

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