS

13. PCXRAY q AM/QOD
14. IVF NS/ LR/ D5NS/ D51/2NS To run @ 120 cc/hr
15. Ancef 1 GM IV Q 8 hrs give Ancef 1g IV 8hr
16. Gentamycin IV Q
17. Cefoxitin 2gm IV q8hrs.
18. O2 titrate to keep SPO2 > 92%
19. Versed gtt 1-10mg/hr IV titrate to

PATIENT IDENTIFICATION

(b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER TIME OF ORDER HOURS

Ramsey Scale of
20. Fentanyl gtt start at 50mcg/hr titrate for adequate pain control. MAX DOSE of
21. Vecuronium 1mcg/kg/min
22. MSO4 2-4 Mg IV q 4 HR PRN Pain 9:23
23. Phenergan 12.5-25mg IV q 4-6hrs PRN N/V
24. MOM 30cc PRN Gastric upset

(b)(6)-2

DA FORM 1 APR 79 4256 REPLACES EDITION OF 1 JUL 77. WHICH MAY BE USED.

(b)(3)-1

CLINICAL RECORD - DOCTOR'S ORDERS

For use of this form, see AR 40-66, the proponent agency is OTSG

THE DOCTOR SHALL RECORD DATE, TIME AND SIGN EACH SET OF ORDERS. IF PROBLEM ORIENTED MEDICAL RECORD SYSTEM IS USED, WRITE PROBLEM NUMBER IN COLUMN INDICATED BY ARROW BELOW.

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

	DATE OF ORDER / TIME OF ORDER / HOURS	LIST TIME ORDER NOTED AND SIGN
25	NS/ LR bolus X liters	
26	Neuro checks q 1hr/ 2hr/ 4hr/ 6hr/ q shift	
27	Vascular checks q 1hr/ 2hr/ 4hr/ 6hr/ q shift	
	(b)(6)-2	CRG

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER 3 MAR 03 TIME OF ORDER 1015 HOURS

A chest tube to 25cm wate suction

(b)(6)-2

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER TIME OF ORDER HOURS

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER TIME OF ORDER HOURS

DA FORM 1 APR 79 4256 REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED.

(b)(6)-4

MEDCOM - 2724

CLINICAL RECORD - DOCTOR'S ORDERS

For use of this form, see AR 40-66, the proponent agency is OTSG

THE DOCTOR SHALL RECORD DATE, TIME AND SIGN EACH SET OF ORDERS. IF PROBLEM ORIENTED MEDICAL RECORD SYSTEM IS USED, WRITE PROBLEM NUM[redacted] COLUMN INDICATED BY ARROW BELOW.

PATIENT IDENTIFICATION

[redacted]

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
7 APR 03	1342 HOURS	
1	Resume previous pre-op orders.	
2	Cont. 350 mg 1493 qday.	

[redacted]

ITC, MC, USA
ORTHOPAEDIC SURGERY

PATIENT IDENTIFICATION

[redacted]

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER | TIME OF ORDER ____ HOURS

PATIENT IDENTIFICATION

[redacted]

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER | TIME OF ORDER ____ HOURS

[redacted]

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER | TIME OF ORDER ____ HOURS

[redacted]

NURSING UNIT | ROOM NO. | BED NO.

DOCTOR'S ORDERS *(Date and sign all orders)*

1 Apr 03 Ortho Op Note
13[45] dx: (R) open femur shaft fracture,
procedure: (R) femur I&D, ex-fix,
surgeon: Dr. [redacted]
anesthesia: Dr. [redacted] (Spinal).
findings = grade III open femur fx.
midshaft fx c̄ posterior thigh wound
(Dupuy ex-fix. 1-bar, 4 pins applied for transport).
post-op plan: 48hr antibiotics. IV
re-evaluation of wound in 48h
NVS - (R) LE
D/C c̄ SH for definitive fx.
DVT prophylaxis.

[redacted]
LTC, MC, USA
ORTHOPAEDIC SURGERY

TEMPERATURE - PULSE - RESPIRATION						NURSE'S NOTES
DATE AND TIME	T	P	R	STOOLS	WEIGHT	MEDICATION AND NURSING

(b)(3)-1

USAPPC V1.00

CLINICAL RECORD - DOCTOR'S ORDERS

For use of this form, see AR 40-66, the proponent agency is OTSG

THE DOCTOR SHALL RECORD DATE, TIME AND SIGN EACH SET OF ORDERS. IF PROBLEM ORIENTED MEDICAL RECORD SYSTEM IS USED, WRITE PROBLEM NUMBER IN COLUMN INDICATED BY ARROW BELOW.

PATIENT IDENTIFICATION

(b)(6)-4 [redacted]

DATE OF ORDER | TIME OF ORDER ______ HOURS | LIST TIME ORDER NOTED AND SIGN

4/2/03
0230

Admit to Surgery
Dx: Blunt trauma - (R) PTX, (R) femur fx s/p ex fix
Condition stable
VS per protocol
NKDA
Bedrest

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

(b)(6)-4 [redacted]

DATE OF ORDER | TIME OF ORDER ______ HOURS

Strict I&O
Foley to gravity
Pleurovac 20 cm H2O - wall suction
NPO for now
LR @ 130cc/hr
MSO4 4mg IV Q2° prn pain
Phenergan 12.5mg IV Q4° prn nausea

Noted 2 Apr 03 CPT [redacted] (b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

(b)(3)-1 [redacted]

DATE OF ORDER | TIME OF ORDER ______ HOURS

Ancef 1g IV Q8°
O2 2L NC
PCXR now — done
ABG c H&H — done
Xray (R) femur, pelvis [redacted] (b)(6)-2

NURSING UNIT | ROOM NO. | BED NO.

PATIENT IDENTIFICATION

(b)(3)-1 [redacted]

DATE OF ORDER | TIME OF ORDER ______ HOURS

(b)(6)-2 [redacted]

2 units PRBC OR now followed by
H&H c 60min
VO: Dr (b)(6)-2 [redacted] / LT (b)(6)-2 [redacted]

(b)(6)-2 [redacted]

~~✓ Istat 8~~
CXR 1100 2
Chest tube ~~to~~ water seal

(b)(6)-2 [redacted]

NURSING UNIT | ROOM NO. | BED NO.

DA FORM 1 APR 79 4256 — REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED (b)(6)-2 [redacted]

MEDCOM - 2727

CLINICAL RECORD - DOCTOR'S ORDERS

For use of this form, see AR 40-66, the proponent agency is OTSG

THE DOCTOR SHALL RECORD DATE, TIME AND SIGN EACH SET OF ORDERS. IF PROBLEM ORIENTED MEDICAL RECORD SYSTEM IS USED, WRITE PROBLEM NUMBER IN COLUMN INDICATED BY ARROW BELOW.

PATIENT IDENTIFICATION

(b)(6)-4

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: 3 Apr 2003 TIME OF ORDER: 0445 Z HOURS

LIST TIME ORDER NOTED AND SIGN

I stat 8 ml
Chest tube to water seal
CXR 1100Z

(b)(6)-2

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER TIME OF ORDER _____ HOURS

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER TIME OF ORDER _____ HOURS

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER TIME OF ORDER _____ HOURS

DA FORM 1 APR 79 4256 REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED.

CLINICAL RECORD	**THERAPEUTIC DOCUMENTATION CARE PLAN** *(NON-MEDICATION)* For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General.	Mo. March April Yr. 03

VERIFY BY INITIALING — *INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION*

ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED (April) 31	01	02	03	04
31 March 03	(b)(6)-2 [redacted]	Admit to ICU (see next	pc	(b)(6)-2 [redacted]				
31		Vital signs q shift	07					
31			19					
31		~~Diet NPO~~	07	(b)(6)-2 [redacted]	X	} D/C 31 March 03		
31			19	X	X			
31		Strict BR	07	(b)(6)-2 [redacted]				
31			19					
31		HOB > 30°	07					
31			19					
31		O_2 titrate to keep	07					
31 March 03		SpO_2 > 92%	19					
	-----	Sips of H_2O.	07					
	-----		19					
~~31 March 03~~	(b)(6)-2 [redacted]	~~Regular diet~~	07	(b)(6)-2 [redacted]	→ D/C'd 01APR03 @ 0830			
			19	(b)(6)-2 [redacted]		(b)(6)-2 [redacted]		
31 March 03		Vascular √s (R) Foot	07	(b)(6)-2 [redacted]				
		q 1	19					
01APR03		NPO ~~to surgery~~ D/C	07	/	(b)(6)-2 [redacted]			
			19	/				
2Ap03		I and O	07	/				
			19	/				
2Apr03		FC to gravity	07	/				
			19	/				
2Apr03		Pleuravac 20cm H_2O	07	/				
	-----		19	/				

ALLERGIES: ☐ YES ☒ NO

PRIMARY DIAGNOSIS: (R) humerus & (R) Femur FX (R) renal laceration, pelvic - pubic/sacrum FX, ↓ R BS s/p Chest Tube placement

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO: ______

PATIENT IDENTIFICATION:

(b)(6)-4 [redacted]

(b)(3)-1 [redacted]

ACTION TIMES

USE PENCIL. CIRCLE ACTION TIMES

D	8	9	10	11	12	13	14	15
E	16	17	18	19	20	21	22	23
N	24	01	02	03	04	05	06	07

DA FORM 1 OCT 78 **4677** EDITION OF 1 DEC 77 MAY BE USED.

MEDCOM - 2729

THERAPEUTIC DOCUMENTATION CARE PLAN
(NON MEDICATION)

Verify by Initialing

Mo March/April Yr 03

Order Date	Clerk Nurse	SINGLE ACTIONS	Date to be Done	Time to be Done	Time Done	Initials
31 March	(b)(6)-2	Admit to ICU	31 March	915	915	(b)(6)-2
31 March		Dgn: Pedestrian struck	31	915	↓	
31 Mar		Condition stable	31	↓	↓	
31 Mar		NKDA	31	↓	↓	
31 Mar		CT → 25 cm H_2O suction	31	10am	10am	
31		CT → water seal	31	17:00	17:00	
31		D/C NG tube	31	17:00	17:00	
01 Apr	(b)(6)-2	Resume Previous Preop orders	01	Pre		
2 Apr		PA CXR now	Apr 02	Now	05	
2 Apr		ABG c̄ H+H	Apr 02	Now	05	
2 Apr		CXR (R) femur, pelvis	Apr 02	Now	05	

Order/ Expir Date	Clerk/ Nurse	PRN ACTION, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING COMPLETION — TIME/DATE COMPLETED

★ U.S. GPO:1997-418-290/55267

CLINICAL RECORD

THERAPEUTIC DOCUMENTATION CARE PLAN *(MEDICATIONS)*
For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General.

Mo March Yr. 03

VERIFY BY INITIALING | INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION

ORDER DATE	CLERK/ NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED 31	01	02	03	04	05	06	07
31 March 03	(b)(6)-2	LR @ 120cc/hr IV	07	(b)(6)-2			D/C				
			19								
31 March 03	(b)(6)-2	Ancef 1 gm IV q8hrs	02		(b)(6)-2						
31 March 03	(b)(6)-2		10		(b)(6)-2						
		2 UW times	18		(b)(6)-2						
31 March 03		Tylenol 650mg po q 6p	06		(b)(6)-2						
			12				D/C				
			18		(b)(6)-2						
			24								
31 March 03		Lovenox 30mg SQ q 12p	06		(b)(6)-2						
			18		(b)(6)-2		D/C				
		Gentamycin 350mg IVPB QD	04								
2 Apr 03	(b)(6)-2	LR @ 130cc/hr.	07				(b)(6)-2				
		2 UW times	19								
2 Apr 03		O2 @ 2L NC	07								
			19								

ALLERGIES: ☐ YES ☒ NO

PRIMARY DIAGNOSIS: MVA, blunt trauma to chest ① thigh ? renal injury (gross hematuria) ② renal laceration Femur Fx pelvic – pubic rami Fx ③ humerus Fx ↓RBS s/p ⓒCT placement

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO. _____

PATIENT IDENTIFICATION:

(b)(6)-4

(b)(3)-1

DISPENSING TIMES

USE PENCIL, CIRCLE MED TIMES

D	7	8	9	10	11	12	13	14	
E	15	16	17	18	19	20	21	22	
N	23	24	01	02	03	04	05	06	

DA FORM 1 FEB 79 4678

EDITION OF 1 DEC 77 WILL BE USED UNTIL EXHAUSTED.

Verify by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)			Mo. March/April Yr. 03	
Order Date	Clerk/ Nurse	SINGLE ORDER, PRE-OPERATIVES	Date to be Given	Time to be Given	Time Given	Initials

Order/ Expir Date	Clerk/ Nurse	PRN MEDICATION, DOSE, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION TIME/DATE DISPENSED																	
31 March 03	(b)(6)-2	MSO4 2-4mg IVP q 4hrs	31 March	31 March	1 Apr	2 Apr														
2 Apr 03	(b)(6)-2	MSO4 4mg IV q 2h prn pain	2 Apr	2 Apr	2 Apr	2 Apr														
2 Apr 03	(b)(6)-2	Phenergan 12.5mg IV q 4h prn nausea	2 Apr																	

311153mar03 47

(b)(6)-4 [redacted]

MEDICAL EVACUATION PATIENT RECORD

A.Gvity (b)(6)-2 [redacted]

PATIENT IDENTIFICATION

1. NAME (Last, First, Middle Initial): [redacted]
2. SSN: (b)(6)-4 [redacted]
3a. STATUS: EPW
3b. SERVICE:
4. PRECEDENCE:
5. GRADE:
6. AGE:
7. SEX: [X] Male [ ] Female
8. WEIGHT:
9. BLOOD TYPE:
10. CLASSIFICATION (1A-5F): AMBULATORY [X] LITTER
11. ACCEPTING PHYSICIAN:
12. CITE/AUTHORITY NO.
13. APPT/SURG DATE:
14a. ORIGINATING FACILITY: (b)(3)-1 [redacted] (Iraq)
14b. ORIGINATING FACILITY PHONE NUMBER: ICU 3
15a. DESTINATION FACILITY: (b)(3)-1 [redacted]
15b. DESTINATION FACILITY PHONE NUMBER:
16. NUMBER OF ATTENDANTS: 16a. MEDICAL 16b. NON MED

17. DIAGNOSIS
MVA, Bradley
(R) pneumothorax
(R) open femur fracture
Pelvic rami fracture
? (R) humerus fracture

18. [X] BATTLE CASUALTY [ ] DISEASE [ ] NON-BATTLE INJURY

19. CLINICAL ISSUES (Please indicate Yes or No on clinical issues. Explain YES comments in Section 23)

	YES	NO	ISSUE		YES	NO	ISSUE		YES	NO	ISSUE
a.		X	HYPERTENSION	f.		X	MOTION SICKNESS	k.		X	AMBULATORY
b.		X	CARDIAC HX	g.		X	VISION IMPAIRED	l.		X	AMBULATORY AID
c.		X	DIABETES	h.		X	VOIDING PROBLEMS	m.		X	SELF-MEDS
d.		X	RESPIRATORY	i.		X	BOWEL PROBLEMS	n.	X		ADEQUATE SUPPLY OF MEDS
e.		X	EARS/SINUS	j.		X	SELF-CARE	o.		X	OTHER

20. PHYSICIAN'S ORDERS
20a. DATE: 31 March
20b. TIME: 0840
20c. ALLERGIES:
20d. DIET: [ ] REG [ ] LOW-NA [ ] CARDIAC [ ] DIABETIC ___ CALS NPO
RENAL ___ Gm prot ___ Gm Na ___ mEq K ___ mg PO4
TUBE ___ TYPE ___ cc/hr, 1/2, 3/4, FULL STRENGTH
PEDIATRIC: AGE ___ OTHER (Specify) ___
NPO: Change to D10 at ___ cc/hr for max of ___ days
TUBE FEEDINGS ___ at ___ strength at ___ cc/hr
20e. IV/BLOOD: LR @ 120cc/hr
20f. SPECIAL EQUIPMENT

	SUCTION	X	TRACTION	X	ORTHOPEDIC BRACES
X	NG TUBE		IV PUMP	X	CHEST TUBE/HEIMLICH
	STRYKER FRAME	X	TRACH	X	RESTRAINTS
	INCUBATOR	X	MONITOR		OTHER (Explain in 23)
			FOLEY		

O2: LITERS: ROUTE: face mask
VENTILATOR SETTINGS
20g. ALTITUDE RESTRICTION: None
20h. RECORDS TO ACCOMPANY PATIENT

	OUTPATIENT RECORDS	X	X-RAYS		FINANCIAL
X	INPATIENT RECORDS		OB RECORDS		OTHER (Specify)
	NARRATIVE SUMMARY		DENTAL RECORDS		

20i. MEDICATIONS/TREATMENTS
IVF NS @ KO
MSO4 2-4mg IV Q4h PRN

(b)(6)-2 [redacted]

21. PRE-FLIGHT VITALS
21a. DATE/TIME 21b. TEMP 21c. PULSE 21d. RESP 21e. BP

22. BRIEF NARRATIVE
EPW ran over by Bradley fighting vehicle. Sustained (R) PTX, (R) open femur fx, (B) pubic rami fx, ? (R) renal laceration (FAST), and ? (R) humerus fx. DPL - Grossly negative.

23. ASSESSMENT/PROGRESS
DATE/TIME NOTES

(b)(6)-2 [redacted] ATTENDING PHYSICIAN

24. STAMP AND SIGNATURE OF FLIGHT SURGEON

AF FORM 3899, MAR 95

(b)(3)-1 [redacted]

(b)(6)-4

ADMISSION And CODING INFORMATION

For use of this form, see AR 40-400; proponent agency is OTSG

1. REPORTING MTF (1–8) (b)(3)-1 — ...ITF LOCATION (State or Country Code)

3. REGISTER NUMBER (9–15) (b)(6)-4 — (b)(6)-4

4. PAY GRADE (16–17)

5. SEX (18): M

6. DATE OF BIRTH (Y Y Y Y M M D D) (19–26): 1 9 7 5 0 1 0 1

7. AGE AT ADMISSION (27–29): 2 7 4

8. RACE (30)

9. ETHNIC BACK-GROUND (31): 9

RELIGION: MvS

10. LENGTH OF SERVICE (32–34)

ETS

11. FMP (35–36): 2 0 EPW

12. SOCIAL SECURITY NUMBER (37–45) (b)(6)-4

ORGANIZATION (Active Duty Only)

13. MARITAL STATUS (46): M

HOUR OF ADMISSION: 826

BRANCH / CORPS

14. FLYING STATUS (47–49)

15. BENEFICIARY CATEGORY (50–52) (b)(6)-4

16. ZIP CODE OF RESIDENCE (53–61)

17. UNIT LOCATION (State or Country Code) (62–63)

(64–70)

19. TRAUMA (71): B

PREV. ADMISSION — YEAR — ☐ NO

20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION (72): CMT

WARD: ICU 3

NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE

ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)

NAME AND LOCATION OF MEDICAL TREATMENT FACILITY (b)(3)-1

TELEPHONE NUMBER OF EMERGENCY ADDRESSEE

21. TYPE OF DISPOSITION (73–74): XFR

22. MTF TRANSFERRED TO (75–80) (b)(3)-1 (b)(3)-1

DATE OF DISPOSITION (Y Y M M D D) (81–86): 0 3 0 4 0 1 — 1800

24. CLINIC SVC - ADMITTING (87–90)

25. MTF TRANSFERRED FROM (91–96)

26. DATE THIS ADMISSION (Y Y M M D D) (97–102)

27. LOCATION OF OCCURRENCE (Battle Casualty Only) (103–104)

28. MTF OF INITIAL ADMISSION (105–110)

29. DATE INITIAL ADMISSION (Y Y M M D D) (111–116): 0 3 0 3 3 1

FOR LOCAL USE

How? Does not Know

When?

Where?

(L) foot amputation

Dx: 8910/ E0179

Trauma

ADMITTING OFFICER (Signature, as required) (b)(6)-2

SIGNATURE OF ADMITTING CLERK (b)(6)-2

DA FORM 2366, MAY 90 EDITION OF MAY 7

ADMISSION AND CODING INFORMATION

For use of this form, see AR 40-400; the proponent agency is the OTSG

30. AGE AT DISP			31. AUTOPSY Y / N	32. UNDERLYING CAUSE OF DEATH / SEP	33. RESIDUAL DISABILITY			34. DO NOT USE - DATA FILLER #1									35. CAUSE OF INJURY		
117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136
2	7	4																	

36. FIRST DIAGNOSIS (*Principal Diagnosis*)								37. SECOND DIAGNOSIS								38. THIRD DIAGNOSIS							
137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160
		8	9	6		0																	

39. FOURTH DIAGNOSIS								40. FIFTH DIAGNOSIS								41. SIXTH DIAGNOSIS							
161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184

42. SEVENTH DIAGNOSIS								43. EIGHTH DIAGNOSIS							
185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200

44. FIRST PROCEDURE (*Principal Diagnosis*)								45. SECOND PROCEDURE								46. THIRD PROCEDURE							
201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224

47. FOURTH PROCEDURE								48. FIFTH PROCEDURE								49. SIXTH PROCEDURE							
225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248

50. SEVENTH PROCEDURE								51. EIGHTH PROCEDURE							
249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264

52. NUMBER OF DIAGNOSTIC FIELDS CONTAINING CODES		53. NUMBER OF PROCEDURAL FIELDS CONTAINING CODES		54. PRIMARY PROVIDER SPECIALTY CODE			55. BLOOD USAGE Y/N
265	266	267	268	269	270	271	272

MEDCOM - 2735

ADMISSION AND CODING INFORMATION

For use of this form, see AR 40-400; the proponent agency is the OTSG

REPORTING MTF	REGISTER NUMBER
P101-1	P101-1

56. TOTAL SICK DAYS *(All Facilities)*	57. BED DAYS THIS MTF	58. BED DAYS OTHER FED MTFS	59. BED DAYS- CIV. HOSPITALS	60. BASSINET DAYS *(Neonatal)*
273 274 275 276 277	278 279 280 281	282 283 284 285	286 287 288 289	290 291 292 293
	0 0 0 2			
61. QUARTERS DAYS	**62. MEDICAL HOLDING DAYS**	**63. COOPERATIVE CARE DAYS**	**64. CONVALESCENT LEAVE DAYS**	**65. SUPPLEMENTAL CARE DAYS**
294 295 296 297	298 299 300 301	302 303 304 305	306 307 308 309	310 311 312 313
66. OTHER DAYS	**67. TOTAL SICK DAYS - THIS MTF**	**68. BED DAYS - ICU**	**69. BED DAYS - ADMITTING CLINIC SERVICE**	**70. CLINIC SERVICE *(Second)***
314 315 316 317	318 319 320 321 322	323 324 325 326	327 328 329 330	331 332 333 334
71. BED DAYS SECOND CLINIC SERVICE	**72. CLINIC SERVICE *(Third)***	**73. BED DAYS THIRD CLINIC SERVICE**	**74. CLINIC SERVICE DISPOSITION**	**75. BED DAYS DISPOSITION CLINIC SERVICE**
335 336 337 338	339 340 341 342	343 344 345 346	347 348 349 350	351 352 353 354
76. CONVALESCENT LEAVE RECOMMENDED	**77. PATIENT ACUITY - DAYS I**	**78. PATIENT ACUITY - DAYS II**	**79. PATIENT ACUITY - DAYS III**	**80. PATIENT ACUITY - DAYS IV**
355 356 357	358 359 360 361	362 363 364 365	366 367 368 369	370 371 372 373
81. PATIENT ACUITY - DAYS V	**82. PATIENT ACUITY - DAYS VI**	**83. *DO NOT USE THIS SPACE***	**84. TYPE RECORD**	
374 375 376 377	378 379 380 381	382 383 384 385 386 387	388 389 390 391 392 393	

FOR LOCAL USE

MEDCOM - 2736

INPATIENT TREATMENT RECORD COVER SHE

For use of this form, see AR 40-400; the proponent agency is OTSG

1. REGISTER NUMBER	2. NAME (Last, First, MI)					3. GRADE	ADMISSION REMARKS
(b)(6)-4	(b)(6)-4						
4. SEX: m	5. AGE	6. RACE	7. RELIGION	8. LENGTH OF SVC	9. ETS	10. PREVIOUS ADMISSION	
11. FMP: 20	12. SSN: (b)(6)-4		13. ORGANIZATION			14. WARD	
15. FLYING STATUS	16. RATING/ DSG	17. (b)(6)-4	18. BRANCH/CORPS	19. UIC/ZIP		20. TYPE CASE	
21. SOURCE OF ADMISSION/AUTHORITY FOR ADMISSION				22. HOURS OF ADMISSION	23. CLINIC SERVICE		
24. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE			25. TYPE DISPOSITION		26. DATE OF DISPOSITION		
27a. ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)			27b. TELEPHONE NO.		28. DATE OF THIS ADMISSION	ADMITTING OFFICER	
29. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY					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

34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES

35. Total Days This Facility

a. ABSENT SICK DAYS	b. OTHER DAYS	c. CONV. LV/CDDP CARE DAYS	d. SUPPLEMENTAL CARE DAYS	e. BED DAYS	f. TOTAL SICK DAYS

36. Total Days All Facilites

a. ABSENT SICK DAYS	b. OTHER DAYS	c. CONV. LV/CDDP CARE DAYS	d. SUPPLEMENTAL CARE DAYS	e. BED DAYS	f. TOTAL SICK DAYS

SIGNATURE OF ATTENDING MEDICAL OFFICER	SIGNATURE OF PAD OR MEDICAL RECORDS OFFICER

DA FORM 3647, MAY 79 — EDITION OF 1 AUG 78 IS OBSOLETE — USAPPC V1.10

PEDO

ADMISSION AND CODING INFORMATION

For use of this form, see AR 40-400; proponent agency is OTSG

1. REPORTING MTF | 2. MTF LOCATION (State or Country Code)

3. REGISTER NUMBER | NAME (Last, First, Middle Initial) | 4. PAY GRADE | 5. SEX

6. DATE OF BIRTH (Y Y Y Y M M D D) | 7. AGE AT ADMISSION | 8. RACE | 9. ETHNIC BACK-GROUND | RELIGION

10. LENGTH OF SERVICE | ETS | 11. FMP | 12. SOCIAL SECURITY NUMBER

ORGANIZATION (Active Duty Only) | 13. MARITAL STATUS | HOUR OF ADMISSION: 826 | BRANCH / CORPS

14. FLYING STATUS | 15. BENEFICIARY CATEGORY | 16. ZIP CODE OF RESIDENCE

17. UNIT LOCATION (State or Country Code) | 18. MOS | 19. TRAUMA: B | PREV. ADMISSION: YEAR ☐ NO

20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION: GMT | WARD: ICU 3 | NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE

ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)

NAME AND LOCATION OF MEDICAL TREATMENT FACILITY | TELEPHONE NUMBER OF EMERGENCY ADDRESSEE

21. TYPE OF DISPOSITION: XFR | 22. MTF TRANSFERRED TO | 23. DATE OF DISPOSITION (Y Y M M D D): 030401 1800

24. CLINIC SVC - ADMITTING | 25. MTF TRANSFERRED FROM | 26. DATE THIS ADMISSION (Y Y M M D D)

27. LOCATION OF OCCURRENCE (Battle Casualty Only) | 28. MTF OF INITIAL ADMISSION | 29. DATE INITIAL ADMISSION (Y Y M M D D): 030331

FOR LOCAL USE

When? Two night ago.
How? Bomb from task
Where? City of Curbla
MVA, Bradley vehicle

Dx: 95909
E8179

Injury
HOD

Trauma
1

Hostile

ADMITTING OFFICER (Signature, as required) | SIGNATURE OF ADMITTING CLERK

DA FORM 2985, MAR 89 EDITION OF MAY 79 IS OBSOLETE

INPATIENT TREATMENT RECORD COVER SH

For use of this form, see AR 40-400; the proponent agency is O

1. REGISTER NUMBER	2. NAME (Last, First, MI)					3. GRADE	ADMISSION REMARKS
(b)(6)-4	(b)(6)-4						
4. SEX	5. AGE	6. RACE	7. RELIGION	8. LENGTH OF SVC	9. EFS	10. PREVIOUS ADMISSION	
M	20 Y						
11. FMP	12. SSN		13. ORGANIZATION			14. WARD	
	(b)(6)-4						
15. FLYING STATUS	16. RATING/ DSG	17. DEPT./ BEN EPW 12-98	18. BRANCH/CORPS	19. UIC/ZIP		20. TYPE CASE	
21. SOURCE OF ADMISSION/AUTHORITY FOR ADMISSION			22. HOURS OF ADMISSION	23. CLINIC SERVICE			
24. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE		25. TYPE DISPOSITION		26. DATE OF DISPOSITION			
27a. ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)		27b. TELEPHONE NO.		28. DATE OF THIS ADMISSION		ADMITTING OFFICER	
29. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY				30. DATE OF INTIAL ADMISSION		32. UNITS OF WHOLE BLOOD/ COMPONENT TRANSFUSED	

31. SELECTED ADMINISTRATIVE DATA

☐ Check if Continued on Reverse

33. CAUSE OF INJURY

34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES

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	f. TOTAL SICK DAYS

36. Total Days All Facilites

a. ABSENT SICK DAYS	b. OTHER DAYS	c. CONV. LV/COOP CARE DAYS	d. SUPPLEMENTAL CARE DAYS	e. BED DAYS	f. TOTAL SICK DAYS

SIGNATURE OF ATTENDING MEDICAL OFFICER	SIGNATURE OF PAO OR MEDICAL RECORDS OFFICER

DA FORM 3647, MAY 79 EDITION OF 1 AUG 76 IS OBSOLETE USAPPC V1.10

(b)(6)-4 ICU3

ADMISSION AND CODING INFORMATION

For use of this form, see AR 40-400; proponent agency is OTSG

1. REPORTING MTF	MTF LOCATION (State or Country Code)
1 2 3 4 5 6 7 8	
b(3)-1	

3. REGISTER NUMBER	NAME (Last, First, Middle Initial)	4. PAY GRADE	5. SEX
9 10 11 12 13 14 15	b(6)-4	16 17	18
b(6)-4			M

6. DATE OF BIRTH (Y Y Y Y M M D D)	7. AGE AT ADMISSION	8. RACE	9. ETHNIC BACK-GROUND	RELIGION
19 20 21 22 23 24 25 26	27 28 29	30	31	
1 9 8 3 0 9 2 2	2 0 Y			

10. LENGTH OF SERVICE	ETS	11. FMP	12. SOCIAL SECURITY NUMBER
32 33 34		35 36	37 38 39 40 41 42 43 44 45
		2 0	b(6)-4

EPW

ORGANIZATION (Active Duty Only)	13. MARITAL STATUS	HOUR OF ADMISSION	BRANCH / CORPS
	46	1440	

14. FLYING STATUS	15. BENEFICIARY CATEGORY	16. ZIP CODE OF RESIDENCE
47 48 49	50 51 52	53 54 55 56 57 58 59 60 61
N O	R 1 8	

EPW

17. UNIT LOCATION (State or Country Code)	18. MOS	19. TRAUMA	PREV. ADMISSION
62 63	64 65 66 67 68 69 70	71	YEAR ☒ NO
		Y	

20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION	WARD	NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE
72	ICU3	
EMT		ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)
NAME AND LOCATION OF MEDICAL TREATMENT FACILITY b(3)-1		TELEPHONE NUMBER OF EMERGENCY ADDRESSEE

21. TYPE OF DISPOSITION	22. MTF TRANSFERRED TO b(3)-1	23. DATE OF DISPOSITION (Y Y M M D D)
73 74	75 76 77 78 79 80	81 82 83 84 85 86
XPR		0 3 0 4 0 1 1800

24. CLINIC SVC - ADMITTING	25. MTF TRANSFERRED FROM	26. DATE THIS ADMISSION (Y Y M M D D)
87 88 89 90	91 92 93 94 95 96	97 98 99 100 101 102

27. LOCATION OF OCCURRENCE (Battle Casualty Only)	28. MTF OF INITIAL ADMISSION	29. DATE INITIAL ADMISSION (Y Y M M D D)
103 104	105 106 107 108 109 110	111 112 113 114 115 116
		0 3 0 3 3 1

FOR LOCAL USE

65W @ HIP

INS @ 0806

Dx: 8901
E9912

Injury 450

Trauma 1

ADMITTING OFFICER (Signature, as required) LTC b(6)-2

b(6)-2

SIGNATURE OF ADMITTING CLERK

b(6)-2

DA FORM 2985, MAR 89 EDITION OF MAY 79 IS OBSOLETE

ADMISSION AND CODING INFORMATION

For use of this form, see AR 40-400; the proponent agency is the OTSG

30. AGE AT DISP			31. AUTOPSY Y / N	32. UNDERLYING CAUSE OF DEATH / SEP	33. RESIDUAL DISABILITY			34. DO NOT USE - DATA FILLER #1									35. CAUSE OF INJURY		
117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136

36. FIRST DIAGNOSIS (Principal Diagnosis)							
137	138	139	140	141	142	143	144
		8	9	0		0	

37. SECOND DIAGNOSIS							
145	146	147	148	149	150	151	152

38. THIRD DIAGNOSIS							
153	154	155	156	157	158	159	160

[redacted] FOURTH DIAGNOSIS							
[redacted]	162	163	164	165	166	167	168

40. FIFTH DIAGNOSIS							
169	170	171	172	173	174	175	176

41 SIXTH DIAGNOSIS							
177	178	179	180	181	182	183	184

42. SEVENTH DIAGNOSIS							
185	186	187	188	189	190	191	192

43. EIGHTH DIAGNOSIS							
193	194	195	196	197	198	199	200

44. FIRST PROCEDURE (Principal Diagnosis)							
201	202	203	204	205	206	207	208

45. SECOND PROCEDURE							
209	210	211	212	213	214	215	216

46. THIRD PROCEDURE							
217	218	219	220	221	222	223	224

47. FOURTH PROCEDURE							
[redacted]	226	227	228	229	230	231	232

48. FIFTH PROCEDURE							
233	234	235	236	237	238	239	240

49. SIXTH PROCEDURE							
241	242	243	244	245	246	247	248

50. SEVENTH PROCEDURE							
249	250	251	252	253	254	255	256

51. EIGHTH PROCEDURE							
257	258	259	260	261	262	263	264

52. NUMBER OF DIAGNOSTIC FIELDS CONTAINING CODES		53. NUMBER OF PROCEDURAL FIELDS CONTAINING CODES		54. PRIMARY PROVIDER SPECIALTY CODE			55. BLOOD USAGE Y/N
265	266	267	268	269	270	271	272

MEDCOM - 2741

ADMISSION AND CODING INFORMATION

For use of this form, see AR 40-400; the proponent agency is the OTSG

REPORTING MTF	REGISTER NUMBER
1-(5)-1	1-(6)-4

56. TOTAL SICK DAYS *(All Facilities)*	57. BED DAYS THIS MTF	58. BED DAYS OTHER FED MTFS	59. BED DAYS- CIV. HOSPITALS	60. BASSINET DAYS *(Neonatal)*
273 274 275 276 277	278 279 280 281	282 283 284 285	286 287 288 289	290 291 292 293
	0 0 0 3			
61. QUARTERS DAYS	**62. MEDICAL HOLDING DAYS**	**63. COOPERATIVE CARE DAYS**	**64. CONVALESCENT LEAVE DAYS**	**65. SUPPLEMENTAL CARE DAYS**
294 295 296 297	298 299 300 301	302 303 304 305	306 307 308 309	310 311 312 313
66. OTHER DAYS	**67. TOTAL SICK DAYS - THIS MTF**	**68. BED DAYS - ICU**	**69. BED DAYS - ADMITTING CLINIC SERVICE**	**70. CLINIC SERVICE *(Second)***
314 315 316 317	318 319 320 321 322	323 324 325 326	327 328 329 330	331 332 333 334
71. BED DAYS SECOND CLINIC SERVICE	**72. CLINIC SERVICE *(Third)***	**73. BED DAYS THIRD CLINIC SERVICE**	**74. CLINIC SERVICE DISPOSITION**	**75. BED DAYS DISPOSITION CLINIC SERVICE**
335 336 337 338	339 340 341 342	343 344 345 346	347 348 349 350	351 352 353 354
76. CONVALESCENT LEAVE RECOMMENDED	**77. PATIENT ACUITY - DAYS I**	**78. PATIENT ACUITY - DAYS II**	**79. PATIENT ACUITY - DAYS III**	**80. PATIENT ACUITY - DAYS IV**
355 356 357	358 359 360 361	362 363 364 365	366 367 368 369	370 371 372 373
81. PATIENT ACUITY - DAYS V	**82. PATIENT ACUITY - DAYS VI**	**83. *DO NOT USE THIS SPACE***	**84. TYPE RECORD**	
374 375 376 377	378 379 380 381	382 383 384 385 386 387	388 389 390 391 392 393	

FOR LOCAL USE

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INPATIENT TREATMENT RECORD COVER SH

For use of this form, see AR 40-400; the proponent agency is OTSG

1. REGISTER NUMBER	2. NAME (Last, First, MI)	3. GRADE	ADMISSION REMARKS
(b)(6)-4	(b)(6)-4		

4. SEX	5. AGE	6. RACE	7. RELIGION	8. LENGTH OF SVC	9. ETS	10. PREVIOUS ADMISSION
M						

11. FMP	12. SSN	13. ORGANIZATION	14. WARD
20	(b)(6)-4		

15. FLYING STATUS	16. RATING/ DSG	17. DEPT./	18. BRANCH/CORPS	19. UIC/ZIP	20. TYPE CASE
		(b)(3)-1			

21. SOURCE OF ADMISSION/AUTHORITY FOR ADMISSION	22. HOURS OF ADMISSION	23. CLINIC SERVICE

24. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE	25. TYPE DISPOSITION	26. DATE OF DISPOSITION

27a. ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)	27b. TELEPHONE NO.	28. DATE OF THIS ADMISSION	ADMITTING OFFICER

29. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY	30. DATE OF INTIAL ADMISSION	32. UNITS OF WHOLE BLOOD/ COMPONENT TRANSFUSED

31. SELECTED ADMINISTRATIVE DATA

☐ Check if Continued on Reverse

33. CAUSE OF INJURY

34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES

35. Total Days This Facility

a. ABSENT SICK DAYS	b. OTHER DAYS	c. CONV. LVI/COOP CARE DAYS	d. SUPPLEMENTAL CARE DAYS	e. BED DAYS	f. TOTAL SICK DAYS

36. Total Days All Facilites

a. ABSENT SICK DAYS	b. OTHER DAYS	c. CONV. LVI/COOP CARE DAYS	d. SUPPLEMENTAL CARE DAYS	e. BED DAYS	f. TOTAL SICK DAYS

SIGNATURE OF ATTENDING MEDICAL OFFICER	SIGNATURE OF PAD OR MEDICAL RECORDS OFFICER

DA FORM 3647, MAY 79 EDITION OF 1 AUG 78 IS OBSOLETE USAPPC V1.10

(b)(6)-4

ADMISSION AND CODING INFORMATION

For use of this form, see AR 40-400; the proponent agency is OTSG

1. REPORTING MTF	2. LOCATION (State or Country Code.)
1 2 3 4 5 6	7 8
(b)(3)-1	

3. REGISTER NUMBER	NAME (Last, First, Middle Initial)	4. PAY GRADE	5. SEX
9 10 11 12 13 14 15	(b)(6)-2	16 17	18
(b)(6)-2			M

