NAVAL HOSPITAL JACKSONVILLE
COMMAND ROUTING SHEET

NOTE: When routing any personal or privileged information (i.e., with social security number and PHI/PII etc.) use DD FORM 2923, Privacy Act Data Cover Sheet.

DIRECTORATE: _____

DEPARTMENT: _____ **POC:** _____ **PHONE:** _____

SUBJECT: _____

DATE ROUTED: _____ **DATE DUE:** _____

Symbol **I** = information **S** = signature **F** = final **A** = action

Routing Sequence	CODE/DEPT.	SYMBOL	DATE	INITIAL	COMMENTS

Additional Comments

NAVHOSPJAX 5216/5 (Rev. 1-2012)

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