

**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
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3. CATEGORY OF PATIENTS	4. AUTHORITY FOR ADMISSION
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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
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