6. DATE OF BIRTH (Y Y Y Y M M D D)	7. AGE AT ADMISSION	8. RACE	9. ETHNIC BACK-GROUND	RELIGION
19 20 21 22 23 24 25 26	27 28 29	30	31	Muslim

10. LENGTH OF SERVICE	ETS	11. FMP	12. SOCIAL SECURITY NUMBER
32 33 34		35 36	37 38 39 40 41 42 43 44 45
		20	(b)(6)-2

ORGANIZATION (Active Duty Only)	13. MARITAL STATUS	HOUR OF ADMISSION	BRANCH / CORPS
	46	18:25	

14. FLYING STATUS	15. BENEFICIARY CATEGORY	16. ZIP CODE OF RESIDENCE
47 48 49	50 51 52 (b)(5)-4 (b)(6)-4	53 54 55 56 57 58 59 60 61

17. UNIT LOCATION (State or Country Code)	18. MOS	19. TRAUMA	PREV. ADMISSION
62 63	64 65 66 67 68 69 70	71	YEAR ☐ NO
		B	

20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION	WARD	NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE
72	OR	(b)(6)-2
O EMT		ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code) CAIIF
NAME AND LOCATION OF MEDICAL TREATMENT FACILITY (b)(3)-1		TELEPHONE NUMBER OF EMERGENCY ADDRESSEE

21. TYPE OF DISPOSITION	22. MTF TRANSFERRED TO (b)(3)-1	23. DATE OF DISPOSITION (Y Y M M D D)
73 74	75 76 77 78 79 80	81 82 83 84 85 86
XFR		0 3 0 4 0 1

24. CLINIC SVC - ADMITTING	25. MTF TRANSFERRED FROM	26. DATE THIS ADMISSION (Y Y M M D D)
87 88 89 90	91 92 93 94 95 96	97 98 99 100 101 102

27. LOCATION OF OCCURRENCE (Battle Casualty Only)	28. MTF OF INITIAL ADMISSION	29. DATE INITIAL ADMISSION (Y Y M M D D)
103 104	105 106 107 108 109 110	111 112 113 114 115 116
	(b)(3)-1	0 3 0 3 3 1

FOR LOCAL USE

GSW buttock

ADMITTING OFFICER (Signature, as required) (b)(6)-2

SIGNATURE OF ADMITTING CLERK (b)(6)-2

DA FORM

EDITION OF MAY 79 IS OBSOLETE

USAPPC V1.00

ADMISSION AND CODING INFORMATION

30. AGE AT DISP			31. AUTOPSY Y / N	32. UNDERLYING CAUSE OF DEATH / SEP	33. RESIDUAL DISABILITY			34. DO NOT USE - DATA FILLER #1									35. CAUSE OF INJURY		
123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142

36. FIRST DIAGNOSIS *(Principal Diagnosis)*								37. SECOND DIAGNOSIS								38. THIRD DIAGNOSIS							
143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166
		8	7	7		0																	

39. FOURTH DIAGNOSIS								40. FIFTH DIAGNOSIS								41. SIXTH DIAGNOSIS							
167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190

42. SEVENTH DIAGNOSIS								43. EIGHTH DIAGNOSIS							
191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206

44. FIRST PROCEDURE *(Principal Diagnosis)*								45. SECOND PROCEDURE								46. THIRD PROCEDURE							
207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230

47. FOURTH PROCEDURE								48. FIFTH PROCEDURE								49. SIXTH PROCEDURE							
231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254

50. SEVENTH PROCEDURE								51. EIGHTH PROCEDURE							
255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270

52. NUMBER OF DIAGNOSTIC FIELDS CONTAINING CODES		53. NUMBER OF PROCEDURAL FIELDS CONTAINING CODES		54. PRIMARY PROVIDER SPECIALTY CODE			55. BLOOD USAGE Y / N
271	272	273	274	275	276	277	278
0	0	0	0				

MEDCOM - 2745

INPATIENT TREATMENT RECORD COVER SH

For use of this form, see AR 40-400; the proponent agency is D[illegible]

1. REGISTER NUMBER	2. NAME (Last, First, MI)	3. GRADE	ADMISSION REMARKS
(b)(6)-4	(b)(6)-4		

4. SEX	5. AGE	6. RACE	7. RELIGION	8. LENGTH OF SVC	8. ETS	10. PREVIOUS ADMISSION
M						

11. FMP	12. SSN	13. ORGANIZATION	14. WARD
	(b)(6)-4		

15. FLYING STATUS	16. RATING/ DSG	(b)(6)-4	18. BRANCH/CORPS	19. UIC/ZIP	20. TYPE CASE

21. SOURCE OF ADMISSION/AUTHORITY FOR ADMISSION	22. HOURS OF ADMISSION	23. CLINIC SERVICE

24. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE	25. TYPE DISPOSITION	26. DATE OF DISPOSITION

27a. ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)	27b. TELEPHONE NO.	28. DATE OF THIS ADMISSION	ADMITTING OFFICER

29. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY	30. DATE OF INTIAL ADMISSION	32. UNITS OF WHOLE BLOOD/ COMPONENT TRANSFUSED

31. SELECTED ADMINISTRATIVE DATA

☐ Check if Continued on Reverse

33. CAUSE OF INJURY

34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES

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	f. TOTAL SICK DAYS

36. Total Days All Facilities

a. ABSENT SICK DAYS	b. OTHER DAYS	c. CONV. LV/COOP CARE DAYS	d. SUPPLEMENTAL CARE DAYS	e. BED DAYS	f. TOTAL SICK DAYS

SIGNATURE OF ATTENDING MEDICAL OFFICER	SIGNATURE OF PAD OR MEDICAL RECORDS OFFICER

DA FORM 3647, MAY 79 EDITION OF 1 AUG 78 IS OBSOLETE USAPPC V1.10

(b)(6)-4

ADMISSION AND CODING INFORMATION

For use of this form, see AR 40-400; the proponent agency is OTSG

1. REPORTING MTF (1–8)	2. LOCATION (1–8) (State or Country Code.)
(b)(3)-1	

3. REGISTER NUMBER (9–15)	4. PAY GRADE (16–17)	5. SEX (18)
(b)(6)-4		M

6. DATE OF BIRTH (Y Y Y Y M M D D) (19–26)	7. AGE AT ADMISSION (27–29)	8. RACE (30)	9. ETHNIC BACK-GROUND (31)	RELIGION
(b)(6)-4	24			Muslim

10. LENGTH OF SERVICE (32–34)	ETS	11. FMP (35–36)	12. SOCIAL SECURITY NUMBER (37–45)
		20	(b)(6)-4

ORGANIZATION (Active Duty Only)	13. MARITAL STATUS (46)	HOUR OF ADMISSION	BRANCH / CORPS
		1820	

14. FLYING STATUS (47–49)	15. BENEFICIARY CATEGORY (50–52)	16. ZIP CODE OF RESIDENCE (53–61)
	(b)(6)-4	

17. UNIT LOCATION (State or Country Code) (62–63)	18. MOS (64–70)	19. TRAUMA (71)	PREV. ADMISSION YEAR / NO
		B	

20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION (72)	WARD	NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE
EMT	ICU3	

NAME AND LOCATION OF MEDICAL TREATMENT FACILITY	ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)
(b)(3)-1	

	TELEPHONE NUMBER OF EMERGENCY ADDRESSEE

21. TYPE OF DISPOSITION (73–74)	22. MTF TRANSFERRED TO (75–80)	23. DATE OF DISPOSITION (Y Y M M D D) (81–86)
XFR	(b)(3)-1	030401 1600

24. CLINIC SVC - ADMITTING (87–90)	25. MTF TRANSFERRED FROM (91–96)	26. DATE THIS ADMISSION (Y Y M M D D) (97–102)

27. LOCATION OF OCCURRENCE (Battle Casualty Only) (103–104)	28. MTF OF INITIAL ADMISSION (105–110)	29. DATE INITIAL ADMISSION (Y Y M M D D) (111–116)
	(b)(3)-1	030331

FOR LOCAL USE

Rule out close Head Injury

Dx: 959.01 E8[illegible]

ADMITTING OFFICER (Signature, as required)	SIGNATURE OF ADMITTING CLERK
(b)(6)-2	(b)(6)-2

ADMISSION AND CODING INFORMATION

30. AGE AT DISP			31. AUTOPSY Y / N	32. UNDERLYING CAUSE OF DEATH / SEP	33. RESIDUAL DISABILITY			34. DO NOT USE - DATA FILLER #1									35. CAUSE OF INJURY		
123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142

36. FIRST DIAGNOSIS *(Principal Diagnosis)*								37. SECOND DIAGNOSIS								38. THIRD DIAGNOSIS							
143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166
		9	5	9		1																	

39. FOURTH DIAGNOSIS								40. FIFTH DIAGNOSIS								41. SIXTH DIAGNOSIS							
167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190

42. SEVENTH DIAGNOSIS								43. EIGHTH DIAGNOSIS							
191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206

44. FIRST PROCEDURE *(Principal Diagnosis)*								45. SECOND PROCEDURE								46. THIRD PROCEDURE							
207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230

47. FOURTH PROCEDURE								48. FIFTH PROCEDURE								49. SIXTH PROCEDURE							
231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254

50. SEVENTH PROCEDURE								51. EIGHTH PROCEDURE							
255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270

52. NUMBER OF DIAGNOSTIC FIELDS CONTAINING CODES		53. NUMBER OF PROCEDURAL FIELDS CONTAINING CODES		54. PRIMARY PROVIDER SPECIALTY CODE			55. BLOOD USAGE Y / N
271	272	273	274	275	276	277	278
0	0	0	0				

MEDCOM - 2748

INPATIENT TREATMENT RECORD COVER SH

For use of this form, see AR 40-400; the proponent agency is OTS

1. REGISTER NUMBER	2. NAME (Last, First, MI)					3. GRADE	ADMISSION REMARKS
(b)(6)-2	(b)(6)-2						
4. SEX	5. AGE	6. RACE	7. RELIGION	8. LENGTH OF SVC	9. ETS	10. PREVIOUS ADMISSION	
M							
11. FMP	12. SSN		13. ORGANIZATION			14. WARD	
20							
15. FLYING STATUS	16. RATING/ DSG	17. DEPT./ REM (b)(6)-2 (b)(6)-2	18. BRANCH/CORPS	19. MIC/ZIP		20. TYPE CASE	
21. SOURCE OF ADMISSION/AUTHORITY FOR ADMISSION				22. HOURS OF ADMISSION	23. CLINIC SERVICE		
24. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE			25. TYPE DISPOSITION		26. DATE OF DISPOSITION		
27a. ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)			27b. TELEPHONE NO.		28. DATE OF THIS ADMISSION		ADMITTING OFFICER
29. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY					30. DATE OF INTIAL ADMISSION	32. UNITS OF WHOLE BLOOD/ COMPONENT TRANSFUSED	

31. SELECTED ADMINISTRATIVE DATA

☐ Check if Continued on Reverse

33. CAUSE OF INJURY

34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES

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	f. TOTAL SICK DAYS

36. Total Days All Facilities

a. ABSENT SICK DAYS	b. OTHER DAYS	c. CONV. LV/COOP CARE DAYS	d. SUPPLEMENTAL CARE DAYS	e. BED DAYS	f. TOTAL SICK DAYS

SIGNATURE OF ATTENDING MEDICAL OFFICER	SIGNATURE OF PAD OR MEDICAL RECORDS OFFICER

DRAFT

AEROMEDICAL EVACUATION PATIENT RECORD

PATIENT IDENTIFICATION

1. NAME (b)(6)-2
2. SSN
3a. STATUS
3b. SERVICE
4. PRECEDENCE: U X R
5. GRADE
6. AGE: 19
7. SEX: X Male / Female
8. WEIGHT
9. BLOOD TYPE
10. CLASSIFICATION (TA-57): AMBULATORY / X LITTER
11. ACCEPTING PHYSICIAN
12. CITE/AUTHORITY NO.
13. APPT/SUSP DATE
14a. ORIGINATING FACILITY (b)(3)-1
14b. ORIGINATING FACILITY PHONE NUMBER: Icy AZ
15a. DESTINATION FACILITY (b)(3)-1
15b. DESTINATION FACILITY PHONE NUMBER
16. NUMBER OF ATTENDANTS: 16a. MEDICAL / 16b. NON MED

17. DIAGNOSIS
(R) open humerus fx
(R) thigh GSW
(R) chest shrapnel WWD c pneumothorax

18. X BATTLE CASUALTY / ACCIDENT / NON-BATTLE INJURY

19. PRESENTING SYMPTOMS

19a. DATE: 1APR 83
19b. TIME: 1043
19c. ALLERGIES: NKDA

19d. DIET / NPO / DIABETIC / CALS
RENAL ... mg PO4
TUBE ... TYPE
RESPIRATORY AIDS
TUBE FEEDING ... at ... cc/hr for ... days

20a. BIOLOGIC

20b. SPECIAL EQUIPMENT

SUCTION		TRACTION	ORTHOPEDIC BRACES
NG TUBE		IV PUMP	X CHEST TUBE/DRAINAGE
STRYKER FRAME		TRACH	RESTRAINTS
INCUBATOR		MONITOR	OTHER (Include in 23)
		FOLEY	

OT: LITERS: ROUTE:
VENTILATOR SETTINGS

20c. ALTITUDE RESTRICTION:

20d. RECORDS TO ACCOMPANY PATIENT

OUTPATIENT RECORDS	X	X-RAYS	FINANCIAL
X INPATIENT RECORDS		OB RECORDS	OTHER (Specify)
NARRATIVE SUMMARY		DENTAL RECORDS	

20f. MEDICATIONS/TREATMENTS
Tylenol #3 PO q6° PRN pain
Ancef 1gm IV q8°
MSO4 1-4mg IV q2° PRN pain

21. PRE-FLIGHT VITALS

21a. DATE/TIME	21b. TEMP	21c. PULSE	21d. RESP	21e. BP

	YES	NO	ISSUE		YES	NO	ISSUE		YES	NO	ISSUE
a.		X	HYPERTENSION	f.		X	MOTION SICKNESS	k.	X		AMBULATORY
b.			CARDIAC HX	g.			VISION IMPAIRED	l.			AMBULATORY AID
c.			DIABETES	h.			HEARING IMPAIRED	m.			SELF-MEDS
d.			RESPIRATORY	i.			DENTAL PROBLEMS	n.			EMERGENCY NEXT OF KIN
e.			EPILEPSY	j.		X	SELF-CARE	o.		X	OTHER

22. BRIEF NARRATIVE
19 yo. GSW c mult injuries
(R) humerus fx (R) thigh soft tissue
(R) chest penetrating trauma
H. stable for transport

23. ASSESSMENT/PROGRESS

DATE/TIME	NOTES

24. STAMP AND SIGNATURE (b)(6)-2

25. STAMP AND SIGNATURE OF FLIGHT SURGEON

ADMISSION AND CODING INFORMATION

For use of this form, see AR 40-400; the proponent agency is OTSG

1. [illegible]	2. LOCATION (State or Country Code.)	3. REGISTER NUMBER	NAME (Last, First, Middle Initial)	4. PAY GRADE	5. SEX
[illegible]		[redacted]	[redacted]		M

6. DATE OF BIRTH (Y Y Y Y M M D D)	7. AGE AT ADMISSION	8. RACE	9. ETHNIC BACK-GROUND	RELIGION
19840101	19			

10. LENGTH OF SERVICE	ETS	11. FMP	12. SOCIAL SECURITY NUMBER
		20	[redacted]

ORGANIZATION (Active Duty Only)	13. MARITAL STATUS	HOUR OF ADMISSION	BRANCH / CORPS
		1820	

14. FLYING STATUS	15. BENEFICIARY CATEGORY	16. ZIP CODE OF RESIDENCE
	[redacted]	

17. UNIT LOCATION (State or Country Code)	18. MOS	19. TRAUMA	PREV. ADMISSION
		B	YEAR / NO

20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION	WARD	NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE
0 EMT	ICU 2	

NAME AND LOCATION OF MEDICAL TREATMENT FACILITY	ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)
[redacted]	
	TELEPHONE NUMBER OF EMERGENCY ADDRESSEE

21. TYPE OF DISPOSITION	22. MTF TRANSFERRED TO	23. DATE OF DISPOSITION (Y Y M M D D)
XFR		030402 0410

24. CLINIC SVC - ADMITTING	25. MTF TRANSFERRED FROM	26. DATE THIS ADMISSION (Y Y M M D D)

27. LOCATION OF OCCURRENCE (Battle Casualty Only)	28. MTF OF INITIAL ADMISSION	29. DATE INITIAL ADMISSION (Y Y M M D D)
	[redacted]	030331

FOR LOCAL USE

Dx's (R) femur - schrapnel injury
(R) axillary blast injury

Dx: 82110
88012-
E993

Inpt 450 Trauma 1

[redacted]

SIGNATURE [redacted]

DA FORM 2965, MAR 89 EDITION OF MAY 79 IS OBSOLETE USAPPC V1.00

ADMISSION AND CODING INFORMATION

30. AGE AT DISP			31. AUTOPSY Y / N	32. UNDERLYING CAUSE OF DEATH / SEP	33. RESIDUAL DISABILITY			34. DO NOT USE - DATA FILLER #1									35. CAUSE OF INJURY		
123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142

36. FIRST DIAGNOSIS *(Principal Diagnosis)*								37. SECOND DIAGNOSIS								38. THIRD DIAGNOSIS							
143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166
		9	0	4		0																	

39. FOURTH DIAGNOSIS								40. FIFTH DIAGNOSIS								41. SIXTH DIAGNOSIS							
167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190

42. SEVENTH DIAGNOSIS								43. EIGHTH DIAGNOSIS							
191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206

44. FIRST PROCEDURE *(Principal Diagnosis)*								45. SECOND PROCEDURE								46. THIRD PROCEDURE							
207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230

47. FOURTH PROCEDURE								48. FIFTH PROCEDURE								49. SIXTH PROCEDURE							
231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254

50. SEVENTH PROCEDURE								51. EIGHTH PROCEDURE							
255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270

52. NUMBER OF DIAGNOSTIC FIELDS CONTAINING CODES		53. NUMBER OF PROCEDURAL FIELDS CONTAINING CODES		54. PRIMARY PROVIDER SPECIALTY CODE			55. BLOOD USAGE Y / N
271	272	273	274	275	276	277	278
0	0	0	0				

MEDCOM - 2752

INPATIENT TREATMENT RECORD COVER SH

For use of this form, see AR 40-400; the proponent agency is O[illegible]

1. REGISTER NUMBER	2. NAME (Last, First, MI)			3. GRADE	ADMISSION REMARKS
(b)(6)-4	(b)(6)-4				
4. SEX: m	5. AGE	6. RACE	7. RELIGION	8. LENGTH OF SVC	9. ETS	10. PREVIOUS ADMISSION
11. FMP: 20	12. SSN		13. ORGANIZATION			14. WARD
15. FLYING STATUS	16. RATING/ DSG	17. [illegible] (b)(6)-4	18. BRANCH/CORPS	19. UIC/ZIP		20. TYPE CASE
21. SOURCE OF ADMISSION/AUTHORITY FOR ADMISSION				22. HOURS OF ADMISSION	23. CLINIC SERVICE	
24. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE			25. TYPE DISPOSITION		26. DATE OF DISPOSITION	
27a. ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)			27b. TELEPHONE NO.		28. DATE OF THIS ADMISSION	ADMITTING OFFICER
29. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY					30. DATE OF INTIAL ADMISSION	32. UNITS OF WHOLE BLOOD/ COMPONENT TRANSFUSED

31. SELECTED ADMINISTRATIVE DATA

☐ Check if Continued on Reverse

33. CAUSE OF INJURY

34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES

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	f. TOTAL SICK DAYS

36. Total Days All Facilites

a. ABSENT SICK DAYS	b. OTHER DAYS	c. CONV. LV/COOP CARE DAYS	d. SUPPLEMENTAL CARE DAYS	e. BED DAYS	f. TOTAL SICK DAYS

SIGNATURE OF ATTENDING MEDICAL OFFICER	SIGNATURE OF PAO OR MEDICAL RECORDS OFFICER

DA FORM 3647, MAY 79 — EDITION OF 1 AUG 78 IS OBSOLETE — USAPPC V1.10

(b)(6)-4

ADMISSION AND CODING INFORMATION

For use of this form, see AR 40-400; proponent agency is OTSG

1. REPORTING MTF	2. MTF LOCATION (State or Country Code)
1 2 3 4 5 6	7 8
(b)(3)-1	

3. REGISTER NUMBER	NAME (Last, First, Middle Initial)	4. PAY GRADE	5. SEX
9 10 11 12 13 14 15	(b)(6)-2	16 17	18 M
(b)(6)-4			

6. DATE OF BIRTH (Y Y Y Y M M D D)	7. AGE AT ADMISSION	8. RACE	9. ETHNIC BACKGROUND	RELIGION
19 20 21 22 23 24 25 26	27 28 29	30	31	

10. LENGTH OF SERVICE	ETS	11. FMP	12. SOCIAL SECURITY NUMBER
32 33 34		35 36 2 0	37 38 39 40 41 42 43 44 45 (b)(6)-4

ORGANIZATION (Active Duty Only)	13. MARITAL STATUS	HOUR OF ADMISSION	BRANCH / CORPS
	46	1900	

14. FLYING STATUS	15. BENEFICIARY CATEGORY	16. ZIP CODE OF RESIDENCE
47 48 49	(b)(6)-4 (b)(6)-4	53 54 55 56 57 58 59 60 61

17. UNIT LOCATION (State or Country Code)	18. MOS	19. TRAUMA	PREV. ADMISSION
62 63	64 65 66 67 68 69 70	71 B	YEAR ☐ NO

20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION	WARD	NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE
72 O EMT	ICU 3	ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)
NAME AND LOCATION OF MEDICAL TREATMENT FACILITY (b)(3)-1		TELEPHONE NUMBER OF EMERGENCY ADDRESSEE

21. TYPE OF DISPOSITION	22. MTF TRANSFERRED TO (b)(3)-1	23. DATE OF DISPOSITION (Y Y M M D D)
73 74 XFR	75 76 77 78 79 80	81 82 83 84 85 86 0 3 0 4 0 1 1600

24. CLINIC SVC - ADMITTING	25. MTF TRANSFERRED FROM	26. DATE THIS ADMISSION (Y Y M M D D)
87 88 89 90	91 92 93 94 95 96	97 98 99 100 101 102

27. LOCATION OF OCCURRENCE (Battle Casualty Only)	28. MTF OF INITIAL ADMISSION	29. DATE INITIAL ADMISSION (Y Y M M D D)
103 104	105 106 107 108 109 110 0 3 0 3 3 1	111 112 113 114 115 116 0 3 0 3 3 1

FOR LOCAL USE

BLAST INJURY
BURNS and shrapnel (b)(6)-2

Dx: 88010
88013
E993

Amputation
HBO
Trauma
1

S/Holder & upper Arm

ADMITTING OFFICER (Signature, as required)	SIGNATURE OF ADMITTING CLERK
(b)(6)-2	(b)(6)-2

DA FORM 2985, MAR 89 EDITION OF MAY 79 IS OBSOLETE

MEDCOM - 2754

ADMISSION AND CODING INFORMATION

For use of this form, see AR 40-400; the proponent agency is the OTSG

REPORTING MTF	REGISTER NUMBER

56. TOTAL SICK DAYS *(All Facilities)*	57. BED DAYS THIS MTF	58. BED DAYS OTHER FED MTFS	59. BED DAYS- CIV. HOSPITALS	60. BASSINET DAYS *(Neonatal)*
273 274 275 276 277	278 279 280 281	282 283 284 285	286 287 288 289	290 291 292 293
	0 0 0 3			
61. QUARTERS DAYS	**62. MEDICAL HOLDING DAYS**	**63. COOPERATIVE CARE DAYS**	**64. CONVALESCENT LEAVE DAYS**	**65. SUPPLEMENTAL CARE DAYS**
294 295 296 297	298 299 300 301	302 303 304 305	306 307 308 309	310 311 312 313
66. OTHER DAYS	**67. TOTAL SICK DAYS - THIS MTF**	**68. BED DAYS - ICU**	**69. BED DAYS - ADMITTING CLINIC SERVICE**	**70. CLINIC SERVICE *(Second)***
314 315 316 317	318 319 320 321 322	323 324 325 326	327 328 329 330	331 332 333 334
71. BED DAYS SECOND CLINIC SERVICE	**72. CLINIC SERVICE *(Third)***	**73. BED DAYS THIRD CLINIC SERVICE**	**74. CLINIC SERVICE DISPOSITION**	**75. BED DAYS DISPOSITION CLINIC SERVICE**
335 336 337 338	339 340 341 342	343 344 345 346	347 348 349 350	351 352 353 354
76. CONVALESCENT LEAVE RECOMMENDED	**77. PATIENT ACUITY - DAYS I**	**78. PATIENT ACUITY - DAYS II**	**79. PATIENT ACUITY - DAYS III**	**80. PATIENT ACUITY - DAYS IV**
355 356 357	358 359 360 361	362 363 364 365	366 367 368 369	370 371 372 373
81. PATIENT ACUITY - DAYS V	**82. PATIENT ACUITY - DAYS VI**	**83. *DO NOT USE THIS SPACE***	**84. TYPE RECORD**	
374 375 376 377	378 379 380 381	382 383 384 385 386 387	388 389 390 391 392 393	

FOR LOCAL USE

MEDCOM - 2755

ADMISSION AND CODING INFORMATION

For use of this form, see AR 40-400; the proponent agency is the OTSG

30. AGE AT DISP			31. AUTOPSY Y / N	32. UNDERLYING CAUSE OF DEATH / SEP	33. RESIDUAL DISABILITY			34. DO NOT USE - DATA FILLER #1									35. CAUSE OF INJURY		
117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136

36. FIRST DIAGNOSIS *(Principal Diagnosis)*								37. SECOND DIAGNOSIS								38. THIRD DIAGNOSIS							
137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160
		9	4	3		0	9			9	5	9		2									

39. FOURTH DIAGNOSIS								40. FIFTH DIAGNOSIS								41 SIXTH DIAGNOSIS							
161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184

42. SEVENTH DIAGNOSIS								43. EIGHTH DIAGNOSIS							
185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200

44. FIRST PROCEDURE *(Principal Diagnosis)*								45. SECOND PROCEDURE								46. THIRD PROCEDURE							
201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224

47. FOURTH PROCEDURE								48. FIFTH PROCEDURE								49. SIXTH PROCEDURE							
225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248

60. SEVENTH PROCEDURE								61. EIGHTH PROCEDURE							
249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264

52. NUMBER OF DIAGNOSTIC FIELDS CONTAINING CODES		53. NUMBER OF PROCEDURAL FIELDS CONTAINING CODES		54. PRIMARY PROVIDER SPECIALTY CODE			55. BLOOD USAGE Y/N
265	266	267	268	269	270	271	272

MEDCOM - 2756

INPATIENT TREATMENT RECORD COVER SH

For use of this form, see AR 40-400; the proponent agency is O[illegible]

1. REGISTER NUMBER	2. NAME (Last, First, MI)					3. GRADE	ADMISSION REMARKS
(b)(6)-4	(b)(6)-4						
4. SEX	5. AGE	6. RACE	7. RELIGION	8. LENGTH OF SVC	9. ETS	10. PREVIOUS ADMISSION	
M	23						
11. FMP	12. SSN		13. ORGANIZATION			14. WARD	
	(b)(6)-4						
15. FLYING STATUS	16. RATING/ DSG	17. DEPT / (b)(6)-4	18. BRANCH/CORPS	19. UIC/ZIP		20. TYPE CASE	
21. SOURCE OF ADMISSION/AUTHORITY FOR ADMISSION				22. HOURS OF ADMISSION	23. CLINIC SERVICE		
24. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE			25. TYPE DISPOSITION		26. DATE OF DISPOSITION		
27a. ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)			27b. TELEPHONE NO.		28. DATE OF THIS ADMISSION	ADMITTING OFFICER	
29. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY					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

34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES

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	f. TOTAL SICK DAYS

36. Total Days All Facilites

a. ABSENT SICK DAYS	b. OTHER DAYS	c. CONV. LV/COOP CARE DAYS	d. SUPPLEMENTAL CARE DAYS	e. BED DAYS	f. TOTAL SICK DAYS

SIGNATURE OF ATTENDING MEDICAL OFFICER	SIGNATURE OF PAD OR MEDICAL RECORDS OFFICER

DA FORM 3647, MAY 79 EDITION OF 1 AUG 76 IS OBSOLETE USAPPC V1.10

D1 Apr 03
1800

AEROMEDICAL EVACUATION PATIENT RECORD

PATIENT IDENTIFICATION

1. NAME: (b)(6)-4

2. SSN

3a. STATUS | 3b. SERVICE | 4. PRECEDENCE U P R | 5. GRADE

6. AGE: 23 | 7. SEX: X Male / Female | 8. WEIGHT | 9. BLOOD TYPE | 10. CLASSIFICATION (1A-5F): AMBULATORY / X LITTER

11. ACCEPTING PHYSICIAN | 12. CITE/AUTHORITY NO.

13. APPT/SURG DATE

14a. ORIGINATING FACILITY: (b)(3)-1

14b. ORIGINATING FACILITY PHONE NUMBER: ICU #2

15a. DESTINATION FACILITY: (b)(3)-1

15b. DESTINATION FACILITY PHONE NUMBER: (b)(6)-4

16. NUMBER OF ATTENDANTS — 16a. MEDICAL: Ø | 16b. NON MED: Ø

17. DIAGNOSIS
Multiple GSW (B) hands
(L) hand open Fx
Open skull Fx

18. X BATTLE CASUALTY | DISEASE | NON-BATTLE INJURY

19. CLINICAL ISSUES (Please indicate Yes or No on clinical issues. Explain YES comments in Section 22)

20. PHYSICIAN'S ORDERS

20a. DATE: 1APR03 | 20b. TIME: 0600 | 20c. ALLERGIES: NKDA

20d. DIET: NPO

20e. DIET
20f. SPECIAL EQUIPMENT: SUCTION | X NG TUBE | STRYKER FRAME | INCUBATOR | TRACTION | IV PUMP | TRACH | MONITOR | FOLEY | ORTHOPEDIC BRACES | CHEST TUBE/HEIMLICH | RESTRAINTS | OTHER (Explain in 22)

O2: LITERS: ROUTE:

VENTILATOR SETTINGS: 55mV @ 16BPM / TV-900 / 30% O2

20g. ALTITUDE RESTRICTION:

20h. RECORDS TO ACCOMPANY PATIENT: OUTPATIENT RECORDS | X INPATIENT RECORDS | NARRATIVE SUMMARY | X X-RAYS | OB RECORDS | DENTAL RECORDS | FINANCIAL | OTHER (Specify)

20i. MEDICATIONS/TREATMENTS
Versed drip 1-10mg/hr titrate for sed
Fentanyl drip same/hr
Ancef 1gm IV q8°

21. PRE-FLIGHT VITALS
21a. DATE/TIME | 21b. TEMP | 21c. PULSE | 21d. RESP | 21e. BP

22. BRIEF NARRATIVE
23 y.o. ♂ c̄ multiple GSW's (B) hands, open skull fx, arrived intubated c̄ GCS 3T. Pt. stabilized here in ICU, ready for x-sport

23. ASSESSMENT/PROGRESS
DATE/TIME | NOTES

(b)(6)-2

25. STAMP AND SIGNATURE OF FLIGHT SURGEON

FORM 3899, MAR 98

(b)(6)-4

ADMISSION AND CODING INFORMATION

For use of this form, see AR 40-400; proponent agency is OTSG

1. REPORTING MTF	2. LOCATION (State or Country Code)
1 2 3 4 5 6 (b)(3)-1	7 8

3. REGISTER NUMBER	NAME (Last, First, Middle Initial)	4. PAY GRADE	5. SEX
9 10 11 12 13 14 15 (b)(6)-4	(b)(6)-4	16 17	18 M

6. DATE OF BIRTH (Y Y Y Y M M D D)	7. AGE AT ADMISSION	8. RACE	9. ETHNIC BACK-GROUND	RELIGION
19 20 21 22 23 24 25 26	27 28 29	30	31	MRS
1 9 8 0 0 1 0 1	0 2 4			

10. LENGTH OF SERVICE	ETS	11. FMP	12. SOCIAL SECURITY NUMBER
32 33 34		35 36 2 0	37 38 39 40 41 42 43 44 45 (b)(6)-4

ORGANIZATION (Active Duty Only)	13. MARITAL STATUS	HOUR OF ADMISSION	BRANCH / CORPS
	46 S	1855	

14. FLYING STATUS	15. BENEFICIARY CATEGORY	16. ZIP CODE OF RESIDENCE
47 48 49	50 51 52 (b)(6)-4 (b)(6)-4	53 54 55 56 57 58 59 60 61

17. UNIT LOCATION (State or Country Code)	18. MOS	19. TRAUMA	PREV. ADMISSION
62 63	64 65 66 67 68 69 70	71 B	YEAR ☐ NO

20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION	WARD	NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE
72 10 EMT	OR	(b)(6)-4 (BROTHER)

NAME AND LOCATION OF MEDICAL TREATMENT FACILITY	ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)
(b)(3)-1	TELEPHONE NUMBER OF EMERGENCY ADDRESSEE

21. TYPE OF DISPOSITION	22. MTF TRANSFERRED TO	23. DATE OF DISPOSITION (Y Y M M D D)
73 74 XFR	75 76 77 78 (b)(3)-1	81 82 83 84 85 86 0 3 0 4 0 2 0410

24. CLINIC SVC - ADMITTING	25. MTF TRANSFERRED FROM	26. DATE THIS ADMISSION (Y Y M M D D)
87 88 89 90	91 92 93 94 95 96	97 98 99 100 101 102

27. LOCATION OF OCCURRENCE (Battle Casualty Only)	28. MTF OF INITIAL ADMISSION	29. DATE INITIAL ADMISSION (Y Y M M D D)
103 104	105 106 107 108 109 110 (b)(6)-4	111 112 113 114 115 116 0 3 0 3 0324

FOR LOCAL USE

HEAD INJURY
(L) HAND INJURY

Dx: 95901
95914

Injury
45D

Trauma
1

ADMITTING OFFICER (Signature, as required)	SIGNATURE OF ADMITTING CLERK
(b)(6)-2	(b)(6)-2

DA FORM 2985, MAR 89 EDITION OF MAY 79 IS OBSOLETE

ADMISSION AND CODING INFORMATION

For use of this form, see AR 40-400; the proponent agency is the OTSG

REPORTING MTF	REGISTER NUMBER

56. TOTAL SICK DAYS *(All Facilities)*	57. BED DAYS THIS MTF	58. BED DAYS OTHER FED MTFS	59. BED DAYS- CIV. HOSPITALS	60. BASSINET DAYS *(Neonatal)*
273 274 275 276 277	278 279 280 281	282 283 284 285	286 287 288 289	290 291 292 293
	0 0 0 3			

61. QUARTERS DAYS	62. MEDICAL HOLDING DAYS	63. COOPERATIVE CARE DAYS	64. CONVALESCENT LEAVE DAYS	65. SUPPLEMENTAL CARE DAYS
294 295 296 297	298 299 300 301	302 303 304 305	306 307 308 309	310 311 312 313

66. OTHER DAYS	67. TOTAL SICK DAYS - THIS MTF	68. BED DAYS - ICU	69. BED DAYS - ADMITTING CLINIC SERVICE	70. CLINIC SERVICE *(Second)*
314 315 316 317	318 319 320 321 322	323 324 325 326	327 328 329 330	331 332 333 334

71. BED DAYS SECOND CLINIC SERVICE	72. CLINIC SERVICE *(Third)*	73. BED DAYS THIRD CLINIC SERVICE	74. CLINIC SERVICE DISPOSITION	75. BED DAYS DISPOSITION CLINIC SERVICE
335 336 337 338	339 340 341 342	343 344 345 346	347 348 349 350	351 352 353 354

76. CONVALESCENT LEAVE RECOMMENDED	77. PATIENT ACUITY - DAYS I	78. PATIENT ACUITY - DAYS II	79. PATIENT ACUITY - DAYS III	80. PATIENT ACUITY - DAYS IV
355 356 357	358 359 360 361	362 363 364 365	366 367 368 369	370 371 372 373

81. PATIENT ACUITY - DAYS V	82. PATIENT ACUITY - DAYS VI	83. *DO NOT USE THIS SPACE*	84. TYPE RECORD
374 375 376 377	378 379 380 381	382 383 384 385 386 387	388 389 390 391 392 393

FOR LOCAL USE

MEDCOM - 2760

ADMISSION AND CODING INFORMATION

For use of this form, see AR 40-400; the proponent agency is the OTSG

30. AGE AT DISP			31. AUTOPSY Y / N	32. UNDERLYING CAUSE OF DEATH / SEP	33. RESIDUAL DISABILITY			34. DO NOT USE - DATA FILLER #1									35. CAUSE OF INJURY		
117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136

36. FIRST DIAGNOSIS *(Principal Diagnosis)*							
137	138	139	140	141	142	143	144
		9	5	9		9	

37. SECOND DIAGNOSIS							
145	146	147	148	149	150	151	152
		9	5	9		4	

38. THIRD DIAGNOSIS							
153	154	155	156	157	158	159	160

39. FOURTH DIAGNOSIS							
161	162	163	164	165	166	167	168

40. FIFTH DIAGNOSIS							
169	170	171	172	173	174	175	176

41 SIXTH DIAGNOSIS							
177	178	179	180	181	182	183	184

42. SEVENTH DIAGNOSIS							
185	186	187	188	189	190	191	192

43. EIGHTH DIAGNOSIS							
193	194	195	196	197	198	199	200

44. FIRST PROCEDURE *(Principal Diagnosis)*							
201	202	203	204	205	206	207	208

45. SECOND PROCEDURE							
209	210	211	212	213	214	215	216

46. THIRD PROCEDURE							
217	218	219	220	221	222	223	224

47. FOURTH PROCEDURE							
225	226	227	228	229	230	231	232

48. FIFTH PROCEDURE							
233	234	235	236	237	238	239	240

49. SIXTH PROCEDURE							
241	242	243	244	245	246	247	248

50. SEVENTH PROCEDURE							
249	250	251	252	253	254	255	256

51. EIGHTH PROCEDURE							
257	258	259	260	261	262	263	264

52. NUMBER OF DIAGNOSTIC FIELDS CONTAINING CODES		53. NUMBER OF PROCEDURAL FIELDS CONTAINING CODES		54. PRIMARY PROVIDER SPECIALTY CODE			55. BLOOD USAGE Y/N
265	266	267	268	269	270	271	272

MEDCOM - 2761

INPATIENT TREATMENT RECORD COVER SHE

For use of this form, see AR 40-400; the proponent agency is OTSG

1. REGISTER NUMBER	2. NAME (Last, First, MI)	3. GRADE	ADMISSION REMARKS
(b)(6)-2	(b)(6)-2		

4. SEX	5. AGE	6. RACE	7. RELIGION	8. LENGTH OF SVC	9. ETS	10. PREVIOUS ADMISSION
M						

11. FMP	12. SSN	13. ORGANIZATION	14. WARD

16. FLYING STATUS	18. RATING/ DSG	17. (b)(6)-4	18. BRANCH/CORPS	19. UIC/ZIP	20. TYPE CASE

21. SOURCE OF ADMISSION/AUTHORITY FOR ADMISSION	22. HOURS OF ADMISSION	23. CLINIC SERVICE

24. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE	25. TYPE DISPOSITION	26. DATE OF DISPOSITION

