

CUI (when filled in)

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

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