27a. ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)	27b. TELEPHONE NO.	28. DATE OF THIS ADMISSION	ADMITTING OFFICER

29. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY	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

34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES

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	f. TOTAL SICK DAYS

36. Total Days All Facilites

a. ABSENT SICK DAYS	b. OTHER DAYS	c. CONV. LV/COOP CARE DAYS	d. SUPPLEMENTAL CARE DAYS	e. BED DAYS	f. TOTAL SICK DAYS

SIGNATURE OF ATTENDING MEDICAL OFFICER	SIGNATURE OF PAD OR MEDICAL RECORDS OFFICER

DA FORM 3647, MAY 79 EDITION OF 1 AUG 78 IS OBSOLETE USAPPC V1.10

(b)(6)-4

ADMISSION AND CODING INFORMATION

For use of this form, see AR 40-400; proponent agency is OTSG

1. REPORTING MTF	2. [illegible] LOCATION (State or Country Code)	3. REGISTER NUMBER	NAME (Last, First, Middle Initial)	4. PAY GRADE	5. SEX
(b)(6)-4		(b)(6)-4	(b)(6)-4		M

6. DATE OF BIRTH (Y Y Y Y M M D D)	7. AGE AT ADMISSION	8. RACE	9. ETHNIC BACK-GROUND	RELIGION
19 20 21 22 23 24 25 26	27 28 29	30	31	
1 9 [illegible] 0 1 0 1	3 5 4			MUS

10. LENGTH OF SERVICE	ETS	11. FMP	12. SOCIAL SECURITY NUMBER
32 33 34		35 36	37 38 39 40 41 42 43 44 45
		20	(b)(6)-4

ORGANIZATION (Active Duty Only)	13. MARITAL STATUS	HOUR OF ADMISSION	BRANCH / CORPS
	46	1915	
	M		

14. FLYING STATUS	15. BENEFICIARY CATEGORY	16. ZIP CODE OF RESIDENCE
47 48 49	50 51 52	53 54 55 56 57 58 59 60 61
	K 7 8 EPW	

17. UNIT LOCATION (State or Country Code)	18. MOS	19. TRAUMA	PREV. ADMISSION
62 63	64 65 66 67 68 69 70	71	YEAR / NO
		B	X NO

20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION	WARD	NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE
72		
0 EMT	ICU 3	ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)

NAME AND LO (b)(3)-1	TELEPHONE NUMBER OF EMERGENCY ADDRESSEE

21. TYPE OF DISPOSITION	22. MTF TRANSFERRED TO (b)(3)-1	23. DATE OF DISPOSITION (Y Y M M D D)
73 74	75 76 77 78 [illegible] [illegible] (b)(3)-1	81 82 83 84 85 86
XFR		0 3 0 4 0 1 1600

24. CLINIC SVC - ADMITTING	25. MTF TRANSFERRED FROM	26. DATE THIS ADMISSION (Y Y M M D D)
87 88 89 90	91 92 93 94 95 96	97 98 99 100 101 102

27. LOCATION OF OCCURRENCE (Battle Casualty Only)	28. MTF OF INITIAL ADMISSION	29. DATE INITIAL ADMISSION (Y Y M M D D)
103 104	105 106 107 108 109 110	111 112 113 114 115 116
	0 3 0 3 3 1	0 3 0 3 3 1

FOR LOCAL USE

~~Chest~~ chest injury & Head

Dx: 95901
E993

Injury 1450 Trauma 1

(b)(6)-2

SIGNATURE OF (b)(6)-2

DA FORM 2965, MAR 89 EDITION OF MAY 79 IS OBSOLETE

ADMISSION AND CODING INFORMATION

For use of this form, see AR 40-400; the proponent agency is the OTSG

REPORTING MTF	REGISTER NUMBER
(1-6)(X)	(7-16)(X)

56. TOTAL SICK DAYS *(All Facilities)*	57. BED DAYS THIS MTF	58. BED DAYS OTHER FED MTFS	59. BED DAYS- CIV. HOSPITALS	60. BASSINET DAYS *(Neonatal)*
273 274 275 276 277	278 279 280 281	282 283 284 285	286 287 288 289	290 291 292 293
	0 0 0 2			

61. QUARTERS DAYS	62. MEDICAL HOLDING DAYS	63. COOPERATIVE CARE DAYS	64. CONVALESCENT LEAVE DAYS	65. SUPPLEMENTAL CARE DAYS
294 295 296 297	298 299 300 301	302 303 304 305	306 307 308 309	310 311 312 313

66. OTHER DAYS	67. TOTAL SICK DAYS - THIS MTF	68. BED DAYS - ICU	69. BED DAYS - ADMITTING CLINIC SERVICE	70. CLINIC SERVICE *(Second)*
314 315 316 317	318 319 320 321 322	323 324 325 326	327 328 329 330	331 332 333 334

71. BED DAYS SECOND CLINIC SERVICE	72. CLINIC SERVICE *(Third)*	73. BED DAYS THIRD CLINIC SERVICE	74. CLINIC SERVICE DISPOSITION	75. BED DAYS DISPOSITION CLINIC SERVICE
335 336 337 338	339 340 341 342	343 344 345 346	347 348 349 350	351 352 353 354

76. CONVALESCENT LEAVE RECOMMENDED	77. PATIENT ACUITY - DAYS I	78. PATIENT ACUITY - DAYS II	79. PATIENT ACUITY - DAYS III	80. PATIENT ACUITY - DAYS IV
355 356 357	358 359 360 361	362 363 364 365	366 367 368 369	370 371 372 373

81. PATIENT ACUITY - DAYS V	82. PATIENT ACUITY - DAYS VI	83. *DO NOT USE THIS SPACE*	84. TYPE RECORD
374 375 376 377	378 379 380 381	382 383 384 385 386 387	388 389 390 391 392 393

FOR LOCAL USE

MEDCOM - 2764

ADMISSION AND CODING INFORMATION

For use of this form, see AR 40-400; the proponent agency is the OTSG

30. AGE AT DISP			31. AUTOPSY Y / N	32. UNDERLYING CAUSE OF DEATH / SEP	33. RESIDUAL DISABILITY			34. DO NOT USE - DATA FILLER #1									35. CAUSE OF INJURY		
117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136
3	5	Y																	

36. FIRST DIAGNOSIS (Principal Diagnosis)								37. SECOND DIAGNOSIS								38. THIRD DIAGNOSIS							
137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160
		9	5	9		0	1																

39. FOURTH DIAGNOSIS								40. FIFTH DIAGNOSIS								41 SIXTH DIAGNOSIS							
161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184

42. SEVENTH DIAGNOSIS								43. EIGHTH DIAGNOSIS							
185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200

44. FIRST PROCEDURE (Principal Diagnosis)								45. SECOND PROCEDURE								46. THIRD PROCEDURE							
201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224

47. FOURTH PROCEDURE								48. FIFTH PROCEDURE								49. SIXTH PROCEDURE							
225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248

50. SEVENTH PROCEDURE								51. EIGHTH PROCEDURE							
249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264

52. NUMBER OF DIAGNOSTIC FIELDS CONTAINING CODES		53. NUMBER OF PROCEDURAL FIELDS CONTAINING CODES		54. PRIMARY PROVIDER SPECIALTY CODE			55. BLOOD USAGE Y/N
265	266	267	268	269	270	271	272

MEDCOM - 2765

IPATIENT TREATMENT RECORD COVER SHEE

For use of this form, see AR 40-400; the proponent agency is OTSG

(b)(6)-4		(b)(6)-4					3. GRADE	ADMISSION REMARKS
4. SEX: M	5. AGE	6. RACE	7. RELIGION	8. LENGTH OF SVC	9. ETS		10. PREVIOUS ADMISSION	
11. FMP		12. SSN		13. ORGANIZATION			14. WARD	
15. FLYING STATUS	16. RATING/ DSG	(b)(6)-4		18. BRANCH/CORPS	19. UIC/ZIP		20. TYPE CASE	
21. SOURCE OF ADMISSION/AUTHORITY FOR ADMISSION					22. HOURS OF ADMISSION	23. CLINIC SERVICE		
24. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE				25. TYPE DISPOSITION		26. DATE OF DISPOSITION		
27a. ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)				27b. TELEPHONE NO.		28. DATE OF THIS ADMISSION		ADMITTING OFFICER
29. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY						30. DATE OF INTIAL ADMISSION	32. UNITS OF WHOLE BLOOD/ COMPONENT TRANSFUSED	

31. SELECTED ADMINISTRATIVE DATA

☐ Check if Continued on Reverse

33. CAUSE OF INJURY

34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES

35. Total Days This Facility

a. ABSENT SICK DAYS	b. OTHER DAYS	c. CONV. LV/DOOP CARE DAYS	d. SUPPLEMENTAL CARE DAYS	e. BED DAYS	f. TOTAL SICK DAYS

36. Total Days All Facilites

a. ABSENT SICK DAYS	b. OTHER DAYS	c. CONV. LV/DOOP CARE DAYS	d. SUPPLEMENTAL CARE DAYS	e. BED DAYS	f. TOTAL SICK DAYS

SIGNATURE OF ATTENDING MEDICAL OFFICER	SIGNATURE OF PAD OR MEDICAL RECORDS OFFICER

ADMISSION AND CODING INFORMATION

For use of this form, see AR 40-400; proponent agency is OTSG

1. REPORTING MTF	2. M.. LOCATION (State or Country Code)	3. REGISTER NUMBER	NAME (Last, First, Middle Initial)	4. PAY GRADE	5. SEX
1 2 3 4 5 6 [b)(3)-1]	7 8	9 10 11 12 13 14 15 [b)(6)-4]	[b)(6)-4]	16 17	18 M

6. DATE OF BIRTH (Y Y Y Y M M D D)	7. AGE AT ADMISSION	8. RACE	9. ETHNIC BACK-GROUND	RELIGION
19 20 21 22 23 24 25 26	27 28 29	30	31	MUS

10. LENGTH OF SERVICE	ETS	11. FMP	12. SOCIAL SECURITY NUMBER
32 33 34		35 36 2 0	37 38 39 40 41 42 43 44 45 [b)(6)-4]

ORGANIZATION (Active Duty Only)	13. MARITAL STATUS	HOUR OF ADMISSION	BRANCH / CORPS
	46	18:50	

14. FLYING STATUS	15. BENEFICIARY CATEGORY	16. ZIP CODE OF RESIDENCE
47 48 49	50 51 52 [b)(6)-4]	53 54 55 56 57 58 59 60 61

17. UNIT LOCATION (State or Country Code)	18. MOS	19. TRAUMA	PREV. ADMISSION
62 63	64 65 66 67 68 69 70	71 B	YEAR ☐ NO

20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION	WARD	NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE
72 O EMT	ICU 3	ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)
NAME AND LOCATION OF MEDICAL TREATMENT FACILITY [b)(3)-1]		TELEPHONE NUMBER OF EMERGENCY ADDRESSEE

21. TYPE OF DISPOSITION	22. MTF TRANSFERRED TO [b)(3)-1]	23. DATE OF DISPOSITION (Y Y M M D D)
73 74 XFR	75 76 77 78 79 80	81 82 83 84 85 86 0 3 0 4 0 1 JUDO

24. CLINIC SVC - ADMITTING	25. MTF TRANSFERRED FROM	26. DATE THIS ADMISSION (Y Y M M D D)
87 88 89 90	91 92 93 94 95 96	97 98 99 100 101 102

27. LOCATION OF OCCURRENCE (Battle Casualty Only)	28. MTF OF INITIAL ADMISSION	29. DATE INITIAL ADMISSION (Y Y M M D D)
103 104	105 106 107 108 109 110 [b)(3)-1]	111 112 113 114 115 116 0 3 0 3 3 1

FOR LOCAL USE

GSW Bu Hock

DX: 8771
89912

Trauma 2

ADMITTING OFFICER (Signature, as required) [b)(6)-2]

[b)(6)-2]

DRM 2985, MAR 89 EDITION OF MAY 79 IS OBSOLETE

INPATIENT TREATMENT RECORD COVER SHEET

For use of this form, see AR 40-400; the proponent agency is OTSG

1. REGISTER NUMBER	2. NAME (Last, First, MI)	3. GRADE	ADMISSION REMARKS
(b)(6)-4	(b)(6)-4		

4. SEX	5. AGE	6. RACE	7. RELIGION	8. LENGTH OF SVC	9. ETS	10. PREVIOUS ADMISSION
M	23		MUS			NO

11. FMP	12. SSN	13. ORGANIZATION	14. WARD
	(b)(6)-4		ICU2

15. FLYING STATUS	16. RATING/ DSG	17. DEPT./ BEN	18. BRANCH/CORPS	19. UIC/ZIP	20. TYPE CASE
			K-78 CIU		INJ

21. SOURCE OF ADMISSION/AUTHORITY FOR ADMISSION	22. HOURS OF ADMISSION	23. CLINIC SERVICE

24. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE	25. TYPE DISPOSITION	26. DATE OF DISPOSITION
	XFR	030401

27a. ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)	27b. TELEPHONE NO.	28. DATE OF THIS ADMISSION	ADMITTING OFFICER
		030401	MAJ (b)(6)-2

29. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY	30. DATE OF INTIAL ADMISSION	32. UNITS OF WHOLE BLOOD/ COMPONENT TRANSFUSED
	030401	

31. SELECTED ADMINISTRATIVE DATA

☐ Check if Continued on Reverse

33. CAUSE OF INJURY

34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES

DX: GSW TO LEG/ HAND

CODING INFORMATION: 890.0, 882.0

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	f. TOTAL SICK DAYS

36. Total Days All Facilites

a. ABSENT SICK DAYS	b. OTHER DAYS	c. CONV. LV/COOP CARE DAYS	d. SUPPLEMENTAL CARE DAYS	e. BED DAYS	f. TOTAL SICK DAYS

SIGNATURE OF ATTENDING MEDICAL OFFICER	SIGNATURE OF PAD OR MEDICAL RECORDS OFFICER

ADMISSION AND CODING INFORMATION

For use of this form, see AR 40-400; proponent agency is OTSG

1. REPORTING MTF	2. MTF LOCATION (State or Country Code)	3. REGISTER NUMBER	NAME (Last, First, Middle Initial)	4. PAY GRADE	5. SEX
1 2 3 4 5 6	7 8	9 10 11 12 13 14 15		16 17	18
(b)(3)-1		(b)(6)-4	(b)(6)-4		M

6. DATE OF BIRTH (Y Y Y Y M M D D)	7. AGE AT ADMISSION	8. RACE	9. ETHNIC BACK-GROUND	RELIGION
19 20 21 22 23 24 25 26	27 28 29	30	31	
1 9 7 9 0 1 0 1	2 3 4			Mus

10. LENGTH OF SERVICE	ETS	11. FMP	12. SOCIAL SECURITY NUMBER
32 33 34		35 36	37 38 39 40 41 42 43 44 45
		2 0	(b)(6)-4

ORGANIZATION (Active Duty Only)	13. MARITAL STATUS	HOUR OF ADMISSION	BRANCH / CORPS
	46		
	S		

14. FLYING STATUS	15. BENEFICIARY CATEGORY		16. ZIP CODE OF RESIDENCE
47 48 49	50 51 52	POW/INT	53 54 55 56 57 58 59 60 61
	K 7 8		

17. UNIT LOCATION (State or Country Code)	18. MOS	19. TRAUMA	PREV. ADMISSION
62 63	64 65 66 67 68 69 70	71	YEAR ☐ NO

20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION	WARD	NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE
72	IGV 2	ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)
NAME AND LOCATION OF MEDICAL TREATMENT FACILITY		TELEPHONE NUMBER OF EMERGENCY ADDRESSEE

21. TYPE OF DISPOSITION	22. MTF TRANSFERRED TO (b)(3)-1	23. DATE OF DISPOSITION (Y Y M M D D)
73 74	75 76 77 78 79 80	81 82 83 84 85 86
VFR		0 3 0 4 0 1 1600

24. CLINIC SVC - ADMITTING	25. MTF TRANSFERRED FROM	26. DATE THIS ADMISSION (Y Y M M D D)
87 88 89 90	91 92 93 94 95 96	97 98 99 100 101 102

27. LOCATION OF OCCURRENCE (Battle Casualty Only)	28. MTF OF INITIAL ADMISSION	29. DATE INITIAL ADMISSION (Y Y M M D D)
103 104	105 106 107 108 109 110	111 112 113 114 115 116
		0 3 0 4 0 1

FOR LOCAL USE

GSW to Leg / hand

DX: 8910
8820
Injury E9912
450

TRAUMA
1

ADMITTING OFFICER (Signature, as required)	SIGNATURE OF ADMITTING CLERK
(b)(6)-2	(b)(6)-2

DA FORM 2965, MAR 89 EDITION OF MAY 79 IS OBS

MEDCOM - 2769

ADMISSION AND CODING INFORMATION

For use of this form, see AR 40-400; the proponent agency is the OTSG

30. AGE AT DISP			31. AUTOPSY Y / N	32. UNDERLYING CAUSE OF DEATH / SEP	33. RESIDUAL DISABILITY			34. DO NOT USE - DATA FILLER #1									35. CAUSE OF INJURY		
117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136
2	3	4																	

36. FIRST DIAGNOSIS (Principal Diagnosis)								37. SECOND DIAGNOSIS								38. THIRD DIAGNOSIS							
137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160
		8	9	0		0				8	8	2		0									

39. FOURTH DIAGNOSIS								40. FIFTH DIAGNOSIS								41 SIXTH DIAGNOSIS							
161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184

42. SEVENTH DIAGNOSIS								43. EIGHTH DIAGNOSIS							
185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200

44. FIRST PROCEDURE (Principal Diagnosis)								45. SECOND PROCEDURE								46. THIRD PROCEDURE							
201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224

47. FOURTH PROCEDURE								48. FIFTH PROCEDURE								49. SIXTH PROCEDURE							
225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248
							1																

50. SEVENTH PROCEDURE								51. EIGHTH PROCEDURE							
249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264

52. NUMBER OF DIAGNOSTIC FIELDS CONTAINING CODES		53. NUMBER OF PROCEDURAL FIELDS CONTAINING CODES		54. PRIMARY PROVIDER SPECIALTY CODE			55. BLOOD USAGE Y/N
265	266	267	268	269	270	271	272

MEDCOM - 2770

ADMISSION AND CODING INFORMATION

For use of this form, see AR 40-400; the proponent agency is the OTSG

REPORTING MTF	REGISTER NUMBER
1-5	6-12

56. TOTAL SICK DAYS *(All Facilities)*	57. BED DAYS THIS MTF	58. BED DAYS OTHER FED MTFS	59. BED DAYS- CIV. HOSPITALS	60. BASSINET DAYS *(Neonatal)*
273 274 275 276 277	278 279 280 281	282 283 284 285	286 287 288 289	290 291 292 293
	0 0 0 1			

61. QUARTERS DAYS	62. MEDICAL HOLDING DAYS	63. COOPERATIVE CARE DAYS	64. CONVALESCENT LEAVE DAYS	65. SUPPLEMENTAL CARE DAYS
294 295 296 297	298 299 300 301	302 303 304 305	306 307 308 309	310 311 312 313

66. OTHER DAYS	67. TOTAL SICK DAYS - THIS MTF	68. BED DAYS - ICU	69. BED DAYS - ADMITTING CLINIC SERVICE	70. CLINIC SERVICE *(Second)*
314 315 316 317	318 319 320 321 322	323 324 325 326	327 328 329 330	331 332 333 334

71. BED DAYS SECOND CLINIC SERVICE	72. CLINIC SERVICE *(Third)*	73. BED DAYS THIRD CLINIC SERVICE	74. CLINIC SERVICE DISPOSITION	75. BED DAYS DISPOSITION CLINIC SERVICE
335 336 337 338	339 340 341 342	343 344 345 346	347 348 349 350	351 352 353 354

76. CONVALESCENT LEAVE RECOMMENDED	77. PATIENT ACUITY - DAYS I	78. PATIENT ACUITY - DAYS II	79. PATIENT ACUITY - DAYS III	80. PATIENT ACUITY - DAYS IV
355 356 357	358 359 360 361	362 363 364 365	366 367 368 369	370 371 372 373

81. PATIENT ACUITY - DAYS V	82. PATIENT ACUITY - DAYS VI	83. *DO NOT USE THIS SPACE*	84. TYPE RECORD
374 375 376 377	378 379 380 381	382 383 384 385 386 387	388 389 390 391 392 393

FOR LOCAL USE

MEDCOM - 2771

INPATIENT TREATMENT RECORD COVER SHEET

For use of this form, see AR 40-400; the proponent agency is OTSG

1. REGISTER NUMBER	2. NAME (Last, First, MI)	3. GRADE	ADMISSION REMARKS
(b)(6)-4	(b)(6)-4		

4. SEX	5. AGE	6. RACE	7. RELIGION	8. LENGTH OF SVC	9. ETS	10. PREVIOUS ADMISSION
M			MUS			NO

11. FMP	12. SSN	13. ORGANIZATION	14. WARD
	(b)(6)-4		ICU3

15. FLYING STATUS	16. RATING/ DSG	17. DEPT./ BEN	18. BRANCH/CORPS	19. UIC/ZIP	20. TYPE CASE
NO					INJ

21. SOURCE OF ADMISSION/AUTHORITY FOR ADMISSION	22. HOURS OF ADMISSION	23. CLINIC SERVICE
ERA	1820z	

24. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE	25. TYPE DISPOSITION	26. DATE OF DISPOSITION
	XFR	030405

27a. ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)	27b. TELEPHONE NO.	28. DATE OF THIS ADMISSION	ADMITTING OFFICER
		030402	Maj (b)(6)-2

29. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY	30. DATE OF INITIAL ADMISSION	32. UNITS OF WHOLE BLOOD/ COMPONENT TRANSFUSED
(b)(3)-1	030402	

31. SELECTED ADMINISTRATIVE DATA

☐ Check if Continued on Reverse

33. CAUSE OF INJURY

34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES

DX: Gun shot wound

HOW:

WHERE: Penetratingwound to abdomen and lower extremity

WHEN:

CODING INFORMATION: 922.3

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	f. TOTAL SICK DAYS

36. Total Days All Facilites

a. ABSENT SICK DAYS	b. OTHER DAYS	c. CONV. LV/COOP CARE DAYS	d. SUPPLEMENTAL CARE DAYS	e. BED DAYS	f. TOTAL SICK DAYS

SIGNATURE OF ATTENDING MEDICAL OFFICER	SIGNATURE OF PAD OR MEDICAL RECORDS OFFICER

ADMISSION AND CODING INFORMATION

For use of this form, see AR 40-400; proponent agency is OTSG

1. REPORTING MTF (1–6): (b)(3)-1 [redacted]

2. MTF LOCATION (7–8) (State or Country Code)

3. REGISTER NUMBER (9–15): (b)(6)-4 [redacted]

(b)(6)-4 [redacted]

4. PAY GRADE (16–17)

5. SEX (18): M

6. DATE OF BIRTH (Y Y Y Y M M D D) (19–26)

7. AGE AT ADMISSION (27–29)

8. RACE (30)

9. ETHNIC BACKGROUND (31): 9

RELIGION: Muslim

10. LENGTH OF SERVICE (32–34)

ETS

11. FMP (35–36): 2 0

12. SOCIAL SECURITY NUMBER (37–45): (b)(6)-4 [redacted]

ORGANIZATION (Active Duty Only)

13. MARITAL STATUS (46)

HOUR OF ADMISSION: 1820

BRANCH / CORPS

14. FLYING STATUS (47–49): N 0

15. BENEFICIARY CATEGORY (50–52): K 7 8 EPW

16. ZIP CODE OF RESIDENCE (53–61)

17. UNIT LOCATION (State or Country Code) (62–63)

18. MOS (64–70)

19. TRAUMA (71): B

PREV. ADMISSION YEAR: 2003 ☐ NO

20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION (72): 0

WARD: ICU 3

NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE

ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)

NAME AND LOCATION OF MEDICAL TREATMENT FACILITY: (b)(3)-1 [redacted]

TELEPHONE NUMBER OF EMERGENCY ADDRESSEE

21. TYPE OF DISPOSITION (73–74): XFR

22. MTF TRANSFERRED TO (75–80): (b)(3)-1 [redacted]

23. DATE OF DISPOSITION (Y Y M M D D) (81–86): 0 3 0 4 0 5 0530

24. CLINIC SVC - ADMITTING (87–90)

25. MTF TRANSFERRED FROM (91–96)

26. DATE THIS ADMISSION (Y Y M M D D) (97–102)

27. LOCATION OF OCCURRENCE (Battle Casualty Only) (103–104)

28. MTF OF INITIAL ADMISSION (105–110)

29. DATE INITIAL ADMISSION (Y Y M M D D) (111–116): 0 3 0 4 0 2

FOR LOCAL USE

Gun shot wound

Penetrating wound to abdomen and lower extremity

Theory Dx: 868.13 / 891.1 / E991.2 — 450 Trauma

ADMITTING OFFICER (Signature, as required): (b)(6)-2 [redacted]

SIGNATURE OF ADMITTING CLERK: (b)(6)-2 [redacted]

INPATIENT TREATMENT RECORD COVER SHEET

For use of this form, see AR 40-400; the proponent agency is OTSG

1. REGISTER NUMBER	2. NAME (Last, First, MI)					3. GRADE	ADMISSION REMARKS
(b)(6)-4	(b)(6)-4						
4. SEX	5. AGE	6. RACE	7. RELIGION	8. LENGTH OF SVC	9. ETS	10. PREVIOUS ADMISSION	
M	32y		Muslim				
11. FMP	12. SSN		13. ORGANIZATION			14. WARD	
	(b)(6)-4					ICU3	
15. FLYING STATUS	16. RATING/ DSG	17. DEPT./ BEN	18. BRANCH/CORPS	19. UIC/ZIP		20. TYPE CASE	
		K78					

21. SOURCE OF ADMISSION/AUTHORITY FOR ADMISSION	22. HOURS OF ADMISSION	23. CLINIC SERVICE	
EMT			
24. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE	25. TYPE DISPOSITION	26. DATE OF DISPOSITION	
	XFR	04032003	
27a. ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)	27b. TELEPHONE NO.	28. DATE OF THIS ADMISSION	ADMITTING OFFICER
		04032003	
29. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY		30. DATE OF INITIAL ADMISSION	32. UNITS OF WHOLE BLOOD/ COMPONENT TRANSFUSED
(b)(3)-1			

31. SELECTED ADMINISTRATIVE DATA

☐ Check if Continued on Reverse

33. CAUSE OF INJURY

34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES

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	f. TOTAL SICK DAYS

36. Total Days All Facilites

a. ABSENT SICK DAYS	b. OTHER DAYS	c. CONV. LV/COOP CARE DAYS	d. SUPPLEMENTAL CARE DAYS	e. BED DAYS	f. TOTAL SICK DAYS

SIGNATURE OF ATTENDING MEDICAL OFFICER	SIGNATURE OF PAD OR MEDICAL RECORDS OFFICER

DA FORM 3647, MAY 79 EDITION OF 1 AUG 76 IS OBSOLETE USAPPC V1.10

ADMISSION AND CODING INFORMATION

For use of this form, see AR 40-400; proponent agency is OTSG

1. REPORTING MTF	2. MTF LOCATION (State or Country Code)	3. REGISTER NUMBER	NAME (Last First Middle Initial)	4. PAY GRADE	5. SEX
1 2 3 4 5 6	7 8	9 10 11 12 13 14 15	(b)(6)-4	16 17	18
(b)(3)-1		(b)(6)-4			M

6. DATE OF BIRTH (Y Y Y Y M M D D)	7. AGE AT ADMISSION	8. RACE	9. ETHNIC BACK-GROUND	RELIGION
19 20 21 22 23 24 25 26	27 28 29	30	31	MUSLIM
1 9 7 1 0 7 0 7	3 2 4			

10. LENGTH OF SERVICE	ETS	11. FMP	12. SOCIAL SECURITY NUMBER
32 33 34		35 36	37 38 39 40 41 42 43 44 45
		0 0 EWP	(b)(6)-4

ORGANIZATION (Active Duty Only)	13. MARITAL STATUS	HOUR OF ADMISSION	BRANCH / CORPS
	46	0830	
	S		

14. FLYING STATUS	15. BENEFICIARY CATEGORY	16. ZIP CODE OF RESIDENCE
47 48 49	50 51 52 POW/INT	53 54 55 56 57 58 59 60 61
	K 7 8	8 0 1 0 3 0 4 0 3

17. UNIT LOCATION (State or Country Code)	18. MOS	19. TRAUMA	PREV. ADMISSION
62 63	64 65 66 67 68 69 70	71	YEAR ☐ NO
1 Z			

20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION	WARD	NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE
72 EMT	ICU3	ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)
NAME AND LOCATION OF MEDICAL TREATMENT FACILITY (b)(3)-1		TELEPHONE NUMBER OF EMERGENCY ADDRESSEE

21. TYPE OF DISPOSITION	22. MTF TRANSFERRED TO (b)(3)-1	23. DATE OF DISPOSITION (Y Y M M D D)
73 74 XFR	75 76 77 78 79 80	81 82 83 84 85 86
		0 3 0 4 0 3 1630

24. CLINIC SVC - ADMITTING	25. MTF TRANSFERRED FROM	26. DATE THIS ADMISSION (Y Y M M D D)
87 88 89 90	91 92 93 94 95 96	97 98 99 100 101 102

27. LOCATION OF OCCURRENCE (Battle Casualty Only)	28. MTF OF INITIAL ADMISSION	29. DATE INITIAL ADMISSION (Y Y M M D D)
103 104	105 106 107 108 109 110	111 112 113 114 115 116
1 Z		0 3 0 4 0 3

FOR LOCAL USE

SHRAPNEL WOUNDS TO BACK

INJ 030402 @ 1600 BY helicopter

Dx: 8761
E991.9
Injury
4179
Trauma
1

ADMITTING OFFICER (Signature, as required) DR (b)(6)-2

(b)(6)-2

SIGNATURE OF ADMITTING CLERK (b)(6)-2

DA FORM 2985, MAR 89 EDITION OF MAY 79 IS OBSOLETE

INPATIENT TREATMENT RECORD COVER SHE

For use of this form, see AR 40-400; the proponent agency is OTS.

1. REGISTER NUMBER	2. NAME (Last, First, MI)			3. GRADE	ADMISSION REMARKS
(b)(6)-4	(b)(6)-4				
4. SEX	7. RELIGION	8. LENGTH OF SVC	9. ETS	10. PREVIOUS ADMISSION	
11. FMP: 20	12. SSN	13. ORGANIZATION		14. WARD	
15. FLYING STATUS	16. RATING/ OSG	17. DEPT./ BEN: K-73 (b)(6)-2	18. BRANCH/CORPS	19. UIC/ZIP	20. TYPE CASE

21. SOURCE OF ADMISSION/AUTHORITY FOR ADMISSION	22. HOURS OF ADMISSION	23. CLINIC SERVICE

24. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE	25. TYPE DISPOSITION	26. DATE OF DISPOSITION

27a. ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)	27b. TELEPHONE NO.	28. DATE OF THIS ADMISSION	ADMITTING OFFICER

29. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY	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

SHRapnel Wound to upper and Lower extremities

34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES

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	f. TOTAL SICK DAYS

36. Total Days All Facilites

a. ABSENT SICK DAYS	b. OTHER DAYS	c. CONV. LV/COOP CARE DAYS	d. SUPPLEMENTAL CARE DAYS	e. BED DAYS	f. TOTAL SICK DAYS

SIGNATURE OF ATTENDING MEDICAL OFFICER	SIGNATURE OF PAD OR MEDICAL RECORDS OFFICER

DA FORM 3647, MAY 79 — EDITION OF 1 AUG 76 IS OBSOLETE — USAPPC V1.1G

ADMISSION AND CODING INFORMATION

For use of this form, see AR 40-400; proponent agency is OTSG

1. REPORTING MTF	2. MTF LOCATION (State or Country Code)
1 2 3 4 5 6	7 8
(b)(3)-1	

3. REGISTER NUMBER	(b)(6)-4	4. PAY GRADE	5. SEX
9 10 11 12 13 14 15		16 17	18
(b)(6)-4			M

6. DATE OF BIRTH (Y Y Y Y M M D D)	7. AGE AT ADMISSION	8. RACE	9. ETHNIC BACK-GROUND	RELIGION
19 20 21 22 23 24 25 26	27 28 29	30	31	
1 9 6 0 0 1 0 1	4 3	W	9	Mors.

10. LENGTH OF SERVICE	ETS	11. FMP	12. SOCIAL SECURITY NUMBER
32 33 34		35 36	(b)(6)-4
		2 0	

ORGANIZATION (Active Duty Only)	13. MARITAL STATUS	HOUR OF ADMISSION	BRANCH / CORPS
	46	1125	
	M		

14. FLYING STATUS	15. BENEFICIARY CATEGORY	16. ZIP CODE OF RESIDENCE
47 48 49	50 51 52	53 54 55 56 57 58 59 60 61
	X 7 8 EPW	

17. UNIT LOCATION (State or Country Code)	18. MOS	19. TRAUMA	PREV. ADMISSION
62 63	64 65 66 67 68 69 70	71	YEAR ☐ NO

20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION	WARD	NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE
72	31C4	
		ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)
NAME AND LOCATION OF MEDICAL TREATMENT FACILITY		TELEPHONE NUMBER OF EMERGENCY ADDRESSEE

21. TYPE OF DISPOSITION	22. MTF TRANSFERRED TO (b)(3)-1	23. DATE OF DISPOSITION (Y Y M M D D)
73 74	75 76 77 78	81 82 83 84 85 86
XFR		0 3 0 4 0 3 1700

24. CLINIC SVC - ADMITTING	25. MTF TRANSFERRED FROM	26. DATE THIS ADMISSION (Y Y M M D D)
87 88 89 90	91 92 93 94 95 96	97 98 99 100 101 102

27. LOCATION OF OCCURRENCE (Battle Casualty Only)	28. MTF OF INITIAL ADMISSION	29. DATE INITIAL ADMISSION (Y Y M M D D)
103 104	105 106 107 108 109 110	111 112 113 114 115 116
		0 3 0 4 0 3

FOR LOCAL USE

Scrapnel wound to upper and lower extrem. f/s

Injury 4449 Trauma

Dx. 8911 8041 89919

ADMITTING OFFICER (Signature, as required)

(b)(6)-2

(b)(6)-2

DA FORM

EDITION OF MAY 79 IS OBSOLETE.

ADMISSION AND CODING INFORMATION

For use of this form, see AR 40-400; the proponent agency is the OTSG

30. AGE AT DISP (117 118 119): 4 3 Y

31. AUTOPSY Y / N (120):

32. UNDERLYING CAUSE OF DEATH / SEP (121):

33. RESIDUAL DISABILITY (122 123 124):

34. DO NOT USE - DATA FILLER #1 (125 126 127 128 129 130 131 132 133):

35. CAUSE OF INJURY (134 135 136):

36. FIRST DIAGNOSIS (*Principal Diagnosis*) (137 138 139 140 141 142 143 144): 9 9 4 0

37. SECOND DIAGNOSIS (145 146 147 148 149 150 151 152): 8 8 4 0

38. THIRD DIAGNOSIS (153 154 155 156 157 158 159 160):

39. FOURTH DIAGNOSIS (161 162 163 164 165 166 167 168):

40. FIFTH DIAGNOSIS (169 170 171 172 173 174 175 176):

41 SIXTH DIAGNOSIS (177 178 179 180 181 182 183 184):

42. SEVENTH DIAGNOSIS (185 186 187 188 189 190 191 192):

43. EIGHTH DIAGNOSIS (193 194 195 196 197 198 199 200):

44. FIRST PROCEDURE (*Principal Diagnosis*) (201 202 203 204 205 206 207 208):

45. SECOND PROCEDURE (209 210 211 212 213 214 215 216):

46. THIRD PROCEDURE (217 218 219 220 221 222 223 224):

47. FOURTH PROCEDURE (225 226 227 228 229 230 231 232):

48. FIFTH PROCEDURE (233 234 235 236 237 238 239 240):

49. SIXTH PROCEDURE (241 242 243 244 245 246 247 248):

50. SEVENTH PROCEDURE (249 250 251 252 253 254 255 256):

51. EIGHTH PROCEDURE (257 258 259 260 261 262 263 264):

52. NUMBER OF DIAGNOSTIC FIELDS CONTAINING CODES (265 266):

53. NUMBER OF PROCEDURAL FIELDS CONTAINING CODES (267 268):

54. PRIMARY PROVIDER SPECIALTY CODE (269 270 271):

55. BLOOD USAGE Y/N (272):

MEDCOM - 2778

ADMISSION AND CODING INFORMATION

For use of this form, see AR 40-400; the proponent agency is the OTSG

REPORTING MTF (DA31-1)	REGISTER NUMBER (DA49-4)

56. TOTAL SICK DAYS *(All Facilities)*	57. BED DAYS THIS MTF	58. BED DAYS OTHER FED MTFS	59. BED DAYS- CIV. HOSPITALS	60. BASSINET DAYS *(Neonatal)*
273 274 275 276 277	278 279 280 281	282 283 284 285	286 287 288 289	290 291 292 293
	0 0 0 1			

61. QUARTERS DAYS	62. MEDICAL HOLDING DAYS	63. COOPERATIVE CARE DAYS	64. CONVALESCENT LEAVE DAYS	65. SUPPLEMENTAL CARE DAYS
294 295 296 297	298 299 300 301	302 303 304 305	306 307 308 309	310 311 312 313

66. OTHER DAYS	67. TOTAL SICK DAYS - THIS MTF	68. BED DAYS - ICU	69. BED DAYS - ADMITTING CLINIC SERVICE	70. CLINIC SERVICE *(Second)*
314 315 316 317	318 319 320 321 322	323 324 325 326	327 328 329 330	331 332 333 334

71. BED DAYS SECOND CLINIC SERVICE	72. CLINIC SERVICE *(Third)*	73. BED DAYS THIRD CLINIC SERVICE	74. CLINIC SERVICE DISPOSITION	75. BED DAYS DISPOSITION CLINIC SERVICE
335 336 337 338	339 340 341 342	343 344 345 346	347 348 349 350	351 352 353 354

76. CONVALESCENT LEAVE RECOMMENDED	77. PATIENT ACUITY - DAYS I	78. PATIENT ACUITY - DAYS II	79. PATIENT ACUITY - DAYS III	80. PATIENT ACUITY - DAYS IV
355 356 357	358 359 360 361	362 363 364 365	366 367 368 369	370 371 372 373

81. PATIENT ACUITY - DAYS V	82. PATIENT ACUITY - DAYS VI	83. *DO NOT USE THIS SPACE*	84. TYPE RECORD
374 375 376 377	378 379 380 381	382 383 384 385 386 387	388 389 390 391 392 393

FOR LOCAL USE

MEDCOM - 2779

INPATIENT TREATMENT RECORD COVER SI

For use of this form, see AR 40-400; the proponent agency is DASG

1. REGISTER NUMBER	2. NAME (Last, First, MI)			3. GRADE	ADMISSION REMARKS
(b)(6)-4	(b)(6)-4				
4. SEX: m	5. AGE	6. RACE	7. RELIGION	8. LENGTH OF SVC	9. ETS	10. PREVIOUS ADMISSION	
11. FMP: 90	12. SSN: (b)(6)-4		13. ORGANIZATION			14. WARD	
15. FLYING STATUS	16. DSG	BEN: K78	18. BRANCH/CORPS	19. UIC/ZIP		20. TYPE CASE	
21. SOURCE OF ADMISSION/AUTHORITY FOR ADMISSION				22. HOURS OF ADMISSION	23. CLINIC SERVICE		
24. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE			25. TYPE DISPOSITION		26. DATE OF DISPOSITION: 03-04-03		
27a. ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)			27b. TELEPHONE NO.		28. DATE OF THIS ADMISSION		ADMITTING OFFICER
29. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY					30. DATE OF INTIAL ADMISSION: 03-04-03		32. UNITS OF WHOLE BLOOD/ COMPONENT TRANSFUSED

31. SELECTED ADMINISTRATIVE DATA

☐ Check if Continued on Reverse

33. CAUSE OF INJURY

34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES

35. Total Days This Facility

a. ABSENT SICK DAYS	b. OTHER DAYS	c. CONV. LV/CDDP CARE DAYS	d. SUPPLEMENTAL CARE DAYS	e. BED DAYS	f. TOTAL SICK DAYS

36. Total Days All Facilites

a. ABSENT SICK DAYS	b. OTHER DAYS	c. CONV. LV/CDDP CARE DAYS	d. SUPPLEMENTAL CARE DAYS	e. BED DAYS	f. TOTAL SICK DAYS

SIGNATURE OF ATTENDING MEDICAL OFFICER	SIGNATURE OF PAD OR MEDICAL RECORDS OFFICER

DA FORM 3647, MAY 79 EDITION OF 1 AUG 78 IS OBSOLETE USAPPC V1.10

ADMISSION AND CODING INFORMATION

For use of this form, see AR 40-400; proponent agency is OTSG

1. REPORTING MTF	2. MTF LOCATION (State or Country Code)
1 2 3 4 5 6	7 8
(b)(3)-1	

3. REGISTER NUMBER	NAME (Last, First, Middle Initial)	4. PAY GRADE	5. SEX
9 10 11 12 13 14 15	(b)(6)-4	16 17	18
(b)(6)-4	(b)(6)-4		M

6. DATE OF BIRTH (Y Y Y Y M M D D)	7. AGE AT ADMISSION	8. RACE	9. ETHNIC BACK-GROUND	RELIGION
19 20 21 22 23 24 25 26	27 28 29	30	31	

10. LENGTH OF SERVICE	ETS	11. FMP	12. SOCIAL SECURITY NUMBER
32 33 34		35 36	37 38 39 40 41 42 43 44 45
		2 0	(b)(6)-4

ORGANIZATION (Active Duty Only)	13. MARITAL STATUS	HOUR OF ADMISSION	BRANCH / CORPS
	46	1741	

14. FLYING STATUS	15. BENEFICIARY CATEGORY	16. ZIP CODE OF RESIDENCE
47 48 49	50 51 52	53 54 55 56 57 58 59 60 61
	K 7 8	

17. UNIT LOCATION (State or Country Code)	18. MOS	19. TRAUMA	PREV. ADMISSION
62 63	64 65 66 67 68 69 70	71	YEAR ☒ NO

20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION	WARD	NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE
72 ER A	ICU3	ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)

NAME AND LOCATION OF MEDICAL TREATMENT FACILITY	TELEPHONE NUMBER OF EMERGENCY ADDRESSEE
(b)(3)-1	

21. TYPE OF DISPOSITION	22. MTF TRANSFERRED TO	23. DATE OF DISPOSITION (Y Y M M D D)
73 74 XFR	75 76 77 78 (b)(3)-1	81 82 83 84 85 86
		0 3 0 4 0 3 2300

24. CLINIC SVC - ADMITTING	25. MTF TRANSFERRED FROM	26. DATE THIS ADMISSION (Y Y M M D D)
87 88 89 90	91 92 93 94 95 96	97 98 99 100 101 102

27. LOCATION OF OCCURRENCE (Battle Casualty Only)	28. MTF OF INITIAL ADMISSION	29. DATE INITIAL ADMISSION (Y Y M M D D)
103 104	105 106 107 108 109 110	111 112 113 114 115 116
		0 3 0 4 0 3

FOR LOCAL USE

(L) Timpanic membrane rupture (R) face laceration

Dx 87261
87340
E9289

Inj 989

Trauma 8

ADDRESS (b)(6)-2	SIGNATURE OF ADMITTING CLERK (b)(6)-2

DA FORM 2985, MAR 89 EDITION OF MAY 79 IS OBSOLETE

MEDCOM - 2781

INPATIENT TREATMENT RECORD COVER SH

For use of this form, see AR 40-400; the proponent agency is U.

1. REGISTER NUMBER	2. NAME (Last, First, MI)		3. GRADE	ADMISSION REMARKS
(b)(6)-4	(b)(6)-4 (EPW,04)			
4. SEX: M	5. AGE: 50	6. RACE	7. RELIGION	8. LENGTH OF SVC	9. ETS	10. PREVIOUS ADMISSION
11. FMP: 20	12. SSN	13. ORGANIZATION	14. WARD	
15. FLYING STATUS	16. RATING/ DSG	17. DEPT./ BEN: K-78	18. BRANCH/CORPS	19. UIC/ZIP	20. TYPE CASE	
21. SOURCE OF ADMISSION/AUTHORITY FOR ADMISSION			22. HOURS OF ADMISSION	23. CLINIC SERVICE	
24. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE		25. TYPE DISPOSITION	26. DATE OF DISPOSITION	
27a. ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)		27b. TELEPHONE NO.	28. DATE OF THIS ADMISSION	ADMITTING OFFICER
29. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY			30. DATE OF INTIAL ADMISSION	32. UNITS OF WHOLE BLOOD/ COMPONENT TRANSFUSED

31. SELECTED ADMINISTRATIVE DATA

☐ Check if Continued on Reverse

33. CAUSE OF INJURY

Multiple Shrapnel Wounds

34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES

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	f. TOTAL SICK DAYS

36. Total Days All Facilites

a. ABSENT SICK DAYS	b. OTHER DAYS	c. CONV. LV/COOP CARE DAYS	d. SUPPLEMENTAL CARE DAYS	e. BED DAYS	f. TOTAL SICK DAYS

SIGNATURE OF ATTENDING MEDICAL OFFICER	SIGNATURE OF PAD OR MEDICAL RECORDS OFFICER

040012 APR 03

04 APR 0130

1. NAME (b)(6)-4 (b)(6)-4 | 3a. STATUS | 3b. SERV. | 4. PRECEDENCE: U P R X | 5. GRADE

6. AGE 50 | 7. SEX: X MALE / FEMALE | 8. WEIGHT | 9. BLOOD TYPE | 10. CLASSIFICATION (1A TO 5F): X AMBUL / LITTER | 11. ACCEPTING MD | 12. CITE/AUTH # (b)(6)-4

13. APPT/SURG DATE | 14a. OR (b)(3)-1 | 15a. DESTINATION FACILITY (b)(3)-1 | 16. # OF ATTENDANTS: 16a. MED 16b. NON-MED

14b. ORIGINATING FACILITY PHONE NUMBER: ICU #3 | 15B. DESTINATION FACILITY PHONE NUMBER

17. DIAGNOSIS
(L) elbow / face shrapnel WWD

18. X BATTLE CASUALTY | DISEASE | NON BATTLE INJURY

19. CLINICAL ISSUES (Please indicate Yes or No on clinical issues. Explain YES comments in Section 23)

	YES	NO	ISSUE		YES	NO	
a.		X	Hypertension	i.		X	Bowel Problem
b.			Cardiac Hx	j.			Self-care
c.			Diabetes	k.			Ambulatory
d.			Respiratory	l.			Ambulatory Aid
e.			Ears/Sinus	m.			Self-meds
f.			Motion Sick	n.			Adequate Supply of Meds
g.			Vision Impaired	o.		X	Other:
h.		X	Voiding Prob.				

20. PHYSICIANS ORDERS

20a. DATE: 3 APR 03 | 20b. TIME: 2340 | 20c. ALLERGIES: NKA

20d. DIET: REG / 3GM NA / CARDIAC / DIABETIC ___ CALS
RENAL ___ Gm Prot ___ Gm Na ___ MagK ___ mg PO4
TUBE TYPE ___ cc/hr, 1/2, 3/4, FULL STRENGTH
PEDIATRIC: AGE ___ OTHER (Specify) ___
TPN: Change to D10 at ___ cc/hr for max of ___ days
TUBE FEEDING: ___ at ___ strength at ___ cc/hr

20e. IV / BLOOD

20f. SPECIAL EQUIPMENT

	SUCTION		TRACTION		FOLEY CATH
	NG TUBE		IV PUMP		ORTHO BRACES
	STRYKER		TRACH		CHEST/HEIMLICH
	INCUBATOR		MONITOR		RESTRAINTS
					OTHER (USE 23)

OXYGEN: PERCENT or LITERS | ROUTE:
VENT SETTINGS:

20g. ALTITUDE RESTRICTION: Yes / No ___ feet

20h. RECORDS TO ACCOMPANY PATIENT

	OUTPATIENT RECORDS		XRAYS	OTHER:
	INPATIENT RECORDS		OB	
	NARRATIVE SUMMARY		DENTAL	
	FINANCIAL			

20i. MEDICATIONS / TREATMENTS

MSO4 2-4 mg IV Q10 PRN pain
Ancef 1 gm IV Q8°

21. PRE-FLIGHT VITALS

21a. DATE / TIME | 21b. TEMP: | 21c. PULSE | 21e. BP | 21d. RESP:

22. BRIEF NARRATIVE

S04.0. & c multi shrapnel WWDs (L) elbow & face. Elbow washed out, XR's Ex

23. ASSESSMENT / PROGRESS

DATE / TIME | NOTES

24. STAMP (b)(6)-2

25. STAMP AND SIGNATURE OF FLIGHT SURGEON

AF Form 3

ADMISSION AND CODING INFORMATION

For use of this form, see AR 40-400; proponent agency is OTSG

1. REPORTING MTF	2. MTF LOCATION (State or Country Code)
1 2 3 4 5 6	7 8
(b)(3)-1	

3. REGISTER NUMBER	NAME (Last, First, Middle Initial)	4. PAY GRADE	5. SEX
(b)(6)-4	(b)(6)-4	16 17	18
			M

7. AGE AT ADMISSION	8. RACE	9. ETHNIC BACK-GROUND	RELIGION
19 20 21 22 23 24 25 26 / 27 28 29	30	31	MVS
1 9 5			

10. LENGTH OF SERVICE	ETS	11. FMP	(b)(6)-4
32 33 34		35 36	
		2 0	

ORGANIZATION (Active Duty Only)	13. MARITAL STATUS	HOUR OF ADMISSION	BRANCH / CORPS
	46	1741	
	M		

14. FLYING STATUS	15. BENEFICIARY CATEGORY	16. ZIP CODE OF RESIDENCE
47 48 49	50 51 52	53 54 55 56 57 58 59 60 61
N	K 7	

17. UNIT LOCATION (State or Country Code)	18. MOS	19. TRAUMA	PREV. ADMISSION
62 63	64 65 66 67 68 69 70	71	YEAR ☒ NO
		B	

20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION	WARD	NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE
72 ER	ICU 3	
		ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)
(b)(3)-1 TREATMENT FACILITY		TELEPHONE NUMBER OF EMERGENCY ADDRESSEE

21. TYPE OF DISPOSITION	22. MTF TRANSFERRED TO	23. DATE OF DISPOSITION (Y Y M M D D)
73 74	75 76 77 78 79 (b)(3)-1	81 82 83 84 85 86
XFR		0 3 0 4 0 3 2300

24. CLINIC SVC - ADMITTING	25. MTF TRANSFERRED FROM	26. DATE THIS ADMISSION (Y Y M M D D)
87 88 89 90	91 92 93 94 95 96	97 98 99 100 101 102

27. LOCATION OF OCCURRENCE (Battle Casualty Only)	28. MTF OF INITIAL ADMISSION	29. DATE INITIAL ADMISSION (Y Y M M D D)
103 104	105 106 107 108 109 110	111 112 113 114 115 116
		0 3 0 4 0 8

FOR LOCAL USE

Multiple scraped wounds Trauma

Dr. [illegible] Eval for 8628 x 2

ADMITTING OFFICER (b)(6)-2

SIGNATURE OF ADMITTING CLERK (b)(6)-2

DA FORM

EDITION OF MAY

MEDCOM - 2784

ADMISSION AND CODING INFORMATION

For use of this form, see AR 40-400; the proponent agency is the OTSG

30. AGE AT DISP			31. AUTOPSY Y / N	32. UNDERLYING CAUSE OF DEATH / SEP	33. RESIDUAL DISABILITY			34. DO NOT USE - DATA FILLER #1									35. CAUSE OF INJURY		
117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136
5	5	4																	

36. FIRST DIAGNOSIS (Principal Diagnosis)								37. SECOND DIAGNOSIS								38. THIRD DIAGNOSIS							
137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160
		8	7	9		8																	

39. FOURTH DIAGNOSIS								40. FIFTH DIAGNOSIS								41 SIXTH DIAGNOSIS							
161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184

42. SEVENTH DIAGNOSIS								43. EIGHTH DIAGNOSIS							
185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200

44. FIRST PROCEDURE (Principal Diagnosis)								45. SECOND PROCEDURE								46. THIRD PROCEDURE							
201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224

47. FOURTH PROCEDURE								48. FIFTH PROCEDURE								49. SIXTH PROCEDURE							
225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248

50. SEVENTH PROCEDURE								51. EIGHTH PROCEDURE							
249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264

52. NUMBER OF DIAGNOSTIC FIELDS CONTAINING CODES		53. NUMBER OF PROCEDURAL FIELDS CONTAINING CODES		54. PRIMARY PROVIDER SPECIALTY CODE			55. BLOOD USAGE Y/N
265	266	267	268	269	270	271	272

MEDCOM - 2785

ADMISSION AND CODING INFORMATION

For use of this form, see AR 40-400; the proponent agency is the OTSG

REPORTING MTF	REGISTER NUMBER

56. TOTAL SICK DAYS *(All Facilities)*					57. BED DAYS THIS MTF				58. BED DAYS OTHER FED MTFS				59. BED DAYS- CIV. HOSPITALS				60. BASSINET DAYS *(Neonatal)*			
273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293
					0	0	0	1												

61. QUARTERS DAYS				62. MEDICAL HOLDING DAYS				63. COOPERATIVE CARE DAYS				64. CONVALESCENT LEAVE DAYS				65. SUPPLEMENTAL CARE DAYS			
294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313

66. OTHER DAYS				67. TOTAL SICK DAYS - THIS MTF					68. BED DAYS - ICU				69. BED DAYS - ADMITTING CLINIC SERVICE				70. CLINIC SERVICE *(Second)*			
314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334

71. BED DAYS SECOND CLINIC SERVICE				72. CLINIC SERVICE *(Third)*				73. BED DAYS THIRD CLINIC SERVICE				74. CLINIC SERVICE DISPOSITION				75. BED DAYS DISPOSITION CLINIC SERVICE			
335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354

76. CONVALESCENT LEAVE RECOMMENDED			77. PATIENT ACUITY - DAYS I				78. PATIENT ACUITY - DAYS II				79. PATIENT ACUITY - DAYS III				80. PATIENT ACUITY - DAYS IV			
355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373

81. PATIENT ACUITY - DAYS V				82. PATIENT ACUITY - DAYS VI				83. *DO NOT USE THIS SPACE*						84. TYPE RECORD					
374	375	376	377	378	379	380	381	382	383	384	385	386	387	388	389	390	391	392	393

FOR LOCAL USE

MEDCOM - 2786

INPATIENT TREATMENT RECORD COVER SHE

For use of this form, see AR 40-400; the proponent agency is OTSG

1. REGISTER NUMBER	2. NAME (Last, First, MI)			3. GRADE	ADMISSION REMARKS
(b)(6)-4	(b)(6)-4				
4. SEX: M	5. AGE: 33Y	6. RACE	7. RELIGION	8. LENGTH OF SVC	9. ETS	10. PREVIOUS ADMISSION	
11. FMP: 20	12. SSN: (b)(6)-4		13. ORGANIZATION			14. WARD	
15. FLYING STATUS	16. RATING/ DSG	17. DEPT./ SEN: EPW K-78	18. BRANCH/CORPS	19. UIC/ZIP		20. TYPE CASE	
21. SOURCE OF ADMISSION/AUTHORITY FOR ADMISSION			22. HOURS OF ADMISSION	23. CLINIC SERVICE			
24. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE		25. TYPE DISPOSITION		26. DATE OF DISPOSITION			
27a. ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)		27b. TELEPHONE NO.		28. DATE OF THIS ADMISSION	ADMITTING OFFICER		
29. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY				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

multiple SHRAPNEL WOUNDS

34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES

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	f. TOTAL SICK DAYS

36. Total Days All Facilites

a. ABSENT SICK DAYS	b. OTHER DAYS	c. CONV. LV/COOP CARE DAYS	d. SUPPLEMENTAL CARE DAYS	e. BED DAYS	f. TOTAL SICK DAYS

SIGNATURE OF ATTENDING MEDICAL OFFICER	SIGNATURE OF PAO OR MEDICAL RECORDS OFFICER

DA FORM 3647, MAY 79 — EDITION OF 1 AUG 78 IS OBSOLETE — USAPPC V1.10

040012 APR03

04APR03 0130

1. NAME (b)(6)-4

3a. STATUS: RW | 3b. SERV: USAR | 4. PRECEDENCE: U / P / R X | 5. GRADE

6. AGE: 33 | 7. SEX: X MALE / FEMALE | 8. WEIGHT | 9. BLOOD TYPE | 10. CLASSIFICATION (1A TO 5F): AMBUL / X LITTER | 11. ACCEPTING MD | 12. CITE/AUTH # (b)(6)-4

13. APPT/SURG DATE | 14a. ORIGINATING FACILITY (b)(3)-1 | 15a. DESTINATION FACILITY (b)(3)-1 | 16. # OF ATTENDANTS: 16a. MED | 16b. NON-MED

14b. ORIGINATING FACILITY PHONE NUMBER: ICU #3 | 15B. DESTINATION FACILITY PHONE NUMBER

17. DIAGNOSIS: (B) leg shrapnel wounds

18. X BATTLE CASUALTY | DISEASE | NON BATTLE INJURY

19. CLINICAL ISSUES (Please indicate Yes or No on clinical issues. Explain YES comments in Section 23)

	YES	NO	ISSUE		YES	NO	
a.		X	Hypertension	i.		X	Bowel Problem
b.			Cardiac Hx	j.		X	Self-care
c.			Diabetes	k.	X		Ambulatory
d.			Respiratory	l.		X	Ambulatory Aid
e.			Ears/Sinus	m.			Self-meds
f.			Motion Sick	n.			Adequate Supply of Meds
g.			Vision Impaired	o.			Other:
h.		Y	Voiding Prob.				

20. PHYSICIANS ORDERS

20a. DATE: 3APR03 | 20b. TIME: 2330 | 20c. ALLERGIES: NKDA

20d. DIET: X REG | 3GM NA | CARDIAC | DIABETIC | CALS

RENAL Gm Prot Gm Na MagK mg PO4

TUBE TYPE cc/hr, 1/2, 3/4, FULL STRENGTH

PEDIATRIC: AGE | OTHER (Specify)

TPN: Change to D10 at cc/hr for max of days

TUBE FEEDING: at strength at cc/hr

20e. IV / BLOOD

20f. SPECIAL EQUIPMENT

SUCTION		TRACTION	FOLEY CATH
NG TUBE		IV PUMP	ORTHO BRACES
STRYKER		TRACH	CHEST/HEIMLICH
INCUBATOR		MONITOR	RESTRAINTS
			OTHER (USE 23)

OXYGEN: PERCENT or LITERS | ROUTE:

VENT SETTINGS:

20g. ALTITUDE RESTRICTION: Yes / No feet

20h. RECORDS TO ACCOMPANY PATIENT

	OUTPATIENT RECORDS	Y	XRAYS	OTHER:
X	INPATIENT RECORDS		OB	
	NARRATIVE SUMMARY		DENTAL	
	FINANCIAL			

20i. MEDICATIONS / TREATMENTS

MSO4 2-4mg IV Q2° PRN pain

21. PRE-FLIGHT VITALS

21a. DATE / TIME | 21b. TEMP: | 21d. RESP: | 21c. PULSE | 21e. BP

22. BRIEF NARRATIVE

33 yo. M c (B) LE shrapnel injuries. Pt. taken for OR washout, stable now for X-fer.

23. ASSESSMENT / PROGRESS

DATE / TIME | NOTES

24. ST (b)(6)-2

For

25. STAMP AND SIGNATURE OF FLIGHT SURGEON

(b)(6)-4

ADMISSION AND CODING INFORMATION

For use of this form, see AR 40-400; proponent agency is OTSG

1. REPORTING MTF	2. MTF LOCATION (State or Country Code)	3. REGISTER NUMBER	NAME (Last, First, Middle Initial)	4. PAY GRADE	5. SEX
(b)(3)-1		(b)(6)-4	(b)(6)-4		M

6. DATE OF BIRTH (Y Y Y Y M M D D)	7. AGE AT ADMISSION	8. RACE	9. ETHNIC BACKGROUND	RELIGION
19701011	33Y			

10. LENGTH OF SERVICE	ETS	11. FMP	12. SOCIAL SECURITY NUMBER
		20	(b)(6)-4

ORGANIZATION (Active Duty Only)	13. MARITAL STATUS	HOUR OF ADMISSION	BRANCH / CORPS
		1900	

14. FLYING STATUS	15. BENEFICIARY CATEGORY	16. ZIP CODE OF RESIDENCE
	K78 GPW	

17. UNIT LOCATION (State or Country Code)	18. MOS	19. TRAUMA	PREV. ADMISSION
			YEAR ☐ NO

20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION	WARD	NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE
GMT	ICU 3	

NAME AND LOCATION (b)(3)-1	ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)

	TELEPHONE NUMBER OF EMERGENCY ADDRESSEE

21. TYPE OF DISPOSITION	22. MTF TRANSFERRED TO (b)(3)-1	23. DATE OF DISPOSITION (Y Y M M D D)
XFR		030403 2300

24. CLINIC SVC - ADMITTING	25. MTF TRANSFERRED FROM	26. DATE THIS ADMISSION (Y Y M M D D)

27. LOCATION OF OCCURRENCE (Battle Casualty Only)	28. MTF OF INITIAL ADMISSION	29. DATE INITIAL ADMISSION (Y Y M M D D)
		030403

FOR LOCAL USE

Multiple shrapnel wounds

Tube 449

AD (b)(6)-2 ired)	SIGNATURE OF ADMITTING CLERK (b)(6)-2

DA FORM 2965, MAR 85 EDITION OF MAY 79 IS

ADMISSION AND CODING INFORMATION

For use of this form, see AR 40-400; the proponent agency is the OTSG

30. AGE AT DISP			31. AUTOPSY Y / N	32. UNDERLYING CAUSE OF DEATH / SEP	33. RESIDUAL DISABILITY			34. DO NOT USE - DATA FILLER #1									35. CAUSE OF INJURY		
117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136

36. FIRST DIAGNOSIS *(Principal Diagnosis)*								37. SECOND DIAGNOSIS								38. THIRD DIAGNOSIS							
137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160
		8	7	9		8																	

39. FOURTH DIAGNOSIS								40. FIFTH DIAGNOSIS								41 SIXTH DIAGNOSIS							
161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184

42. SEVENTH DIAGNOSIS								43. EIGHTH DIAGNOSIS							
185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200

44. FIRST PROCEDURE *(Principal Diagnosis)*								45. SECOND PROCEDURE								46. THIRD PROCEDURE							
201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224

47. FOURTH PROCEDURE								48. FIFTH PROCEDURE								49. SIXTH PROCEDURE							
225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248

50. SEVENTH PROCEDURE								51. EIGHTH PROCEDURE							
249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264

52. NUMBER OF DIAGNOSTIC FIELDS CONTAINING CODES		53. NUMBER OF PROCEDURAL FIELDS CONTAINING CODES		54. PRIMARY PROVIDER SPECIALTY CODE			55. BLOOD USAGE Y/N
265	266	267	268	269	270	271	272

MEDCOM - 2790

ADMISSION AND CODING INFORMATION

For use of this form, see AR 40-400; the proponent agency is the OTSG

REPORTING MTF	REGISTER NUMBER
1-5	6-19

56. TOTAL SICK DAYS *(All Facilities)*	57. BED DAYS THIS MTF	58. BED DAYS OTHER FED MTFS	59. BED DAYS- CIV. HOSPITALS	60. BASSINET DAYS *(Neonatal)*
273 274 275 276 277	278 279 280 281	282 283 284 285	286 287 288 289	290 291 292 293
	0 0 0 1			

61. QUARTERS DAYS	62. MEDICAL HOLDING DAYS	63. COOPERATIVE CARE DAYS	64. CONVALESCENT LEAVE DAYS	65. SUPPLEMENTAL CARE DAYS
294 295 296 297	298 299 300 301	302 303 304 305	306 307 308 309	310 311 312 313

66. OTHER DAYS	67. TOTAL SICK DAYS - THIS MTF	68. BED DAYS - ICU	69. BED DAYS - ADMITTING CLINIC SERVICE	70. CLINIC SERVICE *(Second)*
314 315 316 317	318 319 320 321 322	323 324 325 326	327 328 329 330	331 332 333 334

71. BED DAYS SECOND CLINIC SERVICE	72. CLINIC SERVICE *(Third)*	73. BED DAYS THIRD CLINIC SERVICE	74. CLINIC SERVICE DISPOSITION	75. BED DAYS DISPOSITION CLINIC SERVICE
335 336 337 338	339 340 341 342	343 344 345 346	347 348 349 350	351 352 353 354

76. CONVALESCENT LEAVE RECOMMENDED	77. PATIENT ACUITY - DAYS I	78. PATIENT ACUITY - DAYS II	79. PATIENT ACUITY - DAYS III	80. PATIENT ACUITY - DAYS IV
355 356 357	358 359 360 361	362 363 364 365	366 367 368 369	370 371 372 373

81. PATIENT ACUITY - DAYS V	82. PATIENT ACUITY - DAYS VI	83. *DO NOT USE THIS SPACE*	84. TYPE RECORD
374 375 376 377	378 379 380 381	382 383 384 385 386 387	388 389 390 391 392 393

FOR LOCAL USE

MEDCOM - 2791

INPATIENT TREATMENT RECORD COVER SHE

For use of this form, see AR 40-400; the proponent agency is O.

1. REGISTER NUMBER	2.	3. GRADE	ADMISSION REMARKS
(b)(6)-4	(b)(6)-4		

4. SEX	5. AGE	6. RACE	7. RELIGION	8. LENGTH OF SVC	9. ETS	10. PREVIOUS ADMISSION

11. FMP	12. SSN	13. ORGANIZATION	14. WARD
20	(b)(6)-4		

15. FLYING STATUS	16. RATING/ DSG	17. DEPT./ SER	18. BRANCH/CORPS	19. UIC/ZIP	20. TYPE CASE
		EPW K-78			

21. SOURCE OF ADMISSION/AUTHORITY FOR ADMISSION	22. HOURS OF ADMISSION	23. CLINIC SERVICE

24. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE	25. TYPE DISPOSITION	26. DATE OF DISPOSITION

27a. ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)	27b. TELEPHONE NO.	28. DATE OF THIS ADMISSION	ADMITTING OFFICER

29. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY	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

(L) eye Rupture, (L) CHeek Lac; (L) Scalp Lac

34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES

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	f. TOTAL SICK DAYS

36. Total Days All Facilites

a. ABSENT SICK DAYS	b. OTHER DAYS	c. CONV. LV/COOP CARE DAYS	d. SUPPLEMENTAL CARE DAYS	e. BED DAYS	f. TOTAL SICK DAYS

SIGNATURE OF ATTENDING MEDICAL OFFICER	SIGNATURE OF PAO OR MEDICAL RECORDS OFFICER

DA FORM 3647, MAY 79 EDITION OF 1 AUG 78 IS OBSOLETE USAPPC V1.10

0400Z APR 03

"R" SW TIME 0130

1. NAME (Last, First, Middle Initial)	2. SSN	3a. STATUS	3b. SERVICE	4. PRECEDENCE	5. GRADE
(b)(6)-4	(b)(6)-4	EPW	USAF	U P R X	

6. AGE	7. SEX	8. WEIGHT	9. BLOOD TYPE	10. CLASSIFICATION (1A TO 5F)	11. ACCEPTING MD	12. CITE/AUTH #
~40	X MALE / FEMALE			X AMBUL / LITTER		(b)(6)-4

13. APPT/SURG DATE	14a. ORIGINATING FACILITY (b)(3)-1	15a. DESTINATION FACILITY (b)(3)-1	16. # OF ATTENDANTS	
			16a. MED	16b. NON-MED
	14b. ORIGINATING FACILITY PHONE NUMBER: FOB #3	15B. DESTINATION FACILITY PHONE NUMBER	Ø	Ø

17. DIAGNOSIS
(L) eye globe rupture

18. X BATTLE CASUALTY | DISEASE | NON BATTLE INJURY

20. PHYSICIANS ORDERS

20a. DATE	20b. TIME	20c. ALLERGIES
3 APR 03	2330	NKDA

20d. DIET: X REG | 3GM NA | CARDIAC | DIABETIC | CALS
RENAL Gm Prot Gm Na MagK mg PO4
TUBE TYPE cc/hr, 1/2, 3/4, FULL STRENGTH
PEDIATRIC: AGE OTHER (Specify)
TPN: Change to D10 at cc/hr for max of days
TUBE FEEDING: at strength at cc/hr

20e. IV / BLOOD

20f. SPECIAL EQUIPMENT

	SUCTION	TRACTION	FOLEY CATH
	NG TUBE	IV PUMP	ORTHO BRACES
	STRYKER	TRACH	CHEST/HEIMLICH
	INCUBATOR	MONITOR	RESTRAINTS
			OTHER (USE 23)

OXYGEN: PERCENT or LITERS ROUTE:
VENT SETTINGS:

20g. ALTITUDE RESTRICTION: Yes / No feet

20h. RECORDS TO ACCOMPANY PATIENT

	OUTPATIENT RECORDS		XRAYS	OTHER:
X	INPATIENT RECORDS		OB	
	NARRATIVE SUMMARY		DENTAL	
	FINANCIAL			

20i. MEDICATIONS / TREATMENTS

Ancef 1gm IV @ 8°
Percocet 1-2 p.o. Q6° PRN pain
Motrin 800 mg Q8° PRN pain
MSO4 2-4 mg IV Q1° PRN severe pain

19. CLINICAL ISSUES (Please indicate Yes or No on clinical issues. Explain YES comments in Section 23)

	YES	NO	ISSUE		YES	NO	
a.		X	Hypertension	i.		X	Bowel Problem
b.			Cardiac Hx	j.			Self-care
c.			Diabetes	k.			Ambulatory
d.			Respiratory	l.			Ambulatory Aid
e.			Ears/Sinus	m.			Self-meds
f.			Motion Sick	n.			Adequate Supply of Meds
g.	X		Vision Impaired	o.		X	Other:
h.		X	Voiding Prob.				

21. PRE-FLIGHT VITALS

21a. DATE / TIME	21b. TEMP:	21c. PULSE	21e. BP
	21d. RESP:		

22. BRIEF NARRATIVE

~40 y.o. ♂ c (L) globe traumatic rupture. Pt. stable for MEDEVAC for enucleation.

23. ASSESSMENT / PROGRESS

DATE / TIME	NOTES

24. S (b)(6)-2

25. STAMP AND SIGNATURE OF FLIGHT SURGEON

AF Form 3899 (433 AES Excel version)

ADMISSION AND CODING INFORMATION

For use of this form, see AR 40-400; proponent agency is OTSG

1. REPORTING MTF	2. MTF LOCATION (State or Country Code)
1 2 3 4 5 6	7 8
(b)(3)-1	

3. REGISTER NUMBER	NAME (Last, First, Middle Initial)	4. PAY GRADE	5. SEX
9 10 11 12 13 14 15	(b)(6)-4	16 17	18
(b)(6)-4	(b)(6)-4		M

6. DATE OF BIRTH (Y Y Y Y M M D D)	7. AGE AT ADMISSION	8. RACE	9. ETHNIC BACK-GROUND	RELIGION
19 20 21 22 23 24 25 26	27 28 29	30	31	
1 9 6 3 0 1 0 1	4 0 Y			

10. LENGTH OF SERVICE	ETS	11. FMP	12. SOCIAL SECURITY NUMBER
32 33 34		35 36	37 38 39 40 41 42 43 44 45
		2 0	(b)(6)-4

ORGANIZATION (Active Duty Only)	13. MARITAL STATUS	HOUR OF ADMISSION	BRANCH / CORPS
	46	1741	

14. FLYING STATUS	15. BENEFICIARY CATEGORY	16. ZIP CODE OF RESIDENCE
47 48 49	50 51 52	53 54 55 56 57 58 59 60 61
	K 7 8 EPW	

17. UNIT LOCATION (State or Country Code)	18. MOS	19. TRAUMA	PREV. ADMISSION
62 63	64 65 66 67 68 69 70	71	YEAR / X NO
			X

20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION	WARD	NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE
72	ICU 3	ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)
D EMF		
NAME AND LOCATION OF MEDICAL TREATMENT FACILITY (b)(3)-1		TELEPHONE NUMBER OF EMERGENCY ADDRESSEE

21. TYPE OF DISPOSITION	22. MTF TRANSFERRED TO (b)(3)-1	23. DATE OF DISPOSITION (Y Y M M D D)
73 74	75 76 77 78	81 82 83 84 85 86
XFR		0 3 0 4 0 3 2300

24. CLINIC SVC - ADMITTING	25. MTF TRANSFERRED FROM	26. DATE THIS ADMISSION (Y Y M M D D)
87 88 89 90	91 92 93 94 95 96	97 98 99 100 101 102

27. LOCATION OF OCCURRENCE (Battle Casualty Only)	28. MTF OF INITIAL ADMISSION	29. DATE INITIAL ADMISSION (Y Y M M D D)
103 104	105 106 107 108 109 110	111 112 113 114 115 116
		0 3 0 4 0 3

FOR LOCAL USE

Dx: L eye rupture; L cheek lac; L scalp lac.

Dx: 8715
87351
8731
E9919

Trauma

Trauma
1459

(b)(6)-2

ADMITTING C

SIGNATURE OF ADMITTING CLERK

(b)(6)-2

DA FORM

OBSOLETE

ADMISSION AND CODING INFORMATION

For use of this form, see AR 40-400; the proponent agency is the OTSG

30. AGE AT DISP			31. AUTOPSY Y / N	32. UNDERLYING CAUSE OF DEATH / SEP	33. RESIDUAL DISABILITY			34. DO NOT USE - DATA FILLER #1									35. CAUSE OF INJURY		
117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136

36. FIRST DIAGNOSIS (Principal Diagnosis)							
137	138	139	140	141	142	143	144
		8	7	1		0	

37. SECOND DIAGNOSIS							
145	146	147	148	149	150	151	152
		8	7	3		4	1

38. THIRD DIAGNOSIS							
153	154	155	156	157	158	159	160
		8	7	3		0	

39. FOURTH DIAGNOSIS							
161	162	163	164	165	166	167	168

40. FIFTH DIAGNOSIS							
169	170	171	172	173	174	175	176

41 SIXTH DIAGNOSIS							
177	178	179	180	181	182	183	184

42. SEVENTH DIAGNOSIS							
185	186	187	188	189	190	191	192

43. EIGHTH DIAGNOSIS							
193	194	195	196	197	198	199	200

44. FIRST PROCEDURE (Principal Diagnosis)							
201	202	203	204	205	206	207	208

45. SECOND PROCEDURE							
209	210	211	212	213	214	215	216

46. THIRD PROCEDURE							
217	218	219	220	221	222	223	224

47. FOURTH PROCEDURE							
225	226	227	228	229	230	231	232

48. FIFTH PROCEDURE							
233	234	235	236	237	238	239	240

49. SIXTH PROCEDURE							
241	242	243	244	245	246	247	248

50. SEVENTH PROCEDURE							
249	250	251	252	253	254	255	256

51. EIGHTH PROCEDURE							
257	258	259	260	261	262	263	264

52. NUMBER OF DIAGNOSTIC FIELDS CONTAINING CODES		53. NUMBER OF PROCEDURAL FIELDS CONTAINING CODES		54. PRIMARY PROVIDER SPECIALTY CODE			55. BLOOD USAGE Y/N
265	266	267	268	269	270	271	272

MEDCOM - 2795

ADMISSION AND CODING INFORMATION

For use of this form, see AR 40-400, the proponent agency is the OTSG

REPORTING MTF	REGISTER NUMBER

56. TOTAL SICK DAYS *(All Facilities)*	57. BED DAYS THIS MTF	58. BED DAYS OTHER FED MTFS	59. BED DAYS- CIV. HOSPITALS	60. BASSINET DAYS *(Neonatal)*
273 274 275 276 277	278 279 280 281	282 283 284 285	286 287 288 289	290 291 292 293
	0 0 0 1			
61. QUARTERS DAYS	**62. MEDICAL HOLDING DAYS**	**63. COOPERATIVE CARE DAYS**	**64. CONVALESCENT LEAVE DAYS**	**65. SUPPLEMENTAL CARE DAYS**
294 295 296 297	298 299 300 301	302 303 304 305	306 307 308 309	310 311 312 313
66. OTHER DAYS	**67. TOTAL SICK DAYS - THIS MTF**	**68. BED DAYS - ICU**	**69. BED DAYS - ADMITTING CLINIC SERVICE**	**70. CLINIC SERVICE *(Second)***
314 315 316 317	318 319 320 321 322	323 324 325 326	327 328 329 330	331 332 333 334
71. BED DAYS SECOND CLINIC SERVICE	**72. CLINIC SERVICE *(Third)***	**73. BED DAYS THIRD CLINIC SERVICE**	**74. CLINIC SERVICE DISPOSITION**	**75. BED DAYS DISPOSITION CLINIC SERVICE**
335 336 337 338	339 340 341 342	343 344 345 346	347 348 349 350	351 352 353 354
76. CONVALESCENT LEAVE RECOMMENDED	**77. PATIENT ACUITY - DAYS I**	**78. PATIENT ACUITY - DAYS II**	**79. PATIENT ACUITY - DAYS III**	**80. PATIENT ACUITY - DAYS IV**
355 356 357	358 359 360 361	362 363 364 365	366 367 368 369	370 371 372 373
81. PATIENT ACUITY - DAYS V	**82. PATIENT ACUITY - DAYS VI**	**83. *DO NOT USE THIS SPACE***	**84. TYPE RECORD**	
374 375 376 377	378 379 380 381	382 383 384 385 386 387	388 389 390 391 392 393	

FOR LOCAL USE

MEDCOM - 2796

INPATIENT TREATMENT RECORD COVER SH

For use of this form, see AR 40-400; the proponent agency is U.

1. REGISTER NUMBER	2. NAME (Last, First, MI)	3. GRADE	ADMISSION REMARKS
(b)(6)-4	(b)(6)-4		

4. SEX	5. AGE	6. RACE	7. RELIGION	8. LENGTH OF SVC	9. EAS	10. PREVIOUS ADMISSION
M	35					

11. FMP	12. SSN	13. ORGANIZATION	14. WARD
20	(b)(6)-4		

15. FLYING STATUS	16. RATING/ DSG	17. DEPT./ BEN	18. BRANCH/CORPS	19. UIC/ZIP	20. TYPE CASE
		EPW K-78			

21. SOURCE OF ADMISSION/AUTHORITY FOR ADMISSION	22. HOURS OF ADMISSION	23. CLINIC SERVICE

24. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE	25. TYPE DISPOSITION	26. DATE OF DISPOSITION

27a. ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)	27b. TELEPHONE NO.	28. DATE OF THIS ADMISSION	ADMITTING OFFICER

29. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY	30. DATE OF INTIAL ADMISSION	32. UNITS OF WHOLE BLOOD/ COMPONENT TRANSFUSED

31. SELECTED ADMINISTRATIVE DATA

☐ Check if Continued on Reverse

33. CAUSE OF INJURY

34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES

(L) Open humerus Fx S/p GSW

(R) ~~Rt~~ Ps Y Lateral GSW c Open (L) Knee/tibial/fibular Fx

(R) Flank GSW

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	f. TOTAL SICK DAYS

36. Total Days All Facilites

a. ABSENT SICK DAYS	b. OTHER DAYS	c. CONV. LV/COOP CARE DAYS	d. SUPPLEMENTAL CARE DAYS	e. BED DAYS	f. TOTAL SICK DAYS

SIGNATURE OF ATTENDING MEDICAL OFFICER	SIGNATURE OF PAD OR MEDICAL RECORDS OFFICER

DA FORM 3647, MAY 79 EDITION OF 1 AUG 78 IS OBSOLETE USAPPC V1.00

0400 12 APR 07

MST TIME 0130

1. NAME (Last, First, Middle Initial)	2. SSN	3a. STATUS	3b. SERVICE	4. PRECEDENCE	5. GRADE
(b)(6)-4	(b)(6)-4	EPW	IRAQI	U P R X	

6. AGE	7. SEX	8. WEIGHT	9. BLOOD TYPE	10. CLASSIFICATION (1A TO 5F)	11. ACCEPTING MD	12. CITE/AUTH #
~35	X MALE / FEMALE			AMBUL / X LITTER		(b)(6)-4

13. APPT/SURG DATE	14a. ORIGINATING FACILITY	15a. DESTINATION FACILITY	16. # OF ATTENDANTS
(b)(6)-1		BLT LAND	16a. MED: X / 16b. NON-MED: 5

14b. ORIGINATING FACILITY PHONE NUMBER: ECH #3

15B. DESTINATION FACILITY PHONE NUMBER:

17. DIAGNOSIS: GSW (R) flank, (R) leg, (L) arm

18. X BATTLE CASUALTY / DISEASE / NON BATTLE INJURY

20. PHYSICIANS ORDERS

20a. DATE	20b. TIME	20c. ALLERGIES
3 APR 07	2320	NKM

20d. DIET: X REG / 3GM NA / CARDIAC / DIABETIC CALS
RENAL Gm Prot Gm Na MagK mg PO4
TUBE TYPE cc/hr, 1/2, 3/4, FULL STRENGTH
PEDIATRIC: AGE OTHER (Specify)
TPN: Change to D10 at cc/hr for max of days
TUBE FEEDING: at strength at cc/hr

20e. IV / BLOOD

20f. SPECIAL EQUIPMENT

SUCTION		TRACTION	FOLEY CATH
NG TUBE		IV PUMP	ORTHO BRACES
STRYKER		TRACH	CHEST/HEIMLICH
INCUBATOR		MONITOR	RESTRAINTS
			OTHER (USE 23)

OXYGEN: PERCENT or LITERS ROUTE:
VENT SETTINGS:

20g. ALTITUDE RESTRICTION: Yes / No feet

20h. RECORDS TO ACCOMPANY PATIENT

Y	OUTPATIENT RECORDS	X	XRAYS	OTHER:
	INPATIENT RECORDS		OB	
	NARRATIVE SUMMARY		DENTAL	
	FINANCIAL			

20i. MEDICATIONS / TREATMENTS

Levaquin 500mg IV Q12°
ASA 325mg PO
MSO4 4mg IV Q1° PRN pain
Phenergan 12.5mg IV Q4° PRN nausea
Ancef 1gm IV Q8°
Cefotetan 2gm IV Q8°

19. CLINICAL ISSUES (Please indicate Yes or No on clinical issues. Explain YES comments in Section 23)

	YES	NO	ISSUE		YES	NO	
a.			Hypertension	i.			Bowel Problem
b.			Cardiac Hx	j.			Self-care
c.			Diabetes	k.			Ambulatory
d.			Respiratory	l.			Ambulatory Aid
e.			Ears/Sinus	m.			Self-meds
f.			Motion Sick	n.			Adequate Supply of Meds
g.			Vision Impaired	o.			Other:
h.			Voiding Prob.				

21. PRE-FLIGHT VITALS

21a. DATE / TIME	21b. TEMP:	21c. PULSE	21e. BP
	21d. RESP:		

22. BRIEF NARRATIVE

EPW S/P GSW (R) flank, RLE, (L) arm. Pt. S/P ex lap, (R) popliteal artery graft. Pt. also c severe trauma to (L) upper arm, wound packed & dressed, pt stable for X-port

23. ASSESSMENT / PROGRESS

DATE / TIME	NOTES

(b)(6)-2

N

25. STAMP AND SIGNATURE OF FLIGHT SURGEON

DA Form 3699 (455 RES Excel version)

ADMISSION AND CODING INFORMATION

For use of this form, see AR 40-400; proponent agency is OTSG

1. REPORTING MTF 1 2 3 4 5 6 — **2. MTF LOCATION** 7 8 (State or Country Code)
(b)(3)-1 [redacted]

3. REGISTER NUMBER 9 10 11 12 13 14 15
(b)(6)-4 [redacted]

NAME (Last, First, Middle Initial)
(b)(6)-4 [redacted]
(b)(6)-4 [redacted]

4. PAY GRADE 16 17

5. SEX 18: M

6. DATE OF BIRTH (Y Y Y Y M M D D)								7. AGE AT ADMISSION			8. RACE	9. ETHNIC BACKGROUND	RELIGION
19	20	21	22	23	24	25	26	27	28	29	30	31	
1	9	6	8	0	6	0	1	3	5	4	0	9	Mus.

10. LENGTH OF SERVICE 32 33 34 — **ETS** — **11. FMP** 35 36: 2 0

12. SOCIAL SECURITY NUMBER
(b)(6)-4 [redacted]

ORGANIZATION (Active Duty Only)

13. MARITAL STATUS 46: M

HOUR OF ADMISSION: 1900

BRANCH / CORPS: CIV

14. FLYING STATUS 47 48 49: N O

15. BENEFICIARY CATEGORY 50 51 52: K 7 8 — EPW

16. ZIP CODE OF RESIDENCE 53 54 55 56 57 58 59 60 61

17. UNIT LOCATION (State or Country Code) 62 63

18. MOS 64 65 66 67 68 69 70

19. TRAUMA 71

PREV. ADMISSION YEAR — [X] NO

20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION 72: EMT

WARD: ICU 3

NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE

ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)

NAME AND LOCATION OF MEDICAL TREATMENT FACILITY
(b)(3)-1 [redacted]

TELEPHONE NUMBER OF EMERGENCY ADDRESSEE

21. TYPE OF DISPOSITION 73 74: XFR

22. MTF TRANSFERRED TO (b)(3)-1 [redacted] 75 76 77 78 79 80

23. DATE OF DISPOSITION (Y Y M M D D)						
81	82	83	84	85	86	
0	3	0	4	0	3	2300

24. CLINIC SVC - ADMITTING 87 88 89 90

25. MTF TRANSFERRED FROM 91 92 93 94 95 96

26. DATE THIS ADMISSION (Y Y M M D D) 97 98 99 100 101 102

27. LOCATION OF OCCURRENCE (Battle Casualty Only) 103 104

28. MTF OF INITIAL ADMISSION 105 106 107 108 109 110

29. DATE INITIAL ADMISSION (Y Y M M D D)					
111	112	113	114	115	116
0	3	0	4	0	3

FOR LOCAL USE

(L) open humerus fracture s/p GSW
(R) popliteal GSW with open femur/knee/tibia/fibula fracture
(R) flank GSW.

450

ADMITTING OFFICER (Signature, as required)
(b)(6)-2 [redacted]

SIG (b)(6)-2 [redacted]

DA FORM 2985, MAR 89 — EDITION OF MAY 79 IS OBSOLETE

MEDCOM - 2799

ADMISSION AND CODING INFORMATION

For use of this form, see AR 40-400; the proponent agency is the OTSG

30. AGE AT DISP			31. AUTOPSY Y / N	32. UNDERLYING CAUSE OF DEATH / SEP	33. RESIDUAL DISABILITY			34. DO NOT USE - DATA FILLER #1									35. CAUSE OF INJURY		
117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136
3	4	Y																	

36. FIRST DIAGNOSIS (Principal Diagnosis)							
137	138	139	140	141	142	143	144
		8	1	2		5	0

37. SECOND DIAGNOSIS							
145	146	147	148	149	150	151	152
		8	2	Φ		Φ	0

38. THIRD DIAGNOSIS							
153	154	155	156	157	158	159	160
		8	2	2		0	8

39. FOURTH DIAGNOSIS							
161	162	163	164	165	166	167	168
		8	2	3		8	8

40. FIFTH DIAGNOSIS							
169	170	171	172	173	174	175	176
		8	7	9		4	

41 SIXTH DIAGNOSIS							
177	178	179	180	181	182	183	184

42. SEVENTH DIAGNOSIS							
185	186	187	188	189	190	191	192

43. EIGHTH DIAGNOSIS							
193	194	195	196	197	198	199	200

44. FIRST PROCEDURE (Principal Diagnosis)							
201	202	203	204	205	206	207	208

45. SECOND PROCEDURE							
209	210	211	212	213	214	215	216

46. THIRD PROCEDURE							
217	218	219	220	221	222	223	224

47. FOURTH PROCEDURE							
225	226	227	228	229	230	231	232

48. FIFTH PROCEDURE							
233	234	235	236	237	238	239	240

49. SIXTH PROCEDURE							
241	242	243	244	245	246	247	248

50. SEVENTH PROCEDURE							
249	250	251	252	253	254	255	256

51. EIGHTH PROCEDURE							
257	258	259	260	261	262	263	264

52. NUMBER OF DIAGNOSTIC FIELDS CONTAINING CODES		53. NUMBER OF PROCEDURAL FIELDS CONTAINING CODES		54. PRIMARY PROVIDER SPECIALTY CODE			55. BLOOD USAGE Y/N
265	266	267	268	269	270	271	272

MEDCOM - 2800

ADMISSION AND CODING INFORMATION

For use of this form, see AR 40-400; the proponent agency is the OTSG

REPORTING MTF	REGISTER NUMBER
1-(1)(a)	1-(1)(b)-4

56. TOTAL SICK DAYS (All Facilities)					57. BED DAYS THIS MTF				58. BED DAYS OTHER FED MTFS				59. BED DAYS- CIV. HOSPITALS				60. BASSINET DAYS *(Neonatal)*			
273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293
					0	0	0	1												

61. QUARTERS DAYS				62. MEDICAL HOLDING DAYS				63. COOPERATIVE CARE DAYS				64. CONVALESCENT LEAVE DAYS				65. SUPPLEMENTAL CARE DAYS			
294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313

66. OTHER DAYS				67. TOTAL SICK DAYS - THIS MTF					68. BED DAYS - ICU				69. BED DAYS - ADMITTING CLINIC SERVICE				70. CLINIC SERVICE *(Second)*			
314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334

71. BED DAYS SECOND CLINIC SERVICE				72. CLINIC SERVICE *(Third)*				73. BED DAYS THIRD CLINIC SERVICE				74. CLINIC SERVICE DISPOSITION				75. BED DAYS DISPOSITION CLINIC SERVICE			
335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354

76. CONVALESCENT LEAVE RECOMMENDED			77. PATIENT ACUITY - DAYS I				78. PATIENT ACUITY - DAYS II				79. PATIENT ACUITY - DAYS III				80. PATIENT ACUITY - DAYS IV			
355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373

81. PATIENT ACUITY - DAYS V				82. PATIENT ACUITY - DAYS VI				83. *DO NOT USE THIS SPACE*						84. TYPE RECORD					
374	375	376	377	378	379	380	381	382	383	384	385	386	387	388	389	390	391	392	393

FOR LOCAL USE

MEDCOM - 2801

INPATIENT TREATMENT RECORD COVER SI.

For use of this form, see AR 40-400; the proponent agency is D[illegible]

1. REGISTER NUMBER	2. NAME (Last, First, MI)					3. GRADE	ADMISSION REMARKS
(b)(6)-4	(b)(6)-4						
4. SEX: M	5. AGE	6. RACE	7. RELIGION	8. LENGTH OF SVC	9. ETS	10. PREVIOUS ADMISSION	
11. FMP: 90	12. SSN: (b)(6)-4		13. ORGANIZATION			14. WARD	
15. FLYING STATUS	16. RATING/ DSB	17. DEPT./ BEN: K78	18. BRANCH/CORPS	19. UIC/ZIP		20. TYPE CASE	
21. SOURCE OF ADMISSION/AUTHORITY FOR ADMISSION				22. HOURS OF ADMISSION	23. CLINIC SERVICE		
24. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE			25. TYPE DISPOSITION		26. DATE OF DISPOSITION: 03-04-03		
27a. ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)			27b. TELEPHONE NO.		28. DATE OF THIS ADMISSION		ADMITTING OFFICER
29. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY					30. DATE OF INTIAL ADMISSION: 03-04-03	32. UNITS OF WHOLE BLOOD/ COMPONENT TRANSFUSED	

31. SELECTED ADMINISTRATIVE DATA

☐ Check if Continued on Reverse

33. CAUSE OF INJURY

34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES

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	f. TOTAL SICK DAYS

36. Total Days All Facilites

a. ABSENT SICK DAYS	b. OTHER DAYS	c. CONV. LV/COOP CARE DAYS	d. SUPPLEMENTAL CARE DAYS	e. BED DAYS	f. TOTAL SICK DAYS

SIGNATURE OF ATTENDING MEDICAL OFFICER	SIGNATURE OF PAD OR MEDICAL RECORDS OFFICER

DA FORM 3647, MAY 79 EDITION OF 1 AUG 78 IS OBSOLETE USAPPC V1.10

(b)(6)-4 [redacted]

ADMISSION AND CODING INFORMATION

For use of this form, see AR 40-400; proponent agency is OTSG

1. REPORTING MTF 1 | 2 | 3 | 4 | 5 | 6 — (b)(3)-1 [redacted]

2. MTF LOCATION 7 | 8 (State or Country Code)

3. REGISTER NUMBER 9 | 10 | 11 | 12 | 13 | 14 | 15 — (b)(6)-4 [redacted]

NAME (Last, First, Middle Initial) (b)(6)-4 [redacted]

4. PAY GRADE 16 | 17

5. SEX 18: M

6. DATE OF BIRTH (Y Y Y Y M M D D) 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26

7. AGE AT ADMISSION 27 | 28 | 29

8. RACE 30

9. ETHNIC BACKGROUND 31

RELIGION Mus

10. LENGTH OF SERVICE 32 | 33 | 34

ETS

11. FMP 35 | 36: 20

12. SOCIAL SECURITY NUMBER 37 | 38 | 39 | 40 | 41 | 42 | 43 | 44 | 45 — (b)(6)-4 [redacted]

ORGANIZATION (Active Duty Only)

13. MARITAL STATUS 46

HOUR OF ADMISSION 17:05

BRANCH / CORPS

14. FLYING STATUS 47 | 48 | 49

15. BENEFICIARY CATEGORY 50 | 51 | 52: K 7 8 — EPW

16. ZIP CODE OF RESIDENCE 53 | 54 | 55 | 56 | 57 | 58 | 59 | 60 | 61

17. UNIT LOCATION (State or Country Code) 62 | 63

18. MOS 64 | 65 | 66 | 67 | 68 | 69 | 70

19. TRAUMA 71: B

PREV. ADMISSION YEAR ☐ NO

20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION 72: D — EMT

WARD ICU3

NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE

ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)

NAME AND LOCATION OF MEDICAL TREATMENT FACILITY (b)(3)-1 [redacted]

TELEPHONE NUMBER OF EMERGENCY ADDRESSEE

21. TYPE OF DISPOSITION 73 | 74 — XFR

22. MTF TRANSFERRED TO 75 | 76 | 77 | 78 | 79 | 80 — (b)(3)-1 [redacted]

23. DATE OF DISPOSITION (Y Y M M D D) 81 | 82 | 83 | 84 | 85 | 86: 0 3 0 4 0 3 — 2300

24. CLINIC SVC - ADMITTING 87 | 88 | 89 | 90

25. MTF TRANSFERRED FROM 91 | 92 | 93 | 94 | 95 | 96

26. DATE THIS ADMISSION (Y Y M M D D) 97 | 98 | 99 | 100 | 101 | 102

27. LOCATION OF OCCURRENCE (Battle Casualty Only) 103 | 104

28. MTF OF INITIAL ADMISSION 105 | 106 | 107 | 108 | 109 | 110

29. DATE INITIAL ADMISSION (Y Y M M D D) 111 | 112 | 113 | 114 | 115 | 116: 0 3 0 4 0 3

FOR LOCAL USE

Dx: GSW to Abdomen

(Dx 879.2 E99?) Inj Trauma 45?

ADMITTING OFFICER (Signature) (b)(6)-2 [redacted]

SIGNATURE OF ADMITTING CLERK (b)(6)-2 [redacted]

DA FORM 2985, MAR 89 — EDITION OF MAY 79 IS OBSOLETE

MEDCOM - 2803

NPATIENT TREATMENT RECORD COVER SH

For use of this form, see AR 40-400; the proponent agency is U

1. REGISTER NUMBER	2. NAME (Last, First, MI)		3. GRADE	ADMISSION REMARKS
(b)(6)-4	(b)(6)-4	(b)(6)-4		

4. SEX	5. AGE	6. RACE	7.	9. ETS	10. PREVIOUS ADMISSION
M					

11. FMP	12. SSN	13. ORGANIZATION	14. WARD
20	(b)(6)-4		

15. FLYING STATUS	16. RATING/ DSG	17. DEPT./ BEN	18. BRANCH/CORPS	19. UIC/ZIP	20. TYPE CASE
		EPW K-78			

21. SOURCE OF ADMISSION/AUTHORITY FOR ADMISSION	22. HOURS OF ADMISSION	23. CLINIC SERVICE

24. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE	25. TYPE DISPOSITION	26. DATE OF DISPOSITION

27a. ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)	27b. TELEPHONE NO.	28. DATE OF THIS ADMISSION	ADMITTING OFFICER

29. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY	30. DATE OF INTIAL ADMISSION	32. UNITS OF WHOLE BLOOD/ COMPONENT TRANSFUSED

31. SELECTED ADMINISTRATIVE DATA

☐ Check if Continued on Reverse

33. CAUSE OF INJURY

GSW (L) Hand

34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES

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	f. TOTAL SICK DAYS

36. Total Days All Facilites

a. ABSENT SICK DAYS	b. OTHER DAYS	c. CONV. LV/COOP CARE DAYS	d. SUPPLEMENTAL CARE DAYS	e. BED DAYS	f. TOTAL SICK DAYS

SIGNATURE OF ATTENDING MEDICAL OFFICER	SIGNATURE OF PAD OR MEDICAL RECORDS OFFICER

040012 APR03 — 04APR0130

AEROMEDICAL EVACUATION PATIENT RECORD

PATIENT IDENTIFICATION

1. NAME (Last, First, Middle Initial)	2. SSN	3a. STATUS	3b. SERVICE	4. PRECEDENCE	5. GRADE
(b)(6)-4	(b)(6)-4	EPW		U P [X]	

6. AGE	7. SEX	8. WEIGHT	9. BLOOD TYPE	10. CLASSIFICATION (1A-5F)	11. ACCEPTING PHYSICIAN	12. CITE/AUTHORITY NO.
	[X] Male [ ] Female			[X] AMBULATORY [ ] LITTER		(b)(6)-4

13. APPT/SURG DATE	14a. ORIGINATING FACILITY	15a. DESTINATION FACILITY	16. NUMBER OF ATTENDANTS
	(b)(3)-1	(b)(3)-1	16a. MEDICAL / 16b. NON MED
	14b. ORIGINATING FACILITY PHONE NUMBER	15b. DESTINATION FACILITY PHONE NUMBER	

17. DIAGNOSIS

Gunshot wound left wrist

18. CLINICAL ISSUES (Please Indicate Yes or No on clinical issues. Explain YES comments in Section 23)

	YES	NO	ISSUE		YES	NO	ISSUE		YES	NO	ISSUE
a.			HYPERTENSION	f.			MOTION SICKNESS	k.			AMBULATORY
b.			CARDIAC HX	g.			VISION IMPAIRED	l.			AMBULATORY AID
c.			DIABETES	h.			VOIDING PROBLEMS	m.			SELF-MEDS
d.			RESPIRATORY	i.			BOWEL PROBLEMS	n.			ADEQUATE SUPPLY OF MEDS
e.			CARDIAC	j.			SELF-CARE	o.			OTHER

19. [X] BATTLE CASUALTY [ ] DISEASE [ ] NON-BATTLE INJURY

20. PHYSICIAN'S ORDERS

20a. DATE	20b. TIME	20c. ALLERGIES
		PCN

20d. DIET [X] NPO [ ] SIGNAL [ ] CARDIAC [ ] DIABETIC ____ CALS

RENAL ____ Gm prot ____ Gm Na ____ mEq K ____ mg PO4

TUBE ____ TYPE ____ cc/hr, 1/2, 3/4, FULL STRENGTH

PEDIATRIC: AGE ____ OTHER (Specify) ____

DIN: Change to D10 at ____ cc/hr for wait of ____ days

TUBE feedings ____ at ____ strength at ____ cc/hr

20e. IV/BLOOD

20f. SPECIAL EQUIPMENT

SUCTION	TRACTION	ORTHOPEDIC BRACES
NG TUBE	IV PUMP	CHEST TUBE/HEIMLICH
STRYKER FRAME	TRACH	RESTRAINTS
INCUBATOR	MONITOR	OTHER (Explain in 23)
	FOLEY	

O_2: LITERS: ROUTE:

VENTILATOR SETTINGS

20g. ALTITUDE RESTRICTION: Ø

20h. RECORDS TO ACCOMPANY PATIENT

[ ] OUTPATIENT RECORDS	[X] X-RAYS	[ ] FINANCIAL
[X] INPATIENT RECORDS	[ ] OB RECORDS	[ ] OTHER (Specify)
[ ] NARRATIVE SUMMARY	[ ] DENTAL RECORDS	

20i. MEDICATIONS/TREATMENTS

Ancef 1gm IV Q8°

MSO4 2-4mg IV Q2° PRN pain

21. PRE-FLIGHT VITALS

21a. DATE/TIME	21b. TEMP	21c. PULSE	21d. RESP	21e. BP

22. BRIEF NARRATIVE

Gunshot wound at close range to (L) wrist. I+D 4/3/03. Wound left open c̄ drain in place. Splinted & placed on IV (b)(6)-2

23. ASSESSMENT/PROGRESS

DATE/TIME	NOTES

24. STAMP AND SIGNATURE OF ... (b)(6)-2

25. STAMP AND SIGNATURE OF FLIGHT SURGEON

AF FORM 3899, MAR 98

(b)(6)-4

ADMISSION AND CODING INFORMATION

For use of this form, see AR 40-400; proponent agency is OTSG

1. REPORTING MTF	2. MTF LOCATION (State or Country Code)
(b)(3)-1	

3. REGISTER NUMBER	NAME (Last, First, Middle Initial)	4. PAY GRADE	5. SEX
(b)(6)-4	(b)(6)-4		M

6. DATE OF BIRTH (Y Y Y Y M M D D)	7. AGE AT ADMISSION	8. RACE	9. ETHNIC BACKGROUND	RELIGION
19810101	22			MUS

10. LENGTH OF SERVICE	ETS	11. FMP	12. SOCIAL SECURITY NUMBER
		20	(b)(6)-4

ORGANIZATION (Active Duty Only)	13. MARITAL STATUS	HOUR OF ADMISSION	BRANCH / CORPS
		1800	

14. FLYING STATUS	15. BENEFICIARY CATEGORY	16. ZIP CODE OF RESIDENCE
	KTS EPW	

17. UNIT LOCATION (State or Country Code)	18. MOS	19. TRAUMA	PREV. ADMISSION YEAR	NO
		B		Y

20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION	WARD	NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE
0 EMT	3 ICU	

NAME AND (b)(3)-1 TY	ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)
	TELEPHONE NUMBER OF EMERGENCY ADDRESSEE

21. TYPE OF DISPOSITION	22. MTF TRANSFERRED T (b)(3)-1	23. DATE OF DISPOSITION (Y Y M M D D)
21		030403 2300

24. CLINIC SVC - ADMITTING	25. MTF TRANSFERRED FROM	26. DATE THIS ADMISSION (Y Y M M D D)

27. LOCATION OF OCCURRENCE (Battle Casualty Only)	28. MTF OF INITIAL ADMISSION	29. DATE INITIAL ADMISSION (Y Y M M D D)
		030403

FOR LOCAL USE

GSW (L) hand

Dx: 99.2
E849.2

ADMITTING OFFICER (Signature, as requir (b)(6)-2	SIGNATURE OF A (b)(6)-2
(b)(6)-2	

ADMISSION AND CODING INFORMATION

For use of this form, see AR 40-400; the proponent agency is the OTSG

30. AGE AT DISP			31. AUTOPSY Y / N	32. UNDERLYING CAUSE OF DEATH / SEP	33. RESIDUAL DISABILITY			34. DO NOT USE - DATA FILLER #1									35. CAUSE OF INJURY		
117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136
2	2	4																	

36. FIRST DIAGNOSIS (Principal Diagnosis)								37. SECOND DIAGNOSIS								38. THIRD DIAGNOSIS							
137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160
		8	8	2		0																	

39. FOURTH DIAGNOSIS								40. FIFTH DIAGNOSIS								41 SIXTH DIAGNOSIS							
161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184

42. SEVENTH DIAGNOSIS								43. EIGHTH DIAGNOSIS							
185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200

44. FIRST PROCEDURE (Principal Diagnosis)								45. SECOND PROCEDURE								46. THIRD PROCEDURE							
201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224

47. FOURTH PROCEDURE								48. FIFTH PROCEDURE								49. SIXTH PROCEDURE							
225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248

50. SEVENTH PROCEDURE								51. EIGHTH PROCEDURE							
249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264

52. NUMBER OF DIAGNOSTIC FIELDS CONTAINING CODES		53. NUMBER OF PROCEDURAL FIELDS CONTAINING CODES		54. PRIMARY PROVIDER SPECIALTY CODE			55. BLOOD USAGE Y/N
265	266	267	268	269	270	271	272

MEDCOM - 2807

ADMISSION AND CODING INFORMATION

For use of this form, see AR 40-400; the proponent agency is the OTSG

REPORTING MTF (1-6)	REGISTER NUMBER (7-14)

56. TOTAL SICK DAYS *(All Facilities)*	57. BED DAYS THIS MTF	58. BED DAYS OTHER FED MTFS	59. BED DAYS- CIV. HOSPITALS	60. BASSINET DAYS *(Neonatal)*
273 274 275 276 277	278 279 280 281	282 283 284 285	286 287 288 289	290 291 292 293
	0 0 0 1			
61. QUARTERS DAYS	**62. MEDICAL HOLDING DAYS**	**63. COOPERATIVE CARE DAYS**	**64. CONVALESCENT LEAVE DAYS**	**65. SUPPLEMENTAL CARE DAYS**
294 295 296 297	298 299 300 301	302 303 304 305	306 307 308 309	310 311 312 313
66. OTHER DAYS	**67. TOTAL SICK DAYS - THIS MTF**	**68. BED DAYS - ICU**	**69. BED DAYS - ADMITTING CLINIC SERVICE**	**70. CLINIC SERVICE *(Second)***
314 315 316 317	318 319 320 321 322	323 324 325 326	327 328 329 330	331 332 333 334
71. BED DAYS SECOND CLINIC SERVICE	**72. CLINIC SERVICE *(Third)***	**73. BED DAYS THIRD CLINIC SERVICE**	**74. CLINIC SERVICE DISPOSITION**	**75. BED DAYS DISPOSITION CLINIC SERVICE**
335 336 337 338	339 340 341 342	343 344 345 346	347 348 349 350	351 352 353 354
76. CONVALESCENT LEAVE RECOMMENDED	**77. PATIENT ACUITY - DAYS I**	**78. PATIENT ACUITY - DAYS II**	**79. PATIENT ACUITY - DAYS III**	**80. PATIENT ACUITY - DAYS IV**
355 356 357	358 359 360 361	362 363 364 365	366 367 368 369	370 371 372 373
81. PATIENT ACUITY - DAYS V	**82. PATIENT ACUITY - DAYS VI**	**83. *DO NOT USE THIS SPACE***	**84. TYPE RECORD**	
374 375 376 377	378 379 380 381	382 383 384 385 386 387	388 389 390 391 392 393	

FOR LOCAL USE

MEDCOM - 2808

INPATIENT TREATMENT RECORD COVER SI

For use of this form, see AR 40-400; the proponent agency is D

1. REGISTER NUMBER	2. [redacted]	3. GRADE	ADMISSION REMARKS
(b)(6)-4	(b)(6)-4		

4. SEX	5. AGE	6. RACE	7. RELIGION	8. LENGTH OF SVC	9. ETS	10. PREVIOUS ADMISSION
M			MUS			

11. FMP	[redacted]	13. ORGANIZATION	14. WARD
20	(b)(6)-4		

16. FLYING STATUS	18. RATING/ DSG	17. DEPT./ BEN	18. BRANCH/CORPS	19. LHC/ZIP	20. TYPE CASE
		K78			

21. SOURCE OF ADMISSION/AUTHORITY FOR ADMISSION	22. HOURS OF ADMISSION	23. CLINIC SERVICE

24. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE	25. TYPE DISPOSITION	26. DATE OF DISPOSITION
		03-04-04

27a. ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)	27b. TELEPHONE NO.	28. DATE OF THIS ADMISSION	ADMITTING OFFICER

29. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY	30. DATE OF INTIAL ADMISSION	32. UNITS OF WHOLE BLOOD/ COMPONENT TRANSFUSED
	03-04-03	

31. SELECTED ADMINISTRATIVE DATA

☐ Check if Continued on Reverse

33. CAUSE OF INJURY

34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES

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	f. TOTAL SICK DAYS

36. Total Days All Facilites

a. ABSENT SICK DAYS	b. OTHER DAYS	c. CONV. LV/COOP CARE DAYS	d. SUPPLEMENTAL CARE DAYS	e. BED DAYS	f. TOTAL SICK DAYS

SIGNATURE OF ATTENDING MEDICAL OFFICER	SIGNATURE OF PAD OR MEDICAL RECORDS OFFICER

(b)(6)-4

ADMISSION AND CODING INFORMATION

For use of this form, see AR 40-400; proponent agency is OTSG

1. REPORTING MTF	2. MTF LOCATION (State or Country Code)
A (b)(3)-1	

3. REGISTER NUMBER	NAME (Last, First, Middle Initial)	4. PAY GRADE	5. SEX
(b)(6)-4	(b)(6)-4		M

6. DATE OF BIRTH (Y Y Y Y M M D D)	7. AGE AT ADMISSION	8. RACE	9. ETHNIC BACKGROUND	RELIGION
19801111	R3Y			Muslim

10. LENGTH OF SERVICE	ETS	11. FMP	12. SOCIAL SECURITY NUMBER
		20	(b)(6)-4

ORGANIZATION (Active Duty Only)	13. MARITAL STATUS	HOUR OF ADMISSION	BRANCH / CORPS
		1800Hrs	

14. FLYING STATUS	15. BENEFICIARY CATEGORY	16. ZIP CODE OF RESIDENCE
	K78 EPW	

17. UNIT LOCATION (State or Country Code)	18. MOS	19. TRAUMA	PREV. ADMISSION
		B	YEAR ☐ NO

20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION	WARD	NEXT OF KIN (b)(6)-4 (Father)
0 GMT	ICU 3	ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code) (b)(6)-4
NAME AND LOCATION OF MEDICAL TREATMENT FACILITY (b)(3)-1		TELEPHONE NUMBER OF EMERGENCY ADDRESSEE (b)(6)-4

21. TYPE OF DISPOSITION	22. MTF TRANSFERRED TO (b)(3)-1	23. DATE OF DISPOSITION (Y Y M M D D)
KFR		030404 0800

24. CLINIC SVC - ADMITTING	25. MTF TRANSFERRED FROM	26. DATE THIS ADMISSION (Y Y M M D D)

27. LOCATION OF OCCURRENCE (Battle Casualty Only)	28. MTF OF INITIAL ADMISSION	29. DATE INITIAL ADMISSION (Y Y M M D D)
		030403

FOR LOCAL USE

o SPEAKS PERFECT ENGLISH

(L) Knee GSW

8910
89912

Inj Trauma
450 1

ADMITTING OFFICER (Signature, as required)	SIGNA
(b)(6)-2	(b)(6)-2

INPATIENT TREATMENT RECORD COVER SHEET

For use of this form, see AR 40-400; the proponent agency is OTSG

1. REGISTER NUMBER	2. NAME (Last, First, MI)						3. GRADE	ADMISSION REMARKS
(b)(6)-4	(b)(6)-4							
4. SEX	5. AGE	6. RACE	7. RELIGION	8. LENGTH OF SVC	9. ETS		10. PREVIOUS ADMISSION	
M	26		MUS				NO	
11. FMP	12. SSN		13. ORGANIZATION				14. WARD	
							ICU3	
15. FLYING STATUS	16. RATING/ DSG	17. DEPT./ BEN	18. BRANCH/CORPS	19. UIC/ZIP			20. TYPE CASE	
			EPW					

21. SOURCE OF ADMISSION/AUTHORITY FOR ADMISSION	22. HOURS OF ADMISSION	23. CLINIC SERVICE
ERA	1242	

24. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE	25. TYPE DISPOSITION	26. DATE OF DISPOSITION
(b)(6)-4	XFR	030408

27a. ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)	27b. TELEPHONE NO.	28. DATE OF THIS ADMISSION	ADMITTING OFFICER
(b)(6)-4		030404	Maj (b)(6)-2

29. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY	30. DATE OF INTIAL ADMISSION	32. UNITS OF WHOLE BLOOD/ COMPONENT TRANSFUSED
(b)(3)-1	030404	

31. SELECTED ADMINISTRATIVE DATA

☐ Check if Continued on Reverse

33. CAUSE OF INJURY

34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES

DX: R flank penetration wound R forearm injury

CODING INFORMATION: 959.3,879.4

35. Total Days This Facility

a. ABSENT SICK DAYS	b. OTHER DAYS	c. CONV. LV/COOP CARE DAYS	d. SUPPLEMENTAL CARE DAYS	e. BEQ DAYS	f. TOTAL SICK DAYS

36. Total Days All Facilites

a. ABSENT SICK DAYS	b. OTHER DAYS	c. CONV. LV/COOP CARE DAYS	d. SUPPLEMENTAL CARE DAYS	e. BEQ DAYS	f. TOTAL SICK DAYS

SIGNATURE OF ATTENDING MEDICAL OFFICER	SIGNATURE OF PAD OR MEDICAL RECORDS OFFICER

DA FORM 3647, MAY 79 — EDITION OF 1 AUG 76 IS OBSOLETE — USAPPC V1.10

ADMISSION AND CODING INFORMATION

For use of this form, see AR 40-400; proponent agency is OTSG

1. REPORTING MTF (1–6): (b)(3)-1
2. MTF LOCATION (7–8) (State or Country Code)
3. REGISTER NUMBER (9–15): (b)(6)-4
NAME (Last, First, Middle Initial): (b)(6)-4 (b)(6)-4
4. PAY GRADE (16–17):
5. SEX (18): M
6. DATE OF BIRTH (Y Y Y Y M M D D) (19–26): 1 9 7 6 1 1 1 1
7. AGE AT ADMISSION (27–29): 2 6 4
8. RACE (30):
9. ETHNIC BACK-GROUND (31):
RELIGION: MUS
10. LENGTH OF SERVICE (32–34):
ETS:
11. FMP (35–36):
12. SOCIAL SECURITY NUMBER (37–45): (b)(6)-4
ORGANIZATION (Active Duty Only):
13. MARITAL STATUS (46):
HOUR OF ADMISSION: 1243Z
BRANCH / CORPS: EPW
14. FLYING STATUS (47–49):
15. BENEFICIARY CATEGORY (50–52): K 7 8
16. ZIP CODE OF RESIDENCE (53–61):
17. UNIT LOCATION (State or Country Code) (62–63):
18. MOS (64–70):
19. TRAUMA (71): B
PREV. ADMISSION: YEAR: NO: X
20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION (72): ERA
WARD: ICU3
NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE: (b)(6)-4
ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code): (b)(6)-4
NAME AND LOCATION OF MEDICAL TREATMENT FACILITY: (b)(3)-1
TELEPHONE NUMBER OF EMERGENCY ADDRESSEE
21. TYPE OF DISPOSITION (73–74): XPR
22. MTF TRANSFERRED TO (75–78): (b)(3)-1
23. DATE OF DISPOSITION (Y Y M M D D) (81–86): 0 3 0 4 0 8 1800
24. CLINIC SVC - ADMITTING (87–90):
25. MTF TRANSFERRED FROM (91–96):
26. DATE THIS ADMISSION (Y Y M M D D) (97–102):
27. LOCATION OF OCCURRENCE (Battle Casualty Only) (103–104):
28. MTF OF INITIAL ADMISSION (105–110):
29. DATE INITIAL ADMISSION (Y Y M M D D) (111–116): 0 3 0 4 0 4

FOR LOCAL USE

DX (R) FLANK penetrating Wound (R) forearm injury
DX: 8[illegible]21
E-PHD
Trauma
1

ADMITT (b)(6)-2

SIGNATURE OF ADMITTING CLERK: SRC (b)(6)-2

1450

DA FORM 2985, MAR 89 EDITION OF MAY 79 IS OBSOLETE

MEDCOM - 2812

INPATIENT TREATMENT RECORD COVER SHEET

For use of this form, see AR 40-400; the proponent agency is OTSG

1. REGISTER NUMBER	2. NAME (Last, First, MI)					3. GRADE	ADMISSION REMARKS
(b)(6)-4	b(6)-4						
4. SEX	5. AGE	6. RACE	7. RELIGION	8. LENGTH OF SVC	9. ETS	10. PREVIOUS ADMISSION	
M	61		MUS			NO	
11. FMP	12. SSN		13. ORGANIZATION			14. WARD	
						ICU3	
15. FLYING STATUS	16. RATING/ DSG	17. DEPT./ BEN	18. BRANCH/CORPS	19. UIC/ZIP		20. TYPE CASE	
			EPW			INJ	

21. SOURCE OF ADMISSION/AUTHORITY FOR ADMISSION	22. HOURS OF ADMISSION	23. CLINIC SERVICE
EMT	1500	

24. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE	25. TYPE DISPOSITION	26. DATE OF DISPOSITION
b(6)-4	XFR	030505

27a. ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)	27b. TELEPHONE NO.	28. DATE OF THIS ADMISSION	ADMITTING OFFICER
Yosefia-Alrshid		030404	Maj b(6)-2

29. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY	30. DATE OF INTIAL ADMISSION	32. UNITS OF WHOLE BLOOD/ COMPONENT TRANSFUSED
b(3)-1	030404	

31. SELECTED ADMINISTRATIVE DATA

☐ Check if Continued on Reverse

33. CAUSE OF INJURY

34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES

DX: GSW to R shoulder + R wrist

CODING INFORMATION: 880.00,881.02

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	f. TOTAL SICK DAYS

36. Total Days All Facilities

a. ABSENT SICK DAYS	b. OTHER DAYS	c. CONV. LV/COOP CARE DAYS	d. SUPPLEMENTAL CARE DAYS	e. BED DAYS	f. TOTAL SICK DAYS

SIGNATURE OF ATTENDING MEDICAL OFFICER	SIGNATURE OF PAD OR MEDICAL RECORDS OFFICER

DA FORM 3647, MAY 79

EDITION OF 1 AUG 78 IS OBSOLETE

USAPPC V1.10

[redacted]

J-201. ICU #3

1. NAME (Last, First, Middle Initial) [redacted]	2. SSN [redacted]	3a. STATUS [redacted]	3b. SERVICE [redacted]	4. PRECEDENCE U / P / R ✓	5. GRADE [redacted]
6. AGE 61	7. SEX (✓) MALE / FEMALE	8. WEIGHT	9. BLOOD TYPE	10. CLASSIFICATION (1A TO 5F) AMBUL / ✓ LITTER	11. ACCEPTING MD
12. CITE/AUTH # (b)(6)-4					
13. APPT/SURG DATE	14a. ORIGINATING FACILITY [redacted]	15a. DESTINATION FACILITY [redacted]	16. # OF ATTENDANTS 16a. MED / 16b. NON-MED		
	14b. ORIGINATING FACILITY PHONE NUMBER 558-[redacted]	15B. DESTINATION FACILITY PHONE NUMBER			

17. DIAGNOSIS

(R) shoulder GSW; open clavicle/acromion Fracture

(R) open distal radius Fracture

18. ✓ BATTLE CASUALTY | DISEASE | NON BATTLE INJURY

19. CLINICAL ISSUES (*Please indicate Yes or No on clinical issues. Explain YES comments in Section 23*)

	YES	NO	ISSUE		YES	NO	
a.		✓	Hypertension	i.		✓	Bowel Problem
b.		✓	Cardiac Hx	j.		✓	Self-care
c.		✓	Diabetes	k.		✓	Ambulatory
d.		✓	Respiratory	l.		✓	Ambulatory Aid
e.		✓	Ears/Sinus	m.		✓	Self-meds
f.		✓	Motion Sick	n.		✓	Adequate Supply of Meds
g.		✓	Vision Impaired	o.		✓	Other:
h.		✓	Voiding Prob.				

20. PHYSICIANS ORDERS

20a. DATE: 05 APR 03 | 20b. TIME: 0100 Z | 20c. ALLERGIES:

20d. DIET: REG ✓ | 3GM NA | CARDIAC | DIABETIC | CALS
RENAL Gm Prot Gm Na MagK mg PO4
TUBE TYPE cc/hr, 1/2, 3/4, FULL STRENGTH
PEDIATRIC: AGE ___ OTHER (*Specify*)
TPN: Change to D10 at ___ cc/hr for max of ___ days
TUBE FEEDING: ___ at ___ strength at ___ cc/hr

20e. IV / BLOOD

20f. SPECIAL EQUIPMENT: SUCTION | TRACTION | FOLEY CATH | NG TUBE | IV PUMP | ORTHO BRACES | STRYKER | TRACH | CHEST/HEIMLICH | INCUBATOR | MONITOR | RESTRAINTS | OTHER (USE 23)

OXYGEN: ___ PERCENT or ___ LITERS ROUTE:
VENT SETTINGS:

20g. ALTITUDE RESTRICTION: Yes / No ___ feet

20h. RECORDS TO ACCOMPANY PATIENT: OUTPATIENT RECORDS | ✓ INPATIENT RECORDS | NARRATIVE SUMMARY | FINANCIAL | ✓ XRAYS | OB | DENTAL | OTHER:

21. PRE-FLIGHT VITALS

21a. DATE / TIME | 21b. TEMP: | 21c. PULSE | 21e. BP | 21d. RESP:

22. BRIEF NARRATIVE

61 y.o. Iraqi male s/p GPW to (R) shoulder (open Fx). and (R) wrist (open distal radius Fx).

pt. is s/p DPI and [illegible] (R).

pt. referred to next echelon for further care.

20i. MEDICATIONS / TREATMENTS

morphine 1-5 mg IV/IM q 3-4 hrs prn pain.

phenergan 25mg IV q 4-6 hrs PRN

ancef 1gm IVPB q 8hrs

23. ASSESSMENT / PROGRESS

DATE / TIME	NOTES

24. STAMP AND SIGNATURE OF ATTENDING [redacted] M.D.
[redacted]
LTC, MC, USA
ORTHOPAEDIC SURGERY

25. STAMP AND SIGNATURE OF FLIGHT SURGEON

AF Form 3899 (433 AES Excel version)

MEDCOM - 2814

(b)(6)-4

ADMISSION AND CODING INFORMATION

For use of this form, see AR 40-400; the proponent agency is OTSG

1. REPORTING MTF (b)(3)-1	2. ...F LOCATION (State or Country Code.)
1 2 3 4 5 6	7 8

3. REGISTER NUMBER (b)(6)-4	NAME (Last, First, Middle Initial) (b)(6)-4	4. PAY GRADE	5. SEX
9 10 11 12 13 14 15		16 17	18
			M

6. DATE OF BIRTH (Y Y Y Y M M D D)	7. AGE AT ADMISSION	8. RACE	9. ETHNIC BACK-GROUND	RELIGION
19 20 21 22 23 24 25 26	27 28 29	30	31	Muslim
1 9 4 3 0 1 0 1	6 1 Y			

10. LENGTH OF SERVICE	ETS	11. FMP	12. SOCIAL SECURITY NUMBER (b)(6)-4
32 33 34		35 36	37 38 39 40 41 42 43 44 45

ORGANIZATION (Active Duty Only)	13. MARITAL STATUS	HOUR OF ADMISSION	BRANCH / CORPS
	46 M	1500 Z	

14. FLYING STATUS	15. BENEFICIARY CATEGORY	16. ZIP CODE OF RESIDENCE
47 48 49	50 51 52 K 7 8	53 54 55 56 57 58 59 60 61

17. UNIT LOCATION (State or Country Code)	18. MOS	19. TRAUMA	PREV. ADMISSION
62 63	64 65 66 67 68 69 70	71 B	YEAR ... NO X

20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION	WARD	NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE (b)(6)-4
72 O EMT	ICU 3	(Daughter

NAME AND LOCATION OF MEDICAL TREATMENT FACILITY (b)(3)-1	ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code) (b)(6)-4
	TELEPHONE NUMBER OF EMERGENCY ADDRESSEE

21. TYPE OF DISPOSITION	22. MTF TRANSFERRED TO (b)(3)-1	23. DATE OF DISPOSITION (Y Y M M D D)
73 74 XPR	75 76 77 78 79 80	81 82 83 84 85 0 3 0 5 30

24. CLINIC SVC - ADMITTING	25. MTF TRANSFERRED FROM	26. DATE THIS ADMISSION (Y Y M M D D)
87 88 89 90	91 92 93 94 95 96	97 98 99 100 101 102

27. LOCATION OF OCCURRENCE (Battle Casualty Only)	28. MTF OF INITIAL ADMISSION	29. DATE INITIAL ADMISSION (Y Y M M D D)
103 104	105 106 107 108 109 110	111 112 113 114 115 116 0 3 ...

FOR LOCAL USE

65w to (R) shoulder + (R) wrist

LUE 450

ADMITTING OFFICER (Signature, as required) (b)(6)-2

SIGNATURE OF ADMITTING CLERK

DA FORM 2985, MAR 89 EDITION OF MAY 79 IS OBSOLETE USAPPC V1.00

ADMISSION AND CODING INFORMATION

30. AGE AT DISP			31. AUTOPSY Y / N	32. UNDERLYING CAUSE OF DEATH / SEP	33. RESIDUAL DISABILITY			34. DO NOT USE - DATA FILLER #1									35. CAUSE OF INJURY		
123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142
6	1	Y																	

36. FIRST DIAGNOSIS *(Principal Diagnosis)*								37. SECOND DIAGNOSIS								38. THIRD DIAGNOSIS							
143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166
		8	8	0		0	0			8	8	1		0	2								

39. FOURTH DIAGNOSIS								40. FIFTH DIAGNOSIS								41. SIXTH DIAGNOSIS							
167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190

42. SEVENTH DIAGNOSIS								43. EIGHTH DIAGNOSIS							
191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206

44. FIRST PROCEDURE *(Principal Diagnosis)*								45. SECOND PROCEDURE								46. THIRD PROCEDURE							
207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230

47. FOURTH PROCEDURE								48. FIFTH PROCEDURE								49. SIXTH PROCEDURE							
231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254

50. SEVENTH PROCEDURE								51. EIGHTH PROCEDURE							
255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270

52. NUMBER OF DIAGNOSTIC FIELDS CONTAINING CODES		53. NUMBER OF PROCEDURAL FIELDS CONTAINING CODES		54. PRIMARY PROVIDER SPECIALTY CODE			55. BLOOD USAGE Y / N
271	272	273	274	275	276	277	278
0	0	0	0				

MEDCOM - 2816

INPATIENT TREATMENT RECORD COVER SHEET

For use of this form, see AR 40-400; the proponent agency is OTSG

1. REGISTER NUMBER	2. NAME (Last, First, MI)	3. GRADE	ADMISSION REMARKS
(b)(6)-4	(b)(6)-4		

4. SEX	5. AGE	6. RACE	7. RELIGION	8. LENGTH OF SVC	9. ETS	10. PREVIOUS ADMISSION
M	59		MUS			NO

11. FMP	12. SSN	13. ORGANIZATION	14. WARD
			ICU3

15. FLYING STATUS	16. RATING/ DSG	17. DEPT./ BEN	18. BRANCH/CORPS	19. UIC/ZIP	20. TYPE CASE
			EPW		INJ

21. SOURCE OF ADMISSION/AUTHORITY FOR ADMISSION	22. HOURS OF ADMISSION	23. CLINIC SERVICE
ERA	1509	

24. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE	25. TYPE DISPOSITION	26. DATE OF DISPOSITION
(b)(6)-4	XFR	030405

27a. ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)	27b. TELEPHONE NO.	28. DATE OF THIS ADMISSION	ADMITTING OFFICER
(b)(6)-4		030404	(b)(6)-2

29. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY	30. DATE OF INTIAL ADMISSION	32. UNITS OF WHOLE BLOOD/ COMPONENT TRANSFUSED
	030404	

31 SELECTED ADMINISTRATIVE DATA

☐ Check if Continued on Reverse

33. CAUSE OF INJURY

34 DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES

DX: multiple GSW lower extremity

CODING INFOMATION: 879.8

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	f. TOTAL SICK DAYS

36. Total Days All Facilites

a. ABSENT SICK DAYS	b. OTHER DAYS	c. CONV. LV/COOP CARE DAYS	d. SUPPLEMENTAL CARE DAYS	e. BED DAYS	f. TOTAL SICK DAYS

SIGNATURE OF ATTENDING MEDICAL OFFICER	SIGNATURE OF PAD OR MEDICAL RECORDS OFFICER

DA FORM 3647, MAY 79 EDITION OF 1 AUG 78 IS OBSOLETE USAPPC V1.10

ADMISSION AND CODING INFORMATION

For use of this form, see AR 40-400; proponent agency is OTSG

1. REPORTING MTF	2. MTF LOCATION (State or Country Code)	3. REGISTER NUMBER	NAME (Last, First, Middle Initial)	4. PAY GRADE	5. SEX
(b)(3)-1	I Z	(b)(6)-4	(b)(6)-4		M

6. DATE OF BIRTH (Y Y Y Y M M D D)	7. AGE AT ADMISSION	8. RACE	9. ETHNIC BACK-GROUND	RELIGION
19 20 21 22 23 24 25 26: 1 9 [illegible] 4 0 1 0 1	27 28 29: [illegible] 4 Y	30:	31:	MUS

10. LENGTH OF SERVICE	ETS	11. FMP	12. SOCIAL SECURITY NUMBER
32 33 34		35 36	37 38 39 40 41 42 43 44 45: (b)(3)-1

ORGANIZATION (Active Duty Only)	13. MARITAL STATUS	HOUR OF ADMISSION	BRANCH / CORPS
	46	1509Z	EPW

14. FLYING STATUS	15. BENEFICIARY CATEGORY	16. ZIP CODE OF RESIDENCE
47 48 49	50 51 52: K [illegible] 8	53 54 55 56 57 58 59 60 61

17. UNIT LOCATION (State or Country Code)	18. MOS	19. TRAUMA	PREV. ADMISSION
62 63	64 65 66 67 68 69 70	71	YEAR ☒ NO

20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION	WARD	NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE
72: ERA	ICU 3	(b)(6)-4 (b)(6)-4 (b)(6)-4

ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code): (b)(6)-4

NAME AND LOCATION OF MEDICAL TREATMENT FACILITY: (b)(3)-1 IRAQ

TELEPHONE NUMBER OF EMERGENCY ADDRESSEE

21. TYPE OF DISPOSITION	22. MTF TRANSFERRED TO	23. DATE OF DISPOSITION (Y Y M M D D)
73 74: XPR	(b)(3)-1 75 76 77 78 79 80: FWD	81 82 83 84 85 86: 0 3 0 4 0 5 1800

24. CLINIC SVC - ADMITTING	25. MTF TRANSFERRED FROM	26. DATE THIS ADMISSION (Y Y M M D D)
87 88 89 90	91 92 93 94 95 96	97 98 99 100 101 102

27. LOCATION OF OCCURRENCE (Battle Casualty Only)	28. MTF OF INITIAL ADMISSION	29. DATE INITIAL ADMISSION (Y Y M M D D)
103 104	105 106 107 108 109 110	111 112 113 114 115 116: 0 3 0 4 0 4

FOR LOCAL USE

Dx: Multiple GSW Lower Extremities

[illegible]

ADMITTING OFFICER (Signature, as required)	SIGNATURE OF ADMITTING CLERK
(b)(6)-2	(b)(6)-2

ADMISSION AND CODING INFORMATION

For use of this form, see AR 40-400; the proponent agency is the OTSG

30. AGE AT DISP			31. AUTOPSY Y / N	32. UNDERLYING CAUSE OF DEATH / SEP	33. RESIDUAL DISABILITY			34. DO NOT USE - DATA FILLER #1									35. CAUSE OF INJURY		
117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136
4	9	4																	

36. FIRST DIAGNOSIS *(Principal Diagnosis)*								37. SECOND DIAGNOSIS								38. THIRD DIAGNOSIS							
137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160
		8	7	9		8																	

39. FOURTH DIAGNOSIS								40. FIFTH DIAGNOSIS								41 SIXTH DIAGNOSIS							
161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184

42. SEVENTH DIAGNOSIS								43. EIGHTH DIAGNOSIS							
185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200

44. FIRST PROCEDURE *(Principal Diagnosis)*								45. SECOND PROCEDURE								46. THIRD PROCEDURE							
201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224

47. FOURTH PROCEDURE								48. FIFTH PROCEDURE								49. SIXTH PROCEDURE							
225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248

50. SEVENTH PROCEDURE								51. EIGHTH PROCEDURE							
249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264

52. NUMBER OF DIAGNOSTIC FIELDS CONTAINING CODES		53. NUMBER OF PROCEDURAL FIELDS CONTAINING CODES		54. PRIMARY PROVIDER SPECIALTY CODE			55. BLOOD USAGE Y/N
265	266	267	268	269	270	271	272

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ADMISSION AND CODING INFORMATION

For use of this form, see AR 40-400; the proponent agency is the OTSG

REPORTING MTF	REGISTER NUMBER
(b)(3)-1	(b)(6)-4

56. TOTAL SICK DAYS *(All Facilities)*	57. BED DAYS THIS MTF	58. BED DAYS OTHER FED MTFS	59. BED DAYS- CIV. HOSPITALS	60. BASSINET DAYS *(Neonatal)*
273 274 275 276 277	278 279 280 281	282 283 284 285	286 287 288 289	290 291 292 293
	0 0 0 2			

61. QUARTERS DAYS	62. MEDICAL HOLDING DAYS	63. COOPERATIVE CARE DAYS	64. CONVALESCENT LEAVE DAYS	65. SUPPLEMENTAL CARE DAYS
294 295 296 297	298 299 300 301	302 303 304 305	306 307 308 309	310 311 312 313

66. OTHER DAYS	67. TOTAL SICK DAYS - THIS MTF	68. BED DAYS - ICU	69. BED DAYS - ADMITTING CLINIC SERVICE	70. CLINIC SERVICE *(Second)*
314 315 316 317	318 319 320 321 322	323 324 325 326	327 328 329 330	331 332 333 334

71. BED DAYS SECOND CLINIC SERVICE	72. CLINIC SERVICE *(Third)*	73. BED DAYS THIRD CLINIC SERVICE	74. CLINIC SERVICE DISPOSITION	75. BED DAYS DISPOSITION CLINIC SERVICE
335 336 337 338	339 340 341 342	343 344 345 346	347 348 349 350	351 352 353 354

76. CONVALESCENT LEAVE RECOMMENDED	77. PATIENT ACUITY - DAYS I	78. PATIENT ACUITY - DAYS II	79. PATIENT ACUITY - DAYS III	80. PATIENT ACUITY - DAYS IV
355 356 357	358 359 360 361	362 363 364 365	366 367 368 369	370 371 372 373

81. PATIENT ACUITY - DAYS V	82. PATIENT ACUITY - DAYS VI	83. *DO NOT USE THIS SPACE*	84. TYPE RECORD
374 375 376 377	378 379 380 381	382 383 384 385 386 387	388 389 390 391 392 393

FOR LOCAL USE

MEDCOM - 2820

INPATIENT TREATMENT RECORD COVER SHEET

For use of this form, see AR 40-400; the proponent agency is OTSG

1. REGISTER NUMBER	2. NAME (Last, First, MI)					3. GRADE	ADMISSION REMARKS
(b)(6)-4	(b)(6)-4						
4. SEX: M	5. AGE: 24	6. RACE	7. RELIGION: Mus	8. LENGTH OF SVC	9. ETS	10. PREVIOUS ADMISSION: No	
11. FMP: K78 20	12. SSN		13. ORGANIZATION			14. WARD: ICU3	
15. FLYING STATUS: N	16. RATING/ DSG	17. DEPT./ BEN	18. BRANCH/CORPS	19. UIC/ZIP		20. TYPE CASE: BAT	

21. SOURCE OF ADMISSION/AUTHORITY FOR ADMISSION	22. HOURS OF ADMISSION	23. CLINIC SERVICE
ERA	1950z	

24. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE	25. TYPE DISPOSITION	26. DATE OF DISPOSITION
(b)(6)-4	XFR	030405

27a. ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)	27b. TELEPHONE NO.	28. DATE OF THIS ADMISSION	ADMITTING OFFICER
Baghdad, Radwania		030404	(b)(6)-2

29. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY	30. DATE OF INTIAL ADMISSION	32. UNITS OF WHOLE BLOOD/ COMPONENT TRANSFUSED
(b)(3)-1	030404	

31. SELECTED ADMINISTRATIVE DATA

☐ Check if Continued on Reverse

33. CAUSE OF INJURY

34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES

DX: L head Laceration, L thigh GSW

How: Unknown

Where: Unknown

When: Unknown

CODING INFORMATION: 910, 890

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	f. TOTAL SICK DAYS

35. Total Days All Facilites

a. ABSENT SICK DAYS	b. OTHER DAYS	c. CONV. LV/COOP CARE DAYS	d. SUPPLEMENTAL CARE DAYS	e. BED DAYS	f. TOTAL SICK DAYS

SIGNATURE OF ATTENDING MEDICAL OFFICER	SIGNATURE OF PAD OR MEDICAL RECORDS OFFICER

DA FORM 3647, MAY 79 — EDITION OF 1 AUG 76 IS OBSOLETE — USAPPC V1.10

1. NAME (Last, First, Middle Initial)	2. SSN	3a. STATUS	3b. SERVICE	4. PRECEDENCE	5. GRADE
(b)(6)-4		E+O		U P R X	

6. AGE	7. SEX	8. WEIGHT	9. BLOOD TYPE	10. CLASSIFICATION (1A TO 5F)	11. ACCEPTING MD
37	X MALE / FEMALE			AMBUL / X LITTER	(b)(6)-4

13. APPT/SURG DATE	14a. ORIGINATING FACILITY	15a. DESTINATION FACILITY	16. # OF ATTENDANTS	
	212TH MASH		16a. MED	16b. NON-MED
	14b. ORIGINATING FACILITY PHONE NUMBER: ICU #3 558-4987	15B. DESTINATION FACILITY PHONE NUMBER		

17. DIAGNOSIS

Laceration L hand
GSW to L thigh

18. / BATTLE CASUALTY | DISEASE | NON BATTLE INJURY

20. PHYSICIANS ORDERS

20a. DATE: 5 FEB 03 | 20b. TIME: 0630 | 20c. ALLERGIES: NKDA

20d. DIET: X REG | 3GM NA | CARDIAC | DIABETIC CALS
RENAL ___ Gm Prot ___ Gm Na ___ MagK ___ mg PO4
TUBE ___ TYPE ___ cc/hr, 1/2, 3/4, FULL STRENGTH
PEDIATRIC: AGE ___ OTHER (Specify)
TPN: Change to D10 at ___ cc/hr for max of ___ days
TUBE FEEDING: ___ at ___ strength at ___ cc/hr

20e. IV / BLOOD

20f. SPECIAL EQUIPMENT

SUCTION		TRACTION	FOLEY CATH
NG TUBE		IV PUMP	ORTHO BRACES
STRYKER		TRACH	CHEST/HEIMLICH
INCUBATOR		MONITOR	RESTRAINTS
			OTHER (USE 23)

20g. OXYGEN: PERCENT or LITERS ROUTE:
VENT SETTINGS:

20g. ALTITUDE RESTRICTION: Yes / No feet

20h. RECORDS TO ACCOMPANY PATIENT

	OUTPATIENT RECORDS		XRAYS	OTHER:
X	INPATIENT RECORDS		OB	
	NARRATIVE SUMMARY		DENTAL	
	FINANCIAL			

20i. MEDICATIONS / TREATMENTS

NS @ 200 cc/hr
~~Ancef~~ Ancef 1g IV PB
(b)(6)-2

19. CLINICAL ISSUES (Please indicate Yes or No on clinical issues. Explain YES comments in Section 23)

	YES	NO	ISSUE		YES	NO	
a.		X	Hypertension	i.			Bowel Problem
b.			Cardiac Hx	j.			Self-care
c.			Diabetes	k.	Y		Ambulatory
d.			Respiratory	l.			Ambulatory Aid
e.			Ears/Sinus	m.			Self-meds
f.			Motion Sick	n.			Adequate Supply of Meds
g.			Vision Impaired	o.			Other:
h.			Voiding Prob.				

21. PRE-FLIGHT VITALS

21a. DATE / TIME	21b. TEMP:	21c. PULSE	21e. BP
	21d. RESP:		

22. BRIEF NARRATIVE

L hand laceration
GSW to L thigh

23. ASSESSMENT / PROGRESS

DATE / TIME	NOTES

24. STAMP AND SIGNATURE OF ATTENDING PHYSICIAN

(b)(6)-2

25. STAMP AND SIGNATURE OF FLIGHT SURGEON

(b)(6)-2

AF Form 3899 (433 AES E

(b)(6)-4

ADMISSION AND CODING INFORMATION

For use of this form, see AR 40-400; proponent agency is OTSG

1. REPORTING MTF	2. LOCATION (State or Country Code)	NAME (Last, First, Middle Initial)	4. PAY GRADE	5. SEX
(b)(3)-1	I Z	(b)(6)-4		M

3. REGISTER NUMBER	6. DATE OF BIRTH (Y Y Y Y M M D D)	7. AGE AT ADMISSION	8. RACE	9. ETHNIC BACKGROUND	RELIGION
(b)(6)-4	19701	24			MOS

10. LENGTH OF SERVICE	ETS	11. FMP	12. SOCIAL SECURITY NUMBER
			(b)(6)-4

ORGANIZATION (Active Duty Only)	13. MARITAL STATUS	HOUR OF ADMISSION	BRANCH / CORPS
		1950Z	EPW

14. FLYING STATUS	15. BENEFICIARY CATEGORY	16. ZIP CODE OF RESIDENCE
	K 7 8	

17. UNIT LOCATION (State or Country Code)	18. MOS	19. TRAUMA	PREV. ADMISSION
			YEAR / [X] NO

20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION	WARD	NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE
ER17	ICU3	[redacted] F/[redacted] (b)(6)-4

ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code): BAG, DAG ~~RADWANIA~~ RADWANIA (b)(6)-4

NAME AND LOCATION OF MEDICAL TREATMENT FACILITY: (b)(3)-1 IRAQ

TELEPHONE NUMBER OF EMERGENCY ADDRESSEE:

21. TYPE OF DISPOSITION	22. MTF TRANSFERRED TO	23. DATE OF DISPOSITION (Y Y M M D D)
XPR	(b)(3)-1	030405 1800

24. CLINIC SVC - ADMITTING	25. MTF TRANSFERRED FROM	26. DATE THIS ADMISSION (Y Y M M D D)

27. LOCATION OF OCCURRENCE (Battle Casualty Only)	28. MTF OF INITIAL ADMISSION	29. DATE INITIAL ADMISSION (Y Y M M D D)
		030404

FOR LOCAL USE

① Head Laceration

② Thigh GSW

DX: 8910
8739
E9912

LLE 4cm

TRANSFER

ADMITTING OFFICER (Signature as required): (b)(6)-2

SIGNATURE OF ADMITTING CLERK: (b)(6)-2

DA FORM 2985, MAR 89

MEDCOM - 2823

INPATIENT TREATMENT RECORD COVER SHEET

For use of this form, see AR 40-400; the proponent agency is OTSG

1. REGISTER NUMBER	2. NAME (Last, First, MI)	3. GRADE	ADMISSION REMARKS
(b)(6)-4	(b)(6)-4		

4. SEX	5. AGE	6. RACE	7. RELIGION	8. LENGTH OF SVC	9. ETS	10. PREVIOUS ADMISSION
M						No

11. FMP	12. SSN	13. ORGANIZATION	14. WARD
K78			ICU3

15. FLYING STATUS	16. RATING/ OSG	17. DEPT./ BEN	18. BRANCH/CORPS	19. UIC/ZIP	20. TYPE CASE
N					Bat

21. SOURCE OF ADMISSION/AUTHORITY FOR ADMISSION	22. HOURS OF ADMISSION	23. CLINIC SERVICE
EMT	1954z	

24. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE	25. TYPE DISPOSITION	26. DATE OF DISPOSITION
	XFR	030405

27a. ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)	27b. TELEPHONE NO.	28. DATE OF THIS ADMISSION	ADMITTING OFFICER
		030404	(b)(6)-2

29. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY	30. DATE OF INITIAL ADMISSION	32. UNITS OF WHOLE BLOOD/ COMPONENT TRANSFUSED
(b)(3)-1 Iraq	030404	

31. SELECTED ADMINISTRATIVE DATA

☐ Check if Continued on Reverse

33. CAUSE OF INJURY

34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES

DX: GSW to B thighs

How: Unknown

Where: Unkown

When: Unknowns

CODING INFORMATION: 890.0

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	f. TOTAL SICK DAYS

36. Total Days All Facilites

a. ABSENT SICK DAYS	b. OTHER DAYS	c. CONV. LV/COOP CARE DAYS	d. SUPPLEMENTAL CARE DAYS	e. BED DAYS	f. TOTAL SICK DAYS

SIGNATURE OF ATTENDING MEDICAL OFFICER	SIGNATURE OF PAD OR MEDICAL RECORDS OFFICER

DA FORM 3647, MAY 79 EDITION OF 1 AUG 78 IS OBSOLETE USAPPC V1.10

(b)(6)-4 DISPV

AEROMEDICAL EVACUATION PATIENT RECORD

PATIENT IDENTIFICATION

(b)(6)-4

2. SSN

EPW

3a. STATUS: EPW | 3b. SERVICE | 4. PRECEDENCE: U P R | 5. GRADE

6. AGE: 24 | 7. SEX: X Male | Female | 8. WEIGHT | 9. BLOOD TYPE | 10. CLASSIFICATION (1A-8P): AMBULATORY | X LITTER | 11. ACCEPTING PHYSICIAN | 12. CITE/AUTHORITY (b)(6)-4

13. APPT/SURG DATE | 14a. ORIGINATING FACILITY | 14b. ORIGINATING FACILITY PHONE NUMBER | 15a. DESTINATION FACILITY | 15b. DESTINATION FACILITY PHONE NUMBER | 16. NUMBER OF ATTENDANTS: 16a. MEDICAL | 16b. NON MED

17. DIAGNOSIS

S/P GSW THIGH / LEFT / RIGHT

18. BATTLE CASUALTY | DISEASE | NON-BATTLE INJURY

19. CLINICAL ISSUES (Please indicate Yes or No on clinical issues. Explain YES comments in Section 23)

	YES	NO	ISSUE		YES	NO	ISSUE		YES	NO	ISSUE
a.			HYPERTENSION	f.			MOTION IMPAIRED	k.			AMBULATORY
b.			CARDIAC HX	g.			VISION IMPAIRED	l.			AMBULATORY AID
c.			DIABETES	h.			VOICING PROBLEMS	m.			MILP-MEDS
d.			RESPIRATORY	i.			BOWEL PROBLEMS	n.			ASSISTANCE ENTIRELY SE NEED
e.			ZARE/ISSUE	j.			SELF-CARE	o.			OTHER

20. PHYSICIANS ORDERS

20a. DATE | 20b. TIME | 20c. ALLERGIES

20d. DIET | REG | SOFT/NA | CARDIAC | DIABETIC ____ CALS

RENAL ____ Gm prot ____ Gm Na ____ mEq K ____ mg PO4

TUBE ____ TYPE ____ 50% 1/2 3/4 FULL STRENGTH

PEDIATRIC: ABS ____ | OTHER (Specify) ____

IVF: Change to D10 at ____ ml/hr for ____ of ____ days

TUBE FEEDING ____ at ____ strength at ____ ml/hr

20e. IV/BLOOD

20f. SPECIAL EQUIPMENT

SUCTION		TRACTION	ORTHOPEDIC BRACES
NG TUBE		IV PUMP	CHEST TUBE/HEIMLICH
STRYKER FRAME		TRACH	RESTRAINTS
INCUBATOR		MONITOR	OTHER (Explain in 23)
		FOLEY	

O2: | LITERS: | ROUTE:

VENTILATOR SETTINGS

20g. ALTITUDE RESTRICTION:

20h. RECORDS TO ACCOMPANY PATIENT

	OUTPATIENT RECORDS		X-RAYS		FINANCIAL
	INPATIENT RECORDS		OB RECORDS		OTHER (Specify)
	NARRATIVE SUMMARY		DENTAL RECORDS		

20i. MEDICATIONS/TREATMENTS

21. PRE-FLIGHT VITALS

21a. DATE/TIME | 21b. TEMP | 21c. PULSE | 21d. RESP | 21e. BP

22. BRIEF NARRATIVE

(L) GSW(B) THIGH DEBRIDED, WRAPPED

(R) NO FEMUR FRACTURE

23. ASSESSMENT/PROGRESS

DATE/TIME | NOTES

24. STAMP AND SIGNATURE OF ATTENDING PHYSICIAN

25. STAMP AND SIGNATURE OF FLIGHT SURGEON

AF FORM 3899, MAR 95

(b)(6)-4

ADMISSION AND CODING INFORMATION

For use of this form, see AR 40-400; proponent agency is OTSG

1. REPORTING MTF (1–6): (b)(3)-1

2. LOCATION (7–8) (State or Country Code): I Z

3. REGISTER NUMBER (9–15): (b)(6)-4

NAME (Last, First, Middle Initial): (b)(6)-4

4. PAY GRADE (16–17):

5. SEX (18): M

6. DATE OF BIRTH (Y Y Y Y M M D D) (19–26): 1 9 1 6 0 1 0 1

7. AGE AT ADMISSION (27–29): 2 7 Y

8. RACE (30):

9. ETHNIC BACKGROUND (31):

RELIGION:

10. LENGTH OF SERVICE (32–34):

ETS:

11. FMP (35–36): 2 0

12. SOCIAL SECURITY NUMBER (37–45): (b)(6)-4

ORGANIZATION (Active Duty Only):

13. MARITAL STATUS (46):

HOUR OF ADMISSION: 1954z

BRANCH / CORPS:

14. FLYING STATUS (47–49):

15. BENEFICIARY CATEGORY (50–52): K 7 8 — EPW

16. ZIP CODE OF RESIDENCE (53–61):

17. UNIT LOCATION (State or Country Code) (62–63):

18. MOS (64–70):

19. TRAUMA (71): B

PREV. ADMISSION — YEAR: ☐ NO

20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION (72): 0 — EMT

WARD: ICU 3

NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE:

ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code):

NAME AND LOCATION OF MEDICAL TREATMENT FACILITY:

TELEPHONE NUMBER OF EMERGENCY ADDRESSEE:

21. TYPE OF DISPOSITION (73–74): XFR

22. MTF TRANSFERRED TO (75–80): (b)(3)-1

23. DATE OF DISPOSITION (Y Y M M D D) (81–86): 0 3 0 4 0 8 0530

24. CLINIC SVC - ADMITTING (87–90):

25. MTF TRANSFERRED FROM (91–96):

26. DATE THIS ADMISSION (Y Y M M D D) (97–102):

27. LOCATION OF OCCURRENCE (Battle Casualty Only) (103–104):

28. MTF OF INITIAL ADMISSION (105–110):

29. DATE INITIAL ADMISSION (Y Y M M D D) (111–116): 0 3 0 4 0 4

FOR LOCAL USE

GSW (B) thighs

DX: 8901
E9912
Trauma
450

ADMITTING OFFICER (Signature ...): (b)(6)-2

SIGNATURE OF ADMITTING CLERK: (b)(6)-2

DA FORM 2985, MAR 89 — EDITION OF MAY 79 IS OBSOLETE

ADMISSION AND CODING INFORMATION

For use of this form, see AR 40-400; the proponent agency is the OTSG

30. AGE AT DISP			31. AUTOPSY Y / N	32. UNDERLYING CAUSE OF DEATH / SEP	33. RESIDUAL DISABILITY			34. DO NOT USE - DATA FILLER #1									35. CAUSE OF INJURY		
117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136

36. FIRST DIAGNOSIS (Principal Diagnosis)							
137	138	139	140	141	142	143	144
		8	9	0		0	

37. SECOND DIAGNOSIS							
145	146	147	148	149	150	151	152

38. THIRD DIAGNOSIS							
153	154	155	156	157	158	159	160

39. FOURTH DIAGNOSIS							
161	162	163	164	165	166	167	168

40. FIFTH DIAGNOSIS							
169	170	171	172	173	174	175	176

41 SIXTH DIAGNOSIS							
177	178	179	180	181	182	183	184

42. SEVENTH DIAGNOSIS							
185	186	187	188	189	190	191	192

43. EIGHTH DIAGNOSIS							
193	194	195	196	197	198	199	200

44. FIRST PROCEDURE (Principal Diagnosis)							
201	202	203	204	205	206	207	208

45. SECOND PROCEDURE							
209	210	211	212	213	214	215	216

46. THIRD PROCEDURE							
217	218	219	220	221	222	223	224

47. FOURTH PROCEDURE							
225	226	227	228	229	230	231	232

48. FIFTH PROCEDURE							
233	234	235	236	237	238	239	240

49. SIXTH PROCEDURE							
241	242	243	244	245	246	247	248

50. SEVENTH PROCEDURE							
249	250	251	252	253	254	255	256

51. EIGHTH PROCEDURE							
257	258	259	260	261	262	263	264

52. NUMBER OF DIAGNOSTIC FIELDS CONTAINING CODES		53. NUMBER OF PROCEDURAL FIELDS CONTAINING CODES		54. PRIMARY PROVIDER SPECIALTY CODE			55. BLOOD USAGE Y/N
265	266	267	268	269	270	271	272

MEDCOM - 2827

ADMISSION AND CODING INFORMATION

For use of this form, see AR 40-400; the proponent agency is the OTSG

REPORTING MTF	REGISTER NUMBER
(b)(3)-1	(b)(6)-4

55. TOTAL SICK DAYS *(All Facilities)*	57. BED DAYS THIS MTF	58. BED DAYS OTHER FED MTFS	59. BED DAYS- CIV. HOSPITALS	60. BASSINET DAYS *(Neonatal)*
273 274 275 276 277	278 279 280 281	282 283 284 285	286 287 288 289	290 291 292 293
	0 0 0 2			

61. QUARTERS DAYS	62. MEDICAL HOLDING DAYS	63. COOPERATIVE CARE DAYS	64. CONVALESCENT LEAVE DAYS	65. SUPPLEMENTAL CARE DAYS
294 295 296 297	298 299 300 301	302 303 304 305	306 307 308 309	310 311 312 313

66. OTHER DAYS	67. TOTAL SICK DAYS - THIS MTF	68. BED DAYS - ICU	69. BED DAYS - ADMITTING CLINIC SERVICE	70. CLINIC SERVICE *(Second)*
314 315 316 317	318 319 320 321 322	323 324 325 326	327 328 329 330	331 332 333 334

71. BED DAYS SECOND CLINIC SERVICE	72. CLINIC SERVICE *(Third)*	73. BED DAYS THIRD CLINIC SERVICE	74. CLINIC SERVICE DISPOSITION	75. BED DAYS DISPOSITION CLINIC SERVICE
335 336 337 338	339 340 341 342	343 344 345 346	347 348 349 350	351 352 353 354

76. CONVALESCENT LEAVE RECOMMENDED	77. PATIENT ACUITY - DAYS I	78. PATIENT ACUITY - DAYS II	79. PATIENT ACUITY - DAYS III	80. PATIENT ACUITY - DAYS IV
355 356 357	358 359 360 361	362 363 364 365	366 367 368 369	370 371 372 373

81. PATIENT ACUITY - DAYS V	82. PATIENT ACUITY - DAYS VI	83. *DO NOT USE THIS SPACE*	84. TYPE RECORD
374 375 376 377	378 379 380 381	382 383 384 385 386 387	388 389 390 391 392 393

FOR LOCAL USE

MEDCOM - 2828

INPATIENT TREATMENT RECORD COVER SHEET

For use of this form, see AR 40-400; the proponent agency is OTSG

1. REGISTER NUMBER	2. NAME (Last, First, MI)			3. GRADE	ADMISSION REMARKS
(b)(6)-4	(b)(6)-4				
4. SEX	5. AGE	6. RACE	7. RELIGION	8. LENGTH OF SVC	9. ETS	10. PREVIOUS ADMISSION	
M	27	O	Muslim			No	
11. FMP	12. SSN		13. ORGANIZATION			14. WARD	
(b)(6)-4						ICU3	
15. FLYING STATUS	16. RATING/ OSG	17. DEPT./ SEN	18. BRANCH/CORPS	19. UIC/ZIP		20. TYPE CASE	
N						Inj	
21. SOURCE OF ADMISSION/AUTHORITY FOR ADMISSION			22. HOURS OF ADMISSION	23. CLINIC SERVICE			
ERA			2018z				
24. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE			25. TYPE DISPOSITION	26. DATE OF DISPOSITION			
			XFR	030405			
27a. ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)			27b. TELEPHONE NO.	28. DATE OF THIS ADMISSION	ADMITTING OFFICER		
				030404	Maj (b)(6)-2		
29. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY				30. DATE OF INITIAL ADMISSION	32. UNITS OF WHOLE BLOOD/ COMPONENT TRANSFUSED		
(b)(3)-1 / Iraq				030404			

31. SELECTED ADMINISTRATIVE DATA

☐ Check if Continued on Reverse

33. CAUSE OF INJURY

34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES

DX: EX LAP, GSW Abdomen

How:

Where:

When:

CODING INFORMATION: 879.2

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	f. TOTAL SICK DAYS

36. Total Days All Facilites

a. ABSENT SICK DAYS	b. OTHER DAYS	c. CONV. LV/COOP CARE DAYS	d. SUPPLEMENTAL CARE DAYS	e. BED DAYS	f. TOTAL SICK DAYS

SIGNATURE OF ATTENDING MEDICAL OFFICER	SIGNATURE OF PAD OR MEDICAL RECORDS OFFICER

(b)(6)-4

1830
5APR

1\. NAME (Last, First, Middle Initial) (b)(6)-4 | 2. SSN (b)(6)-4 | 3a. STATUS EPW | 3b. SERVICE | 4. PRECEDENCE U P ✓ R | 5. GRADE

6\. AGE 24 | 7. SEX MALE ✓ FEMALE | 8. WEIGHT | 9. BLOOD TYPE | 10. CLASSIFICATION (1A TO 5F) AMBUL X LITTER | 11. ACCEPTING MD | 12. CITE/AUTH # (b)(6)-4

13\. APPT/SURG DATE 4 APR | 14a. ORIGINATING FACILITY (b)(3)-1 | 15a. DESTINATION FACILITY (b)(3)-1 | 16. # OF ATTENDANTS 16a. MED Ø 16b. NON-MED Ø

14b. ORIGINATING FACILITY PHONE NUMBER FCG # 3 | 15B. DESTINATION FACILITY PHONE NUMBER

17\. DIAGNOSIS
GSW Back/Flank
S/p EX LAP

18\. BATTLE CASUALTY | DISEASE | NON BATTLE INJURY

20\. PHYSICIANS ORDERS

20a. DATE 4 APR/03 | 20b. TIME 2200 | 20c. ALLERGIES NKA

20d. DIET NPO — REG | 3GM NA | CARDIAC | DIABETIC CALS
RENAL Gm Prot Gm Na MagK mg PO4
TUBE TYPE cc/hr, 1/2, 3/4, FULL STRENGTH
PEDIATRIC: AGE | OTHER (Specify)
TPN: Change to D10 at cc/hr for max of days
TUBE FEEDING: at strength at cc/hr

20e. IV / BLOOD

20f. SPECIAL EQUIPMENT
SUCTION | TRACTION | FOLEY CATH
✓ NG TUBE | IV PUMP | ORTHO BRACES
STRYKER | TRACH | CHEST/HEIMLICH
INCUBATOR | MONITOR | RESTRAINTS
✓ OTHER (USE 23)
OXYGEN: PERCENT or LITERS ROUTE:
VENT SETTINGS:

20g. ALTITUDE RESTRICTION: Yes (No) feet

20h. RECORDS TO ACCOMPANY PATIENT
✓ OUTPATIENT RECORDS | XRAYS | OTHER:
INPATIENT RECORDS | OB
NARRATIVE SUMMARY | DENTAL
FINANCIAL

20i. MEDICATIONS / TREATMENTS
CT to water seal
NG to gravity

19\. CLINICAL ISSUES (Please indicate Yes or No on clinical issues. Explain YES comments in Section 23)

	YES	NO	ISSUE		YES	NO	
a.		✓	Hypertension	i.		✓	Bowel Problem
b.		✓	Cardiac Hx	j.		✓	Self-care
c.		✓	Diabetes	k.	Ø	✓	Ambulatory
d.		✓	Respiratory	l.			Ambulatory Aid
e.		✓	Ears/Sinus	m.		✓	Self-meds
f.		✓	Motion Sick	n.			Adequate Supply of Meds
g.		✓	Vision Impaired	o.			Other:
h.		✓	Voiding Prob.				

21\. PRE-FLIGHT VITALS
21a. DATE / TIME 4 APR 03 | 21b. TEMP: | 21c. PULSE | 21e. BP
21d. RESP:

22\. BRIEF NARRATIVE
received s/p EX LAP for
GSW (L) flank 1731 hrs 2 Apr
CT placed, NG placed
possibly now therapeutic
exploration

23\. ASSESSMENT / PROGRESS
DATE / TIME NOTES
Chest tube
NG tube

p/e when available

(b)(6)-2

LTC, MC

24\. STAMP AND SIGNATURE OF ATTENDING PHYSICIAN
(b)(6)-2

25\. STAMP AND SIGNATURE OF FLIGHT SURGEON

AF Form 3899 (433 AES Ex

MEDCOM - 2830

ADMISSION AND CODING INFORMATION

For use of this form, see AR 40-400; proponent agency is OTSG

1. REPORTING MTF (1–6): (b)(3)-1
2. MTF LOCATION (7–8) (State or Country Code)
3. REGISTER NUMBER (9–15): (b)(6)-4
NAME (Last, First, Middle Initial): (b)(6)-4
4. PAY GRADE (16–17):
5. SEX (18): M
6. DATE OF BIRTH (Y Y Y Y M M D D): 19 20 21 22 23 24 25 26 — 1 9 [illegible] [illegible] 0 1 [illegible] 1
7. AGE AT ADMISSION (27–29): 2 [illegible] Y
8. RACE (30):
9. ETHNIC BACKGROUND (31):
RELIGION: MUS
10. LENGTH OF SERVICE (32–34):
ETS:
11. FMP (35–36): 2 0
12. SOCIAL SECURITY NUMBER (37–45): (b)(6)-4
ORGANIZATION (Active Duty Only):
13. MARITAL STATUS (46):
HOUR OF ADMISSION: 2018Z
BRANCH / CORPS: EPW
14. FLYING STATUS (47–49):
15. BENEFICIARY CATEGORY (50–52): (b)(6)-4
16. ZIP CODE OF RESIDENCE (53–61):
17. UNIT LOCATION (State or Country Code) (62–63):
18. MOS (64–70):
19. TRAUMA (71): INJ
PREV. ADMISSION — YEAR: — NO: X
20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION (72): ERA
WARD: ICU3
NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE:
ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code):
NAME AND LOCATION OF MEDICAL TREATMENT FACILITY: (b)(3)-1 IRAQ
TELEPHONE NUMBER OF EMERGENCY ADDRESSEE:
21. TYPE OF DISPOSITION (73–74): XFR
22. MTF TRANSFERRED TO (75–80): (b)(6)-4
23. DATE OF DISPOSITION (Y Y M M D D): 81 82 83 84 85 86 — 0 3 0 4 0 5
24. CLINIC SVC - ADMITTING (87–90):
25. MTF TRANSFERRED FROM (91–96):
26. DATE THIS ADMISSION (Y Y M M D D) (97–102):
27. LOCATION OF OCCURRENCE (Battle Casualty Only) (103–104):
28. MTF OF INITIAL ADMISSION (105–110):
29. DATE INITIAL ADMISSION (Y Y M M D D): 111 112 113 114 115 116 — 0 3 0 4 0 4

FOR LOCAL USE

S/P EX LAP
GSW ABD

Apr 2018
Pm Dx:
Injured Trauma
HCP 1

(b)(6)-2

SIGNATURE OF ADMITTING CLERK: Spc (b)(6)-2

DA FORM 2985, MAR 89 EDITION OF MAY 79 IS OBSOLETE

MEDCOM - 2831

ADMISSION AND CODING INFORMATION

For use of this form, see AR 40-400; the proponent agency is the OTSG

30. AGE AT DISP			31. AUTOPSY Y / N	32. UNDERLYING CAUSE OF DEATH / SEP	33. RESIDUAL DISABILITY			34. DO NOT USE - DATA FILLER #1									35. CAUSE OF INJURY		
117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136
2	7	4																	

36. FIRST DIAGNOSIS (Principal Diagnosis)								37. SECOND DIAGNOSIS								38. THIRD DIAGNOSIS							
137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160
		8	7	9		2																	

39. FOURTH DIAGNOSIS								40. FIFTH DIAGNOSIS								41 SIXTH DIAGNOSIS							
161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184

42. SEVENTH DIAGNOSIS								43. EIGHTH DIAGNOSIS							
185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200

44. FIRST PROCEDURE (Principal Diagnosis)								45. SECOND PROCEDURE								46. THIRD PROCEDURE							
201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224

47. FOURTH PROCEDURE								48. FIFTH PROCEDURE								49. SIXTH PROCEDURE							
225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248

50. SEVENTH PROCEDURE								51. EIGHTH PROCEDURE							
249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264

52. NUMBER OF DIAGNOSTIC FIELDS CONTAINING CODES		53. NUMBER OF PROCEDURAL FIELDS CONTAINING CODES		54. PRIMARY PROVIDER SPECIALTY CODE			55. BLOOD USAGE Y/N
265	266	267	268	269	270	271	272

MEDCOM - 2832

INPATIENT TREATMENT RECORD COVER SHEET

For use of this form, see AR 40-400; the proponent agency is OTSG

1. REGISTER NUMBER	2. NAME (Last, First, MI)	3. GRADE	ADMISSION REMARKS
(b)(6)-4	(b)(6)-4		

AGE	6. RACE	7. RELIGION	8. LENGTH OF SVC	9. ETS	10. PREVIOUS ADMISSION
M 21	O	Muslim			No

11. FMP	12. SSN	13. ORGANIZATION	14. WARD
K78			ICU3

15. FLYING STATUS	16. RATING/ OSG	17. DEPT./ BEN	18. BRANCH/CORPS	19. UIC/ZIP	20. TYPE CASE
N		K78			Inj

21. SOURCE OF ADMISSION/AUTHORITY FOR ADMISSION	22. HOURS OF ADMISSION	23. CLINIC SERVICE
EMT	2050z	

24. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE	25. TYPE DISPOSITION	26. DATE OF DISPOSITION
	XFR	030410

27a. ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)	27b. TELEPHONE NO.	28. DATE OF THIS ADMISSION	ADMITTING OFFICER
		030404	Maj (b)(6)-2

29. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY	30. DATE OF INITIAL ADMISSION	32. UNITS OF WHOLE BLOOD/ COMPONENT TRANSFUSED
(b)(3)-1	030404	

31. SELECTED ADMINISTRATIVE DATA

☐ Check if Continued on Reverse

33. CAUSE OF INJURY

34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES

DX: Multiple GSW/ shrapnel injuries

How:

Where:

When:

CODING INFORMATION: 879.8

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	f. TOTAL SICK DAYS

36. Total Days All Facilites

a. ABSENT SICK DAYS	b. OTHER DAYS	c. CONV. LV/COOP CARE DAYS	d. SUPPLEMENTAL CARE DAYS	e. BED DAYS	f. TOTAL SICK DAYS

SIGNATURE OF ATTENDING MEDICAL OFFICER	SIGNATURE OF PAD OR MEDICAL RECORDS OFFICER

1. NAME (Last, First, Middle Initial) (b)(6)-1	2. SSN	3a. STATUS	3b. SERVICE	4. PRECEDENCE	5. GRADE
				U P R X	

6. AGE	7. SEX	8. WEIGHT	9. BLOOD TYPE	10. CLASSIFICATION (1A TO 5F)	11. ACCEPTING MD	12. CITE/AUTH # (b)(6)-1
20	X MALE / FEMALE			AMBUL / X LITTER		

13. APPT/SURG DATE	14a. ORIGINATING FACILITY (b)(3)-1	15a. DESTINATION FACILITY	16. # OF ATTENDANTS	
			16a. MED	16b. NON-MED
	14b. ORIGINATING FACILITY PHONE NUMBER: ICU #3 558-(b)(3)-1	15B. DESTINATION FACILITY PHONE NUMBER	Ø	Ø

17. DIAGNOSIS: Multiple GSW's

18. X BATTLE CASUALTY | DISEASE | NON BATTLE INJURY

19. CLINICAL ISSUES *(Please indicate Yes or No on clinical issues. Explain YES comments in Section 23)*

	YES	NO	ISSUE		YES	NO	
a.			Hypertension	i.			Bowel Problem
b.			Cardiac Hx	j.			Self-care
c.			Diabetes	k.	X		Ambulatory
d.			Respiratory	l.			Ambulatory Aid
e.			Ears/Sinus	m.			Self-meds
f.			Motion Sick	n.			Adequate Supply of Meds
g.			Vision Impaired	o.			Other:
h.			Voiding Prob.				

20. PHYSICIANS ORDERS

20a. DATE	20b. TIME	20c. ALLERGIES
6APR03	1745	NKDA

20d. DIET: X REG | 3GM NA | CARDIAC | DIABETIC CALS

RENAL Gm Prot Gm Na MagK mg PO4

TUBE TYPE cc/hr, 1/2, 3/4, FULL STRENGTH

PEDIATRIC: AGE | OTHER *(Specify)*

TPN: Change to D10 at cc/hr for max of days

TUBE FEEDING: at strength at cc/hr

20e. IV / BLOOD

20f. SPECIAL EQUIPMENT

SUCTION		TRACTION	FOLEY CATH
NG TUBE		IV PUMP	ORTHO BRACES
STRYKER		TRACH	CHEST/HEIMLICH
INCUBATOR		MONITOR	RESTRAINTS
			OTHER *(USE 23)*

OXYGEN: PERCENT or LITERS ROUTE:

VENT SETTINGS:

20g. ALTITUDE RESTRICTION: Yes / No feet

20h. RECORDS TO ACCOMPANY PATIENT

Y	OUTPATIENT RECORDS	Y	XRAYS	OTHER:
	INPATIENT RECORDS		OB	
	NARRATIVE SUMMARY		DENTAL	
	FINANCIAL			

20i. MEDICATIONS / TREATMENTS

Ancef 1 gm IV @ 8°

MSO4 2-4 mg IV @ 2° PRN pain

IVF LR @ 125 cc/hr

21. PRE-FLIGHT VITALS

21a. DATE / TIME	21b. TEMP:	21c. PULSE	21e. BP
	21d. RESP:		

22. BRIEF NARRATIVE

~20 y.o ♂ s/p GSW @ arm / @ leg. Pt. s/p washout, stable for x-fer

23. ASSESSMENT / PROGRESS

DATE / TIME	NOTES

(b)(6)-2 PHYSICIAN

25. STAMP AND SIGNATURE OF FLIGHT SURGEON

Form 3899 (433 AES Excel version)

[redacted]

ADMISSION AND CODING INFORMATION

For use of this form, see AR 40-400; proponent agency is OTSG

1. REPORTING MTF	2. MTF LOCATION (State or Country Code)
[redacted]	

3. REGISTER NUMBER	NAME (Last First Middle Initial)	4. PAY GRADE	5. SEX
[redacted]	[redacted]		M

6. DATE OF BIRTH (Y Y Y Y M M D D)	7. AGE AT ADMISSION	8. RACE	9. ETHNIC BACK-GROUND	RELIGION
19820101	21Y			Muslim

10. LENGTH OF SERVICE	ETS	11. FMP	12. SOCIAL SECURITY NUMBER
		22	[redacted]

ORGANIZATION (Active Duty Only)	13. MARITAL STATUS	HOUR OF ADMISSION	BRANCH / CORPS
EPW		2050Z	

14. FLYING STATUS	15. BENEFICIARY CATEGORY	16. ZIP CODE OF RESIDENCE
	K78 EPW	

17. UNIT LOCATION (State or Country Code)	18. MOS	19. TRAUMA	PREV. ADMISSION
		B	YEAR / NO

20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION	WARD	NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE
0 EMT	ICU3	

NAME AND LOCATION OF MEDICAL TREATMENT FACILITY	ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)	TELEPHONE NUMBER OF EMERGENCY ADDRESSEE
[redacted]	[redacted]	442 [redacted]

21. TYPE OF DISPOSITION	22. MTF TRANSFERRED TO	23. DATE OF DISPOSITION (Y Y M M D D)
XFR	[redacted]	030410 0420

24. CLINIC SVC - ADMITTING	25. MTF TRANSFERRED FROM	26. DATE THIS ADMISSION (Y Y M M D D)

27. LOCATION OF OCCURRENCE (Battle Casualty Only)	28. MTF OF INITIAL ADMISSION	29. DATE INITIAL ADMISSION (Y Y M M D D)
		030400

FOR LOCAL USE

Multiple GSW + Shrapnel Injury
Dx: 8799 E849.9
Iraq

ADMITTING OFFICER (Signature, as required)	SIGNATURE OF ADMITTING CLERK
[redacted]	[redacted]

DA FORM 2985, MAR 89 EDITION OF MAY 79 IS OBSOLETE

MEDCOM - 2835

ADMISSION AND CODING INFORMATION

For use of this form, see AR 40-400; the proponent agency is the OTSG

30. AGE AT DISP			31. AUTOPSY Y / N	32. UNDERLYING CAUSE OF DEATH / SEP	33. RESIDUAL DISABILITY			34. DO NOT USE - DATA FILLER #1									35. CAUSE OF INJURY		
117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136
2	1	4																	

36. FIRST DIAGNOSIS (Principal Diagnosis)								37. SECOND DIAGNOSIS								38. THIRD DIAGNOSIS							
137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160
		8	7	9		8																	

39. FOURTH DIAGNOSIS								40. FIFTH DIAGNOSIS								41 SIXTH DIAGNOSIS							
161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184

42. SEVENTH DIAGNOSIS								43. EIGHTH DIAGNOSIS							
185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200

44. FIRST PROCEDURE (Principal Diagnosis)								45. SECOND PROCEDURE								46. THIRD PROCEDURE							
201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224

47. FOURTH PROCEDURE								48. FIFTH PROCEDURE								49. SIXTH PROCEDURE							
225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248

50. SEVENTH PROCEDURE								51. EIGHTH PROCEDURE							
249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264

52. NUMBER OF DIAGNOSTIC FIELDS CONTAINING CODES		53. NUMBER OF PROCEDURAL FIELDS CONTAINING CODES		54. PRIMARY PROVIDER SPECIALTY CODE			55. BLOOD USAGE Y/N
265	266	267	268	269	270	271	272

MEDCOM - 2836

ADMISSION AND CODING INFORMATION

For use of this form, see AR 40-400; the proponent agency is the OTSG

REPORTING MTF (bx 3-1)	REGISTER NUMBER (bx 6-4)

56. TOTAL SICK DAYS *(All Facilities)*	57. BED DAYS THIS MTF	58. BED DAYS OTHER FED MTFS	59. BED DAYS- CIV. HOSPITALS	60. BASSINET DAYS *(Neonatal)*
273 274 275 276 277	278 279 280 281	282 283 284 285	286 287 288 289	290 291 292 293
	0 0 0 7			
61. QUARTERS DAYS	**62. MEDICAL HOLDING DAYS**	**63. COOPERATIVE CARE DAYS**	**64. CONVALESCENT LEAVE DAYS**	**65. SUPPLEMENTAL CARE DAYS**
294 295 296 297	298 299 300 301	302 303 304 305	306 307 308 309	310 311 312 313
66. OTHER DAYS	**67. TOTAL SICK DAYS - THIS MTF**	**68. BED DAYS - ICU**	**69. BED DAYS - ADMITTING CLINIC SERVICE**	**70. CLINIC SERVICE *(Second)***
314 315 316 317	318 319 320 321 322	323 324 325 326	327 328 329 330	331 332 333 334
71. BED DAYS SECOND CLINIC SERVICE	**72. CLINIC SERVICE *(Third)***	**73. BED DAYS THIRD CLINIC SERVICE**	**74. CLINIC SERVICE DISPOSITION**	**75. BED DAYS DISPOSITION CLINIC SERVICE**
335 336 337 338	339 340 341 342	343 344 345 346	347 348 349 350	351 352 353 354
76. CONVALESCENT LEAVE RECOMMENDED	**77. PATIENT ACUITY - DAYS I**	**78. PATIENT ACUITY - DAYS II**	**79. PATIENT ACUITY - DAYS III**	**80. PATIENT ACUITY - DAYS IV**
355 356 357	358 359 360 361	362 363 364 365	366 367 368 369	370 371 372 373
81. PATIENT ACUITY - DAYS V	**82. PATIENT ACUITY - DAYS VI**	**83. *DO NOT USE THIS SPACE***	**84. TYPE RECORD**	
374 375 376 377	378 379 380 381	382 383 384 385 386 387	388 389 390 391 392 393	

FOR LOCAL USE

MEDCOM - 2837

INPATIENT TREATMENT RECORD COVER SHEET

For use of this form, see AR 40-400; the proponent agency is OTSG

1. REGISTER NUMBER	2. NAME (Last, First, MI)	3. GRADE	ADMISSION REMARKS
(b)(6)-4	(b)(6)-4		

4. SEX	5. AGE	6. RACE	7. RELIGION	8. LENGTH OF SVC	9. ETS	10. PREVIOUS ADMISSION
M		O	Muslim			No

11. FMP	12. SSN	13. ORGANIZATION	14. WARD
K79	(b)(6)-4		ICU1

15. FLYING STATUS	16. RATING/ OSG	17. DEPT./ BEN	18. BRANCH/CORPS	19. UIC/ZIP	20. TYPE CASE
N		EPW K-78			BAT

21. SOURCE OF ADMISSION/AUTHORITY FOR ADMISSION	22. HOURS OF ADMISSION	23. CLINIC SERVICE
EMT	2135z	

24. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE	25. TYPE DISPOSITION	26. DATE OF DISPOSITION
	XFR	030405

27a. ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)	27b. TELEPHONE NO.	28. DATE OF THIS ADMISSION	ADMITTING OFFICER
		030404	(b)(6)-2

29. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY	30. DATE OF INTIAL ADMISSION	32. UNITS OF WHOLE BLOOD/ COMPONENT TRANSFUSED
(b)(3)-1 Iraq	030404	

31. SELECTED ADMINISTRATIVE DATA

☐ Check if Continued on Reverse

33. CAUSE OF INJURY

34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES

DX: Grade III with open fracture R BKA

How:

Where:

When:

CODING INFORMATION: 829.1

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	f. TOTAL SICK DAYS

36. Total Days All Facilities

a. ABSENT SICK DAYS	b. OTHER DAYS	c. CONV. LV/COOP CARE DAYS	d. SUPPLEMENTAL CARE DAYS	e. BED DAYS	f. TOTAL SICK DAYS

SIGNATURE OF ATTENDING MEDICAL OFFICER	SIGNATURE OF PAD OR MEDICAL RECORDS OFFICER

DA FORM 3647, MAY 79 — EDITION OF 1 AUG 78 IS OBSOLETE — USAPPC V1.10

05 [redacted] APR 03
0530 (b)(6)-4

AEROMEDICAL EVACUATION PATIENT RECORD

PATIENT IDENTIFICATION

1. NAME (Last, First, Middle Initial): (b)(6)-4
2. SSN:
3a. STATUS:
3b. SERVICE:
4. PRECEDENCE: U P X R
5. GRADE:
6. AGE: 35
7. SEX: X Male / Female
8. WEIGHT:
9. BLOOD TYPE:
10. CLASSIFICATION (IA-8F): AMBULATORY / X LITTER
11. ACCEPTING PHYSICIAN:
12. APPT/SURG DATE:
13. CITE/AUTHORITY NO.: (b)(6)-4
14a. ORIGINATING FACILITY: (b)(3)-1
14b. ORIGINATING FACILITY PHONE NUMBER: ICU #3
15a. DESTINATION: (b)(3)-1
15b. DESTINATION FACILITY PHONE NUMBER:
16. NUMBER OF ATTENDANTS: 16a. MEDICAL: Ø 16b. NON MED: Ø

17. DIAGNOSIS: S/P (R) leg amputation

18. X BATTLE CASUALTY / DISEASE / NON-BATTLE INJURY

19. CLINICAL ISSUES (Please indicate Yes or No on clinical issues. Explain YES statements in Section 23)

	YES	NO	ISSUE		YES	NO	ISSUE		YES	NO	ISSUE
a.		X	HYPERTENSION	f.		X	MOTION SICKNESS	k.	X		AMBULATORY
b.			CARDIAC HX	g.			VISION IMPAIRED	l.		X	AMBULATORY AID
c.			DIABETES	h.			VOMITING PROBLEMS	m.			SELF-MEDS
d.			RESPIRATORY	i.			BOWEL PROBLEMS	n.			ASSISTANCE WITH/ SUPPLY OF MEDS
e.			CARDIOGENIC	j.			SELF-CARE	o.			OTHER

PHYSICIAN'S ORDERS

20. 20a. DATE: 5 APR 03 / 20b. TIME: 0030 / 20c. ALLERGIES: NKDA

20d. DIET: X REG / SOFT/NA / CARDIAC / DIABETIC ____ CALS
RENAL ____ Gm prot ____ gm Na ____ Lyte K ____ mg PO4
TUBE ____ TYPE ____ start 1/2, 3/4, FULL STRENGTH
PEDIATRIC ABS ____ OTHER (Specify) ____
TPN: Change to D10 at ____ cc/hr for max of ____ days
TUBE FEEDING ____ at ____ strength at ____ cc/hr

20e. IV/BLOOD:

20f. SPECIAL EQUIPMENT:

SUCTION	TRACTION	ORTHOPEDIC BRACES	
NG TUBE	IV PUMP	CHEST TUBE/HEIMLICH	
STRYKER FRAME	TRACH	RESTRAINTS	
INCUBATOR	MONITOR	OTHER (Explain in 23)	
	FOLEY		

O2: LITERS: ROUTE:
VENTILATOR SETTINGS:

20g. ALTITUDE RESTRICTION:

20h. RECORDS TO ACCOMPANY PATIENT

OUTPATIENT RECORDS	X-RAYS	FINANCIAL	
X INPATIENT RECORDS	OB RECORDS	OTHER (Specify)	
NARRATIVE SUMMARY	DENTAL RECORDS		

20i. MEDICATIONS/TREATMENTS:
Ancef 1gm IV Q8Ø
Percocet 1-2 p.o. Q6°
PRN pain

21. PRE-FLIGHT VITALS

21a. DATE/TIME	21b. TEMP	21c. PULSE	21d. RESP	21e. BP

22. BRIEF NARRATIVE:
35 y.o. Iraqi s/p trauma RLE
S/P (R) BKA prior to X-Sec
to MASH. Pt. stable for
transport.

23. ASSESSMENT/PROGRESS

DATE/TIME	NOTES

24. (b)(6)-2

25. STAMP AND SIGNATURE OF FLIGHT SURGEON

AF FORM 3899, MAR 95

(b)(6)-4

ADMISSION AND CODING INFORMATION

For use of this form, see AR 40-400; proponent agency is OTSG

1. REPORTING MTF	2. LOCATION (State or Country Code)
(b)(3)-1	I Z

3. REGISTER NUMBER	NAME (Last, First, Middle Initial)	4. PAY GRADE	5. SEX
(b)(6)-4	(b)(6)-4		M

6. DATE OF BIRTH (Y Y Y Y M M D D)	7. AGE AT ADMISSION	8. RACE	9. ETHNIC BACKGROUND	RELIGION
19680101	35			Mes

10. LENGTH OF SERVICE	ETS	11. FMP	12. SOCIAL SECURITY NUMBER
		20	(b)(6)-4

ORGANIZATION (Active Duty Only)	13. MARITAL STATUS	HOUR OF ADMISSION	BRANCH / CORPS
		2135Z	

14. FLYING STATUS	15. BENEFICIARY CATEGORY	16. ZIP CODE OF RESIDENCE
	K 7 8 EPW	

17. UNIT LOCATION (State or Country Code)	18. MOS	19. TRAUMA	PREV. ADMISSION
		B	YEAR / X NO

20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION	WARD	NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE
O EMT	ICU 3	

NAME AND LOCATION OF MEDICAL TREATMENT FACILITY	ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)
(b)(3)-1	

	TELEPHONE NUMBER OF EMERGENCY ADDRESSEE

21. TYPE OF DISPOSITION	22. MTF TRANSFERRED TO	23. DATE OF DISPOSITION (Y Y M M D D)
XFR	(b)(3)-1	030405 0530

24. CLINIC SVC - ADMITTING	25. MTF TRANSFERRED FROM	26. DATE THIS ADMISSION (Y Y M M D D)

27. LOCATION OF OCCURRENCE (Battle Casualty Only)	28. MTF OF INITIAL ADMISSION	29. DATE INITIAL ADMISSION (Y Y M M D D)
		030404

FOR LOCAL USE

GRADE III with Open fx (R) BKA Dx: 8771 8791.2

Injury 450 Trauma 1

ADMITTING OFFICER (Signature, as required)	SIGNATURE OF ADMITTING CLERK
(b)(6)-2	(b)(6)-2 [redacted]

DA FORM 2985, MAR 89 EDITION OF MAY 79 IS OBSOLETE

MEDCOM - 2840

INPATIENT TREATMENT RECORD COVER SHEET

For use of this form, see AR 40-400; the proponent agency is OTSG

1. REGISTER NUMBER	2. NAME (Last, First, MI)					3. GRADE	ADMISSION REMARKS
(b)(6)-4	(b)(6)-4						
4. SEX	5. AGE	6. RACE	7. RELIGION	8. LENGTH OF SVC	9. ETS	10. PREVIOUS ADMISSION	
M		O	Muslim			No	
11. FMP		12. SSN		13. ORGANIZATION		14. WARD	
K78						ICU1	
15. FLYING STATUS	16. RATING/ DSG	17. DEPT./ BEN		18. BRANCH/CORPS	19. UIC/ZIP	20. TYPE CASE	
N		K-78				BAT	

21. SOURCE OF ADMISSION/AUTHORITY FOR ADMISSION	22. HOURS OF ADMISSION	23. CLINIC SERVICE
EMT	2140z	

24. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE	25. TYPE DISPOSITION	26. DATE OF DISPOSITION
	XFR	030406

27a. ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)	27b. TELEPHONE NO.	28. DATE OF THIS ADMISSION	ADMITTING OFFICER
		030404	(b)(6)-2

29. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY	30. DATE OF INTIAL ADMISSION	32. UNITS OF WHOLE BLOOD/ COMPONENT TRANSFUSED
(b)(3)-1 Iraq	030404	

31. SELECTED ADMINISTRATIVE DATA

☐ Check if Continued on Reverse

33. CAUSE OF INJURY

34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES

DX: GSW L Arm

How:

Where:

When:

CODING INFORMATION: 884.0

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	f. TOTAL SICK DAYS

36. Total Days All Facilites

a. ABSENT SICK DAYS	b. OTHER DAYS	c. CONV. LV/COOP CARE DAYS	d. SUPPLEMENTAL CARE DAYS	e. BED DAYS	f. TOTAL SICK DAYS

SIGNATURE OF ATTENDING MEDICAL OFFICER	SIGNATURE OF PAD OR MEDICAL RECORDS OFFICER

DA FORM 3647, MAY 79 EDITION OF 1 AUG 78 IS OBSOLETE USAPPC V1.10

#

(b)(6)-4

06 0630 Apr 03
0630 Apr 03

1. NAME (Last, First, Middle Initial)	2. SSN	3a. STATUS	3b. SERVICE	4. PRECEDENCE	5. GRADE
				U P R	

6. AGE	7. SEX	8. WEIGHT	9. BLOOD TYPE	10. CLASSIFICATION (1A TO 5F)--	11. ACCEPTING MD	12. SPECIALTY #
30	MALE FEMALE			AMBUL LITTER		(b)(6)-4

13. APPT/SURG DATE	14a. ORIGINATING FACILITY	15a. DESTINATION FACILITY	16. # OF ATTENDANTS	
	(b)(3)-1	(b)(3)-1	16a. MED	16b. NON-MED
	14b. ORIGINATING FACILITY PHONE NUMBER (b)(3)-1	15B. DESTINATION FACILITY PHONE NUMBER		

17. DIAGNOSIS

GSW L Arm

18. ✓ BATTLE CASUALTY | DISEASE | NON BATTLE INJURY

20. PHYSICIANS ORDERS

20a. DATE	20b. TIME	20c. ALLERGIES
05 April 03	2213 zulu	NKDA

20d. DIET: REG | 3GM NA | CARDIAC | DIABETIC ___ CALS

RENAL Gm Prot Gm Na MagK mg PO4

TUBE TYPE cc/hr, 1/2, 3/4, FULL STRENGTH

PEDIATRIC: AGE OTHER (Specify)

TPN: Change to D10 at cc/hr for max of days

TUBE FEEDING: at strength at cc/hr

20e. IV / BLOOD

20f. SPECIAL EQUIPMENT

SUCTION		TRACTION	FOLEY CATH
NG TUBE		IV PUMP	ORTHO BRACES
STRYKER		TRACH	CHEST/HEIMLICH
INCUBATOR		MONITOR	RESTRAINTS
			OTHER (USE 23)

OXYGEN: PERCENT or LITERS ROUTE:

VENT SETTINGS:

20g. ALTITUDE RESTRICTION: Yes / No feet

20h. RECORDS TO ACCOMPANY PATIENT

✓ OUTPATIENT RECORDS	✓	XRAYS	OTHER:
INPATIENT RECORDS		OB	
NARRATIVE SUMMARY		DENTAL	
FINANCIAL			

19. CLINICAL ISSUES (Please indicate Yes or No on clinical issues. Explain YES comments in Section 23)

	YES	NO	ISSUE		YES	NO	
a.		X	Hypertension	i.		X	Bowel Problem
b.			Cardiac Hx	j.	X		Self-care
c.			Diabetes	k.	X		Ambulatory
d.			Respiratory	l.	X	—	Ambulatory Aid
e.			Ears/Sinus	m.	X		Self-meds
f.			Motion Sick	n.	X		Adequate Supply of Meds
g.			Vision Impaired	o.			Other:
h.			Voiding Prob.				

21. PRE-FLIGHT VITALS

21a. DATE / TIME	21b. TEMP:	21c. PULSE	21e. BP
	21d. RESP:		

22. BRIEF NARRATIVE

30-year old male GSW L Arm Superficial Fracture

with

20i. MEDICATIONS / TREATMENTS

Clindamycin 600 mg IVPB q 6°

23. ASSESSMENT / PROGRESS

DATE / TIME	NOTES

24. STAMP AND SIGNATURE OF ATTENDING PHYSICIAN

(b)(6)-2

25. STAMP AND SIGNATURE OF FLIGHT SURGEON

AF Form 3899 (433 AES Excel version)

(b)(6)-4

ADMISSION AND CODING INFORMATION

For use of this form, see AR 40-400; the proponent agency is OTSG

1. REPORTING MTF (1–6): (b)(3)-1 [redacted]

2. MTF LOCATION (7–8) *(State or Country Code.)*: I Z

3. REGISTER NUMBER (9–15): (b)(6)-4

NAME *(Last, First, Middle Initial)*: (b)(6)-4

4. PAY GRADE (16–17):

5. SEX (18): M

6. DATE OF BIRTH *(Y Y Y Y M M D D)* (19–26): 1 9 7 3 0 1 0 1

7. AGE AT ADMISSION (27–29): 3 0 Y

8. RACE (30):

9. ETHNIC BACKGROUND (31):

RELIGION:

10. LENGTH OF SERVICE (32–34):

ETS:

11. FMP (35–36): 2 0

12. SOCIAL SECURITY NUMBER (37–45): (b)(6)-4

ORGANIZATION *(Active Duty Only)*:

13. MARITAL STATUS (46):

HOUR OF ADMISSION: 2140Z

BRANCH / CORPS:

14. FLYING STATUS (47–49):

15. BENEFICIARY CATEGORY (50–52): K 7 8 EPW

16. ZIP CODE OF RESIDENCE (53–61):

17. UNIT LOCATION *(State or Country Code)* (62–63):

18. MOS (64–70):

19. TRAUMA (71): B

PREV. ADMISSION YEAR: ☒ NO

20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION (72): GMT

WARD: ICU 1

NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE:

ADDRESS OF EMERGENCY ADDRESSEE *(Include ZIP Code)*:

NAME AND LOCATION OF MEDICAL TREATMENT FACILITY: (b)(3)-1

TELEPHONE NUMBER OF EMERGENCY ADDRESSEE: (b)(3)-1

21. TYPE OF DISPOSITION (73–74): XFR

22. MTF TRANSFERRED TO (75–80): OMA

23. DATE OF DISPOSITION *(Y Y M M D D)* (81–86): 0 3 0 4 0 6

24. CLINIC SVC - ADMITTING (87–90):

25. MTF TRANSFERRED FROM (91–96):

26. DATE THIS ADMISSION *(Y Y M M D D)* (97–102):

27. LOCATION OF OCCURRENCE *(Battle Casualty Only)* (103–104):

28. MTF OF INITIAL ADMISSION (105–110):

29. DATE INITIAL ADMISSION *(Y Y M M D D)* (111–116): 0 3 0 4 0 4

FOR LOCAL USE: GSW (L) Arm

ADMITTING OFFICER *(Signature, as required)*: (b)(6)-2

SIGNATURE OF ADMITTING CLERK: (b)(6)-2

DA FORM 2985, MAR 89 — EDITION OF MAY 79 IS OBSOLETE — USAPPC V1.00

ADMISSION AND CODING INFORMATION

30. AGE AT DISP			31. AUTOPSY Y / N	32. UNDERLYING CAUSE OF DEATH / SEP	33. RESIDUAL DISABILITY			34. DO NOT USE - DATA FILLER #1									35. CAUSE OF INJURY		
123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142

36. FIRST DIAGNOSIS (Principal Diagnosis)							
143	144	145	146	147	148	149	150
		8	8	4		0	

37. SECOND DIAGNOSIS							
151	152	153	154	155	156	157	158

38. THIRD DIAGNOSIS							
159	160	161	162	163	164	165	166

39. FOURTH DIAGNOSIS							
167	168	169	170	171	172	173	174

40. FIFTH DIAGNOSIS							
175	176	177	178	179	180	181	182

41. SIXTH DIAGNOSIS							
183	184	185	186	187	188	189	190

42. SEVENTH DIAGNOSIS							
191	192	193	194	195	196	197	198

43. EIGHTH DIAGNOSIS							
199	200	201	202	203	204	205	206

44. FIRST PROCEDURE (Principal Diagnosis)							
207	208	209	210	211	212	213	214

45. SECOND PROCEDURE							
215	216	217	218	219	220	221	222

46. THIRD PROCEDURE							
223	224	225	226	227	228	229	230

47. FOURTH PROCEDURE							
231	232	233	234	235	236	237	238

48. FIFTH PROCEDURE							
239	240	241	242	243	244	245	246

49. SIXTH PROCEDURE							
247	248	249	250	251	252	253	254

50. SEVENTH PROCEDURE							
255	256	257	258	259	260	261	262

51. EIGHTH PROCEDURE							
263	264	265	266	267	268	269	270

52. NUMBER OF DIAGNOSTIC FIELDS CONTAINING CODES		53. NUMBER OF PROCEDURAL FIELDS CONTAINING CODES		54. PRIMARY PROVIDER SPECIALTY CODE			55. BLOOD USAGE Y / N
271	272	273	274	275	276	277	278
0	0	0	0				

MEDCOM - 2844

INPATIENT TREATMENT RECORD COVER SHEET

For use of this form, see AR 40-400; the proponent agency is OTSG

1. REGISTER NUMBER	2. NAME (Last, First, MI)					3. GRADE	ADMISSION REMARKS
(b)(6)-4	(b)(6)-4						
4. SEX	5. AGE	6. RACE	7. RELIGION	8. LENGTH OF SVC	9. ETS	10. PREVIOUS ADMISSION	
M		O	Muslim			No	
11. FMP	12. SSN		13. ORGANIZATION			14. WARD	
K78 26	(b)(6)-4					ICU3	
15. FLYING STATUS	16. RATING/ DSG	17. DEPT./ BEN EPW K-78	18. BRANCH/CORPS	19. UIC/ZIP		20. TYPE CASE	
N						BAT	

21. SOURCE OF ADMISSION/AUTHORITY FOR ADMISSION	22. HOURS OF ADMISSION	23. CLINIC SERVICE
EMT	2145z	

24. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE	25. TYPE DISPOSITION	26. DATE OF DISPOSITION
	XFR	030405

27a. ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)	27b. TELEPHONE NO.	28. DATE OF THIS ADMISSION	ADMITTING OFFICER
		030404	(b)(6)-2

29. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY	30. DATE OF INTIAL ADMISSION	32. UNITS OF WHOLE BLOOD/ COMPONENT TRANSFUSED
(b)(3)-1 Iraq	030404	

31. SELECTED ADMINISTRATIVE DATA

☐ Check if Continued on Reverse

33. CAUSE OF INJURY

34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES

DX: R facial and R posterior had 2nd Degree burns, R lower extremity shrapnel injury

How:

Where:

When:

CODING INFORMATION: 941.20, 944.28, 904.8

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	f. TOTAL SICK DAYS

36. Total Days All Facilites

a. ABSENT SICK DAYS	b. OTHER DAYS	c. CONV. LV/COOP CARE DAYS	d. SUPPLEMENTAL CARE DAYS	e. BED DAYS	f. TOTAL SICK DAYS

SIGNATURE OF ATTENDING MEDICAL OFFICER	SIGNATURE OF PAD OR MEDICAL RECORDS OFFICER

1. NAME (Last, First, Middle Initial)	2. SSN	3a. STATUS	b. SERVICE	4. PRECEDENCE	5. GRADE
				U P R X	

6. AGE	7. SEX	8. WEIGHT	9. BLOOD TYPE	10. CLASSIFICATION (1A TO 5F)--	11. ACCEPTING MD	12. CITE/AUTH #
	X MALE / FEMALE			AMBUL X / LITTER		(b)(6)-4

13. APPT/SURG DATE	14a. ORIGINATING FACILITY	15a. DESTINATION FACILITY	16. # OF ATTENDANTS	
			16a. MED	16b. NON-MED
(b)(6)-4	(b)(3)-1	(b)(3)-1	Ø	Ø
	14b. ORIGINATING FACILITY PHONE NUMBER: ICU #2 (b)(3)-1	15B. DESTINATION FACILITY PHONE NUMBER		

17. DIAGNOSIS

(R) facial burns 2°
(R) leg swelling w/ burns
(L) hand burns 2°

18. BATTLE CASUALTY | DISEASE | NON BATTLE INJURY

20. PHYSICIANS ORDERS

20a. DATE	20b. TIME	20c. ALLERGIES
5 APR 03	0005	NKA

20d. DIET | REG | 3GM NA | CARDIAC | DIABETIC | CALS
RENAL Gm Prot ___ Gm Na ___ MagK ___ mg PO4
TUBE ___ TYPE ___ cc/hr, 1/2, 3/4, FULL STRENGTH
PEDIATRIC: AGE ___ OTHER (Specify)
TPN: Change to D10 at ___ cc/hr for max of ___ days
TUBE FEEDING: ___ at ___ strength at ___ cc/hr

20e. IV / BLOOD

20f. SPECIAL EQUIPMENT

	SUCTION		TRACTION		FOLEY CATH
	NG TUBE		IV PUMP		ORTHO BRACES
	STRYKER		TRACH		CHEST/HEIMLICH
	INCUBATOR		MONITOR		RESTRAINTS
					OTHER (Use 23)

OXYGEN: ___ PERCENT or ___ LITERS ROUTE:
VENT SETTINGS:

20g. ALTITUDE RESTRICTION: Yes / No ___ feet

20h. RECORDS TO ACCOMPANY PATIENT

X	OUTPATIENT RECORDS	X	XRAYS	OTHER:
	INPATIENT RECORDS		OB	
	NARRATIVE SUMMARY		DENTAL	
	FINANCIAL			

20i. MEDICATIONS / TREATMENTS

Silvadene cream BID
Ancef 1 gm IV q8°
Percocet 1-2 p.o. q6°
MSO4 2-5mg IV q1° PRN severe pain

19. CLINICAL ISSUES (Please indicate Yes or No on clinical issues. Explain YES comments in Section 23)

	YES	NO	ISSUE		YES	NO	
a.		X	Hypertension	i.		X	Bowel Problem
b.			Cardiac Hx	j.		X	Self-care
c.			Diabetes	k.	X		Ambulatory
d.			Respiratory	l.		X	Ambulatory Aid
e.			Ears/Sinus	m.			Self-meds
f.			Motion Sick	n.			Adequate Supply of Meds
g.			Vision Impaired	o.		X	Other:
h.		X	Bleeding Prob.				

21. PRE-FLIGHT VITALS

21a. DATE / TIME	21b. TEMP:	21c. PULSE	21e. BP
	21d. RESP:		

22. BRIEF NARRATIVE

Trauma ♂ ~35 y.o. c
2° burns to (R) face/hand
& (L) hand & swollen w/o (R) leg
S/P I&D/w.o. Pt. stable
for x-sport.

23. ASSESSMENT / PROGRESS NOTES

DATE / TIME	NOTES

24. (b)(6)-2 ATTENDING PHYSICIAN

25. STAMPED SIGNATURE OF FLIGHT SURGEON

AF Form 3899 (433 AES Excel version)

5 Pw (b)(6)-4

ADMISSION AND CODING INFORMATION

For use of this form, see AR 40-400; proponent agency is OTSG

1. REPORTING MTF (1–6): (b)(3)-1

2. MTF LOCATION (State or Country Code) (7–8): I Z

3. REGISTER NUMBER (9–15): (b)(6)-4

NAME (Last, First, Middle Initial): (b)(6)-4

4. PAY GRADE (16–17):

5. SEX (18): M

6. DATE OF BIRTH (Y Y Y Y M M D D) (19–26): 1 9 6 8 0 1 0 1

7. AGE AT ADMISSION (27–29): 3 5 Y

8. RACE (30):

9. ETHNIC BACKGROUND (31):

RELIGION:

10. LENGTH OF SERVICE (32–34):

ETS:

11. FMP (35–36): 2 0

12. SOCIAL SECURITY NUMBER (37–45): (b)(6)-4

ORGANIZATION (Active Duty Only):

13. MARITAL STATUS (46):

HOUR OF ADMISSION: 2145

BRANCH / CORPS:

14. FLYING STATUS (47–49):

15. BENEFICIARY CATEGORY (50–52): K 7 8 EPW

16. ZIP CODE OF RESIDENCE (53–61):

17. UNIT LOCATION (State or Country Code) (62–63):

18. MOS (64–70):

19. TRAUMA (71):

PREV. ADMISSION YEAR: [X] NO

20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION (72): O EMT

WARD: ICU 3

NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE:

ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code):

NAME AND LOCATION OF MEDICAL TREATMENT FACILITY:

TELEPHONE NUMBER OF EMERGENCY ADDRESSEE:

21. TYPE OF DISPOSITION (73–74): XFR

22. MTF TRANSFERRED TO (75–80): (b)(3)-1

23. DATE OF DISPOSITION (Y Y M M D D) (81–86): 0 3 0 4 0 5 0530

24. CLINIC SVC - ADMITTING (87–90):

25. MTF TRANSFERRED FROM (91–96):

26. DATE THIS ADMISSION (Y Y M M D D) (97–102):

27. LOCATION OF OCCURRENCE (Battle Casualty Only) (103–104):

28. MTF OF INITIAL ADMISSION (105–110):

29. DATE INITIAL ADMISSION (Y Y M M D D) (111–116): 0 3 0 4 0 4

FOR LOCAL USE

R facial + R posterior hand 2nd degree burns
R lower foot shrapnel injury.

94120
DX: 8911
94120
E809
[illegible]
Surgery Trauma
999 9

ADMITTING OFFICER (Signature, as required): (b)(6)-2 MD (b)(6)-2

SIGNATURE OF ADMITTING CLERK: (b)(6)-2

DA FORM 2985, MAR 89 EDITION OF MAY 79 IS OBSOLETE

MEDCOM - 2847

ADMISSION AND CODING INFORMATION

For use of this form, see AR 40-400; the proponent agency is the OTSG

30. AGE AT DISP			31. AUTOPSY Y / N	32. UNDERLYING CAUSE OF DEATH / SEP	33. RESIDUAL DISABILITY			34. DO NOT USE - DATA FILLER #1								35. CAUSE OF INJURY		
117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136

36. FIRST DIAGNOSIS (*Principal Diagnosis*)							
137	138	139	140	141	142	143	144
		9	4	1		2	0

37. SECOND DIAGNOSIS							
145	146	147	148	149	150	151	152
		9	4	4		2	8

38. THIRD DIAGNOSIS							
153	154	155	156	157	158	159	160
		9	0	4		8	

39. FOURTH DIAGNOSIS							
161	162	163	164	165	166	167	168

40. FIFTH DIAGNOSIS							
169	170	171	172	173	174	175	176

41 SIXTH DIAGNOSIS							
177	178	179	180	181	182	183	184

42. SEVENTH DIAGNOSIS							
185	186	187	188	189	190	191	192

43. EIGHTH DIAGNOSIS							
193	194	195	196	197	198	199	200

44. FIRST PROCEDURE (*Principal Diagnosis*)							
201	202	203	204	205	206	207	208

45. SECOND PROCEDURE							
209	210	211	212	213	214	215	216

46. THIRD PROCEDURE							
217	218	219	220	221	222	223	224

47. FOURTH PROCEDURE							
25	226	227	228	229	230	231	232

48. FIFTH PROCEDURE							
233	234	235	236	237	238	239	240

49. SIXTH PROCEDURE							
241	242	243	244	245	246	247	248

50. SEVENTH PROCEDURE							
249	250	251	252	253	254	255	256

51. EIGHTH PROCEDURE							
257	258	259	260	261	262	263	264

52. NUMBER OF DIAGNOSTIC FIELDS CONTAINING CODES		53. NUMBER OF PROCEDURAL FIELDS CONTAINING CODES		54. PRIMARY PROVIDER SPECIALTY CODE			55. BLOOD USAGE Y/N
265	266	267	268	269	270	271	272

MEDCOM - 2848

ADMISSION AND CODING INFORMATION

For use of this form, see AR 40-400; the proponent agency is the OTSG

REPORTING MTF	REGISTER NUMBER
(b)(3)-1	(b)(6)-4

56. TOTAL SICK DAYS *(All Facilities)*	57. BED DAYS THIS MTF	58. BED DAYS OTHER FED MTFS	59. BED DAYS- CIV. HOSPITALS	60. BASSINET DAYS *(Neonatal)*
273 274 275 276 277	278 279 280 281	282 283 284 285	286 287 288 289	290 291 292 293
	0 0 0 2			
61. QUARTERS DAYS	**62. MEDICAL HOLDING DAYS**	**63. COOPERATIVE CARE DAYS**	**64. CONVALESCENT LEAVE DAYS**	**65. SUPPLEMENTAL CARE DAYS**
294 295 296 297	298 299 300 301	302 303 304 305	306 307 308 309	310 311 312 313
66. OTHER DAYS	**67. TOTAL SICK DAYS - THIS MTF**	**68. BED DAYS - ICU**	**69. BED DAYS - ADMITTING CLINIC SERVICE**	**70. CLINIC SERVICE *(Second)***
314 315 316 317	318 319 320 321 322	323 324 325 326	327 328 329 330	331 332 333 334
71. BED DAYS SECOND CLINIC SERVICE	**72. CLINIC SERVICE *(Third)***	**73. BED DAYS THIRD CLINIC SERVICE**	**74. CLINIC SERVICE DISPOSITION**	**75. BED DAYS DISPOSITION CLINIC SERVICE**
335 336 337 338	339 340 341 342	343 344 345 346	347 348 349 350	351 352 353 354
76. CONVALESCENT LEAVE RECOMMENDED	**77. PATIENT ACUITY - DAYS I**	**78. PATIENT ACUITY - DAYS II**	**79. PATIENT ACUITY - DAYS III**	**80. PATIENT ACUITY - DAYS IV**
355 356 357	358 359 360 361	362 363 364 365	366 367 368 369	370 371 372 373
81. PATIENT ACUITY - DAYS V	**82. PATIENT ACUITY - DAYS VI**	**83. *DO NOT USE THIS SPACE***	**84. TYPE RECORD**	
374 375 376 377	378 379 380 381	382 383 384 385 386 387	388 389 390 391 392 393	

FOR LOCAL USE

MEDCOM - 2849

INPATIENT TREATMENT RECORD COVER SHEET

For use of this form, see AR 40-400; the proponent agency is OTSG

1. REGISTER NUMBER	2. NAME (Last, First, MI)	3. GRADE	ADMISSION REMARKS
(b)(6)-4	(b)(6)-4		

4. SEX	5. AGE	6. RACE	7. RELIGION	8. LENGTH OF SVC	9. ETS	10. PREVIOUS ADMISSION
M		O	Muslim			No

11. FMP	12. SSN	13. ORGANIZATION	14. WARD
~~K78~~ 20			ICU3

15. FLYING STATUS	16. RATING/ OSG	17. DEPT./ BEN	18. BRANCH/CORPS	19. UIC/ZIP	20. TYPE CASE
N		K78			BAT

21. SOURCE OF ADMISSION/AUTHORITY FOR ADMISSION	22. HOURS OF ADMISSION	23. CLINIC SERVICE
EMT	2350z	

24. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE	25. TYPE DISPOSITION	26. DATE OF DISPOSITION
	XFR	030405

27a. ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)	27b. TELEPHONE NO.	28. DATE OF THIS ADMISSION	ADMITTING OFFICER
		030404	(b)(6)-2

29. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY	30. DATE OF INITIAL ADMISSION	32. UNITS OF WHOLE BLOOD/ COMPONENT TRANSFUSED
(b)(3)-1 Iraq	030404	

31. SELECTED ADMINISTRATIVE DATA

☐ Check if Continued on Reverse

33. CAUSE OF INJURY

34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES

DX: GSW to L neck

How:

Where:

When:

CODING INFORMATION: 874.8

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	f. TOTAL SICK DAYS

36. Total Days All Facilites

a. ABSENT SICK DAYS	b. OTHER DAYS	c. CONV. LV/COOP CARE DAYS	d. SUPPLEMENTAL CARE DAYS	e. BED DAYS	f. TOTAL SICK DAYS

SIGNATURE OF ATTENDING MEDICAL OFFICER	SIGNATURE OF PAD OR MEDICAL RECORDS OFFICER

1. NAME (Last, First, Middle Initial)	2. SSN	3a. STATUS	3b. SERVICE	4. PRECEDENCE	5. GRADE
				U P R X	

6. AGE	7. SEX	8.WEIGHT	9. BLOOD TYPE	10. CLASSIFICATION (1A TO 5F)--	11.ACCEPTING MD	
30	X MALE FEMALE			X AMBUL LITTER		(b)(3)-1 #

13.ADMIT/SURG DATE	14a. ORIGINATING FACILITY	15a. DESTINATION FACILITY	16. # OF ATTENDANTS	
(b)(6)-4	(b)(3)-1		16a. MED	16b.NON-MED
	14b.ORIGINATING FACILITY PHONE NUMBER (b)(3)-1 ICU #1	15B. DESTINATION FACILITY PHONE NUMBER	Ø	Ø

17. DIAGNOSIS

GSW @ neck

18. X BATTLE CASUALTY | DISEASE | NON BATTLE INJURY

20. PHYSICIANS ORDERS

20a. DATE	20b. TIME	20c. ALLERGIES
5 MAR 03	0020	NKA

20d. X DIET | X REG | 3GM NA | CARDIAC | DIABETIC | CALS

RENAL Gm Prot Gm Na MagK mg PO4

TUBE TYPE cc/hr, 1/2, 3/4, FULL STRENGTH

PEDIATRIC: AGE | OTHER *(Specify)*

TPN: Change to D10 at cc/hr for max of days

TUBE FEEDING: at strength at cc/hr

20e. T / BLOOD

20f. SPECIAL EQUIPMENT

SUCTION		TRACTION	FOLEY CATH
NG TUBE		IV PUMP	ORTHO BRACES
STRYKER		TRACH	CHEST/HEIMLICH
INCUBATOR		MONITOR	RESTRAINTS
			OTHER *(USE 23)*

OXYGEN: PERCENT or LITERS ROUTE:

VENT SETTINGS:

20g. ALTITUDE RESTRICTION: Yes / No feet

20h. RECORDS TO ACCOMPANY PATIENT

X	OUTPATIENT RECORDS	X	XRAYS	OTHER:
	INPATIENT RECORDS		OB	
	NARRATIVE SUMMARY		DENTAL	
	FINANCIAL			

20i. MEDICATIONS / TREATMENTS

Ancef 1 gm IV Q8°

Percocet 1-2 p.o. Q6° PRN pain

19. CLINICAL ISSUES *(Please indicate Yes or No on clinical issues. Explain YES comments in Section 23)*

	YES	NO	ISSUE		YES	NO	
a.		X	Hypertension	i.		X	Bowel Problem
b.			Cardiac Hx	j.			Self-care
c.			Diabetes	k.			Ambulatory
d.			Respiratory	l.			Ambulatory Aid
e.			Ears/Sinus	m.			Self-meds
f.			Motion Sick	n.			Adequate Supply of Meds
g.			Vision Impaired	o.		X	Other:
h.		X	Voiding Prob.				

21. PRE-FLIGHT VITALS

21a. DATE / TIME	21b.TEMP:	21c. PULSE	21e. BP
	21d. RESP:		

22. BRIEF NARRATIVE

~30 y.o. Iraqi ♂ c GSW @ neck, s/p washout & wnd closure pt. stable for x-fer ICU

23. ASSESSMENT / PROGRESS

DATE / TIME	NOTES

24. (b)(6)-2 AN

25. STAMP AND SIGNATURE OF FLIGHT SURGEON

AF Form 3899 (433 AES Excel version)

/

(b)(6)-4

ADMISSION AND CODING INFORMATION

For use of this form, see AR 40-400; proponent agency is OTSG

1. REPORTING MTF: 1 2 3 4 5 6 — (b)(3)-1
2. MTF LOCATION (State or Country Code): 7 8 — I Z
3. REGISTER NUMBER: 9 10 11 12 13 14 15 — (b)(6)-4
NAME (Last, First, Middle Initial): (b)(6)-4
4. PAY GRADE: 16 17
5. SEX: 18 — M
6. DATE OF BIRTH (Y Y Y Y M M D D): 19 20 21 22 23 24 25 26 — 1 9 7 3 0 1 0 1
7. AGE AT ADMISSION: 27 28 29 — 3 0 4
8. RACE: 30
9. ETHNIC BACK-GROUND: 31
RELIGION
10. LENGTH OF SERVICE: 32 33 34
ETS
11. FMP: 35 36 — 2 0
12. SOCIAL SECURITY NUMBER: 37 38 39 40 41 42 43 44 45 — (b)(6)-4
ORGANIZATION (Active Duty Only)
13. MARITAL STATUS: 46
HOUR OF ADMISSION: 2350Z
BRANCH / CORPS
14. FLYING STATUS: 47 48 49
15. BENEFICIARY CATEGORY: 50 51 52 — K 7 8
16. ZIP CODE OF RESIDENCE: 53 54 55 56 57 58 59 60 61
17. UNIT LOCATION (State or Country Code): 62 63
18. MOS: 64 65 66 67 68 69 70
19. TRAUMA: 71 — B
PREV. ADMISSION: YEAR ☐ NO
20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION: 72 — D — EMT
WARD: ICU 3
NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE
ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)
TELEPHONE NUMBER OF EMERGENCY ADDRESSEE
NAME AND LOCATION OF MEDICAL TREATMENT FACILITY
21. TYPE OF DISPOSITION: 73 74 — XFR
22. MTF TRANSFERRED TO: 75 76 77 78 79 80 — (b)(3)-1
23. DATE OF DISPOSITION (Y Y M M D D): 81 82 83 84 85 86 — 0 3 0 4 0 5 — 0030
24. CLINIC SVC - ADMITTING: 87 88 89 90
25. MTF TRANSFERRED FROM: 91 92 93 94 95 96
26. DATE THIS ADMISSION (Y Y M M D D): 97 98 99 100 101 102
27. LOCATION OF OCCURRENCE (Battle Casualty Only): 103 104
28. MTF OF INITIAL ADMISSION: 105 106 107 108 109 110
29. DATE INITIAL ADMISSION (Y Y M M D D): 111 112 113 114 115 116 — 0 3 0 4 0 4

FOR LOCAL USE

GSW @ NECK

Dx: 9349
E9712

PMH: 8059

450

ADMITTING OFFICER (Signature, as required): (b)(6)-2

SIGNATURE: (b)(6)-2

EDITION OF MAY 79 IS OBSOLETE.

DA FORM 2985, MAR 85

ADMISSION AND CODING INFORMATION

For use of this form, see AR 40-400; the proponent agency is the OTSG

30. AGE AT DISP (117 118 119)

31. AUTOPSY Y / N (120)

32. UNDERLYING CAUSE OF DEATH / SEP (121)

33. RESIDUAL DISABILITY (122 123 124)

34. DO NOT USE - DATA FILLER #1 (125 126 127 128 129 130 131 132 133)

35. CAUSE OF INJURY (134 135 136)

36. FIRST DIAGNOSIS *(Principal Diagnosis)* (137 138 139 140 141 142 143 144)

8 7 4 8

37. SECOND DIAGNOSIS (145 146 147 148 149 150 151 152)

38. THIRD DIAGNOSIS (153 154 155 156 157 158 159 160)

39. FOURTH DIAGNOSIS (161 162 163 164 165 166 167 168)

40. FIFTH DIAGNOSIS (169 170 171 172 173 174 175 176)

41 SIXTH DIAGNOSIS (177 178 179 180 181 182 183 184)

42. SEVENTH DIAGNOSIS (185 186 187 188 189 190 191 192)

43. EIGHTH DIAGNOSIS (193 194 195 196 197 198 199 200)

44. FIRST PROCEDURE *(Principal Diagnosis)* (201 202 203 204 205 206 207 208)

45. SECOND PROCEDURE (209 210 211 212 213 214 215 216)

46. THIRD PROCEDURE (217 218 219 220 221 222 223 224)

47. FOURTH PROCEDURE (225 226 227 228 229 230 231 232)

48. FIFTH PROCEDURE (233 234 235 236 237 238 239 240)

49. SIXTH PROCEDURE (241 242 243 244 245 246 247 248)

50. SEVENTH PROCEDURE (249 250 251 252 253 254 255 256)

51. EIGHTH PROCEDURE (257 258 259 260 261 262 263 264)

52. NUMBER OF DIAGNOSTIC FIELDS CONTAINING CODES (265 266)

53. NUMBER OF PROCEDURAL FIELDS CONTAINING CODES (267 268)

54. PRIMARY PROVIDER SPECIALTY CODE (269 270 271)

55. BLOOD USAGE Y/N (272)

MEDCOM - 2853

ADMISSION AND CODING INFORMATION

For use of this form, see AR 40-400, the proponent agency is the OTSG

MEDCOM - 2854

REPORTING MTF	REGISTER NUMBER
(b)(3)-1	(b)(6)-4

56. TOTAL SICK DAYS *(All Facilities)*	57. BED DAYS THIS MTF	58. BED DAYS OTHER FED MTFS	59. BED DAYS- CIV. HOSPITALS	60. BASSINET DAYS *(Neonatal)*
273 274 275 276 277	278 279 280 281	282 283 284 285	286 287 288 289	290 291 292 293
	0 0 0 2			
61. QUARTERS DAYS	**62. MEDICAL HOLDING DAYS**	**63. COOPERATIVE CARE DAYS**	**64. CONVALESCENT LEAVE DAYS**	**65. SUPPLEMENTAL CARE DAYS**
294 295 296 297	298 299 300 301	302 303 304 305	306 307 308 309	310 311 312 313
66. OTHER DAYS	**67. TOTAL SICK DAYS - THIS MTF**	**68. BED DAYS - ICU**	**69. BED DAYS - ADMITTING CLINIC SERVICE**	**70. CLINIC SERVICE *(Second)***
314 315 316 317	318 319 320 321 322	323 324 325 326	327 328 329 330	331 332 333 334
71. BED DAYS SECOND CLINIC SERVICE	**72. CLINIC SERVICE *(Third)***	**73. BED DAYS THIRD CLINIC SERVICE**	**74. CLINIC SERVICE DISPOSITION**	**75. BED DAYS DISPOSITION CLINIC SERVICE**
335 336 337 338	339 340 341 342	343 344 345 346	347 348 349 350	351 352 353 354
76. CONVALESCENT LEAVE RECOMMENDED	**77. PATIENT ACUITY - DAYS I**	**78. PATIENT ACUITY - DAYS II**	**79. PATIENT ACUITY - DAYS III**	**80. PATIENT ACUITY - DAYS IV**
355 356 357	358 359 360 361	362 363 364 365	366 367 368 369	370 371 372 373
81. PATIENT ACUITY - DAYS V	**82. PATIENT ACUITY - DAYS VI**	**83. *DO NOT USE THIS SPACE***	**84. TYPE RECORD**	
374 375 376 377	378 379 380 381	382 383 384 385 386 387	388 389 390 391 392 393	

FOR LOCAL USE

INPATIENT TREATMENT RECORD COVER SHEET

For use of this form, see AR 40-400; the proponent agency is OTSG

1. REGISTER NUMBER	2. NAME (Last, First, MI)	3. GRADE	ADMISSION REMARKS
(b)(6)-4	(b)(6)-4		

4. SEX	5. AGE	6. RACE	7. RELIGION	8. LENGTH OF SVC	9. ETS	10. PREVIOUS ADMISSION
M		O	Muslim			No

11. FMP	12. SSN	13. ORGANIZATION	14. WARD
~~K78~~ 20			ICU3

15. FLYING STATUS	16. RATING/ OSG	17. DEPT./ BEN	18. BRANCH/CORPS	19. UIC/ZIP	20. TYPE CASE
N		K-78			BAT

21. SOURCE OF ADMISSION/AUTHORITY FOR ADMISSION	22. HOURS OF ADMISSION	23. CLINIC SERVICE
EMT	2159z	

24. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE	25. TYPE DISPOSITION	26. DATE OF DISPOSITION
	XFR	030405

27a. ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)	27b. TELEPHONE NO.	28. DATE OF THIS ADMISSION	ADMITTING OFFICER
		030404	(b)(6)-2

29. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY	30. DATE OF INITIAL ADMISSION	32. UNITS OF WHOLE BLOOD/ COMPONENT TRANSFUSED
(b)(3)-1 Iraq	030404	

31. SELECTED ADMINISTRATIVE DATA

☐ Check if Continued on Reverse

33. CAUSE OF INJURY

34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES

DX: R open tibia fx, L pneumothorax

How:

Where:

When:

CODING INFORMATION: 823.90, 512.8

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	f. TOTAL SICK DAYS

36. Total Days All Facilites

a. ABSENT SICK DAYS	b. OTHER DAYS	c. CONV. LV/COOP CARE DAYS	d. SUPPLEMENTAL CARE DAYS	e. BED DAYS	f. TOTAL SICK DAYS

SIGNATURE OF ATTENDING MEDICAL OFFICER	SIGNATURE OF PAD OR MEDICAL RECORDS OFFICER

1. NAME (Last, First, Middle Initial)	2. SSN	3a. STATUS	3b. SERVICE	4. PRECEDENCE	5. GRADE
(b)(6)-4		LPW		U / PV / R	

6. AGE	7. SEX	8. WEIGHT	9. BLOOD TYPE	10. CLASSIFICATION (1A TO 5F)–	11. ACCEPTING MD	12. CITE/AUTH #
1/20's	MALE / FEMALE			AMBUL / LITTER		(b)(6)-4

13. APPT/SURG DATE	14a. ORIGINATING FACILITY	15a. DESTINATION FACILITY	16. # OF ATTENDANTS	
	(b)(3)-1		16a. MED	16b. NON-MED
5 APR 03	14b. ORIGINATING FACILITY PHONE NUMBER (b)(3)-1	15B. DESTINATION FACILITY PHONE NUMBER	—	—

17. DIAGNOSIS

GSW R Leg / @ Chest

18. X BATTLE CASUALTY | DISEASE | NON BATTLE INJURY

19. CLINICAL ISSUES *(Please indicate Yes or No on clinical issues. Explain YES comments in Section 23)*

	YES	NO	ISSUE		YES	NO	
a.		X	Hypertension	l.		X	Bowel Problem
b.		X	Cardiac Hx	j.		X	Self-care
c.		X	Diabetes	k.		X	Ambulatory
d.	X		Respiratory	l.		X	Ambulatory Aid
e.		X	Ears/Sinus	m.	X		Self-meds
f.		X	Motion Sick	n.			Adequate Supply of Meds
g.		X	Vision Impaired	o.			Other:
h.		X	Voiding Prob.				

20. PHYSICIANS ORDERS

20a. DATE	20b. TIME	20c. ALLERGIES
5 APR 03	0629 Z	NKDA

20d. DIET: X REG | 3GM NA | CARDIAC | DIABETIC CALS

RENAL Gm Prot Gm Na MagK mg PO4

TUBE TYPE cc/hr, 1/2, 3/4, FULL STRENGTH

PEDIATRIC: AGE OTHER *(Specify)*

TPN: Change to D10 at cc/hr for max of days

TUBE FEEDING: at strength at cc/hr

21. PRE-FLIGHT VITALS

21a. DATE / TIME	21b. TEMP:	21c. PULSE	21e. BP
5 APR 03	21d. RESP:		

22. BRIEF NARRATIVE

GSW (R) Leg / @ Chest

SEEN @ CST - EXCEX / FRACTURES

Chest TUBE

H/O ASTHMA

RECEIVED MIVFS

20e. IV / BLOOD

20f. SPECIAL EQUIPMENT

Chest TUBE	SUCTION		TRACTION		ORTHO BRACES
	NG TUBE		IV PUMP	X	CHEST/HEIMLICH
	STRYKER		TRACH		RESTRAINTS
	INCUBATOR		MONITOR		OTHER *(USE 23)*

OXYGEN: PERCENT or LITERS ROUTE:

VENT SETTINGS:

20g. ALTITUDE RESTRICTION: Yes / No feet

20h. RECORDS TO ACCOMPANY PATIENT

X	OUTPATIENT RECORDS		XRAYS	OTHER:
	INPATIENT RECORDS		OB	
	NARRATIVE SUMMARY		DENTAL	
	FINANCIAL			

20i. MEDICATIONS / TREATMENTS

LR @ 125 cc/HR

ALBUTEROL MDI 2 PUFFS q 4°

ATROVENT MDI 2 " q 4°

23. ASSESSMENT / PROGRESS

DATE / TIME	NOTES
	A/E TO Determine Care -

(b)(6)-2

24. STA HYSICIAN

25. STAMP AND SIGNATURE OF FLIGHT SURGEON

AF For

(Cert?) [illegible] Ikoal Epcs [illegible]

(b)(6)-4

1. NAME (Last, First, Middle Initial) | 2. (b)(6)-4 | 3a. STATUS | 3b. SERVICE | 4. PRECEDENCE: U P (R) | 5. GRADE

6. AGE | 7. SEX: ✓MALE | FEMALE | 8. WEIGHT | 9. BLOOD TYPE | 10. CLASSIFICATION (1A TO 5F)-- AMBUL | X LITTER | 11. ACCEPTING MD | 12. CITE/AUTH # (b)(6)-4

13. APPT/SURG DATE | 14a. ORIGINATING FACILITY (b)(3)-1 | 15a. DESTINATION FACILITY | 16. # OF ATTENDANTS: 16a. MED | 16b. NON-MED

14b. ORIGINATING FACILITY PHONE NUMBER | 15B. DESTINATION FACILITY PHONE NUMBER

17. DIAGNOSIS

Right open femur shaft fracture
2° GSW

18. ✓ BATTLE CASUALTY | DISEASE | NON BATTLE INJURY

20. PHYSICIANS ORDERS

20a. DATE | 20b. TIME | 20c. ALLERGIES

20d. DIET: ✓REG | 3GM NA | CARDIAC | DIABETIC CALS
RENAL Gm Prot Gm Na MagK mg PO4
TUBE TYPE cc/hr, 1/2, 3/4, FULL STRENGTH
PEDIATRIC: AGE | OTHER (Specify)
TPN: Change to D10 at cc/hr for max of days
TUBE FEEDING: at strength at cc/hr

20e. IV / BLOOD

20f. SPECIAL EQUIPMENT

SUCTION		TRACTION		FOLEY CATH
NG TUBE		IV PUMP		ORTHO BRACES
STRYKER		TRACH		CHEST/HEIMLICH
INCUBATOR		MONITOR		RESTRAINTS
				OTHER (USE 23)

OXYGEN: PERCENT or LITERS ROUTE:
VENT SETTINGS:

20g. ALTITUDE RESTRICTION: Yes / No feet

20h. RECORDS TO ACCOMPANY PATIENT

OUTPATIENT RECORDS	✓	XRAYS	OTHER:
✓ INPATIENT RECORDS		OB	
NARRATIVE SUMMARY		DENTAL	
FINANCIAL			

20i. MEDICATIONS / TREATMENTS

morphine 1-6mg IV/IM q3-4h PRN pain
Phenergan 25mg IV q4-6h PRN
Ancef 1gm IVPB q8hr
Gentamicin 350mg IV q day (b)(6)-2

19. CLINICAL ISSUES (Please indicate Yes or No on clinical issues. Explain YES comments in Section 23)

YES	NO	ISSUE		YES	NO	
a.	✓	Hypertension	i.		✓	Bowel Problem
b.	✓	Cardiac Hx	j.		✓	Self-care
c.	✓	Diabetes	k.		✓	Ambulatory
d.	✓	Respiratory	l.		✓	Ambulatory Aid
e.	✓	Ears/Sinus	m.		✓	Self-meds
f.	✓	Motion Sick	n.		✓	Adequate Supply of Meds
g.	✓	Vision Impaired	o.		✓	Other:
h.	✓	Voiding Prob.				

21. PRE-FLIGHT VITALS

21a. DATE / TIME | 21b. TEMP: | 21c. PULSE | 21e. BP
21d. RESP:

22. BRIEF NARRATIVE

4 days [illegible] GSW
to (R) femur [illegible]
Pt s/p [illegible]
Pt [illegible] for further care

23. ASSESSMENT / PROGRESS

DATE / TIME | NOTES

24. STAMP AND SIGNATURE OF ATTENDING PHYSICIAN M.D.
(b)(6)-2
LTC, MC, USA
ORTHOPAEDIC SURGERY

25. STAMP AND SIGNATURE OF FLIGHT SURGEON

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MEDCOM - 2857

1CU3

(b)(6)-4

ADMISSION AND CODING INFORMATION

For use of this form, see AR 40-400; proponent agency is OTSG

1. REPORTING MTF

1	2	3	4	5	6
(b)(3)-1					

2. MTF LOCATION (State or Country Code)

7	8
I	Z

3. REGISTER NUMBER

9	10	11	12	13	14	15
(b)(6)-4						

NAME (Last, First, Middle Initial): EPW (b)(6)-4

4. PAY GRADE

16	17

5. SEX

18
M

6. DATE OF BIRTH (Y Y Y Y M M D D)

19	20	21	22	23	24	25	26

7. AGE AT ADMISSION

27	28	29

8. RACE

30

9. ETHNIC BACKGROUND

31

RELIGION

10. LENGTH OF SERVICE

32	33	34

ETS

11. FMP

35	36
2	0

12. SOCIAL SECURITY NUMBER

37	38	39	40	41	42	43	44	45
[redacted]								

ORGANIZATION (Active Duty Only)

13. MARITAL STATUS

46

HOUR OF ADMISSION: 21 59

BRANCH / CORPS: (b)(6)-4

14. FLYING STATUS

47	48	49

15. BENEFICIARY CATEGORY

50	51	52
K	7	8

16. ZIP CODE OF RESIDENCE

53	54	55	56	57	58	59	60	61

17. UNIT LOCATION (State or Country Code)

62	63

18. MOS

64	65	66	67	68	69	70

19. TRAUMA

71

PREV. ADMISSION YEAR ☐ NO

20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION

72

EmT

WARD: ICU

NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE

ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)

NAME AND LOCATION OF MEDICAL TREATMENT FACILITY: (b)(3)-1

TELEPHONE NUMBER OF EMERGENCY ADDRESSEE

21. TYPE OF DISPOSITION

73	74

XFR

22. MTF TRANSFERRED TO (b)(3)-1

75	76	77	78	79	80

23. DATE OF DISPOSITION (Y Y M M D D)

81	82	83	84	85	86
0	3	0	4	0	5

1800

24. CLINIC SVC - ADMITTING

87	88	89	90

25. MTF TRANSFERRED FROM

91	92	93	94	95	96

26. DATE THIS ADMISSION (Y Y M M D D)

97	98	99	100	101	102

27. LOCATION OF OCCURRENCE (Battle Casualty Only)

103	104

28. MTF OF INITIAL ADMISSION

105	106	107	108	109	110

29. DATE INITIAL ADMISSION (Y Y M M D D)

111	112	113	114	115	116
0	3	0	4	0	4

FOR LOCAL USE

Dx: ® open thin fox
② Pneumothorax

(b)(6)-2 MD

8601

331

ADMITTING (b)(6)-2 MAJ, ... MC DEPT OF OB/GYN

SIGNATURE OF ADMITTING CLERK (b)(6)-2

DA FORM EDITION OF MAY 79 IS OBSOLETE

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ADMISSION AND CODING INFORMATION

For use of this form, see AR 40-400; the proponent agency is the OTSG

30. AGE AT DISP			31. AUTOPSY Y / N	32. UNDERLYING CAUSE OF DEATH / SEP	33. RESIDUAL DISABILITY			34. DO NOT USE - DATA FILLER #1									35. CAUSE OF INJURY		
117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136

36. FIRST DIAGNOSIS *(Principal Diagnosis)*								37. SECOND DIAGNOSIS								38. THIRD DIAGNOSIS							
137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160
		8	8	3		9	0			5	1	2		8									

39. FOURTH DIAGNOSIS								40. FIFTH DIAGNOSIS								41 SIXTH DIAGNOSIS							
161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184

42. SEVENTH DIAGNOSIS								43. EIGHTH DIAGNOSIS							
185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200

44. FIRST PROCEDURE *(Principal Diagnosis)*								45. SECOND PROCEDURE								46. THIRD PROCEDURE							
201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224

47. FOURTH PROCEDURE								48. FIFTH PROCEDURE								49. SIXTH PROCEDURE							
225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248

50. SEVENTH PROCEDURE								51. EIGHTH PROCEDURE							
249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264

52. NUMBER OF DIAGNOSTIC FIELDS CONTAINING CODES		53. NUMBER OF PROCEDURAL FIELDS CONTAINING CODES		54. PRIMARY PROVIDER SPECIALTY CODE			55. BLOOD USAGE Y/N
265	266	267	268	269	270	271	272

MEDCOM - 2859