MEDICAL RECORD - SUPPLEMENTAL MEDICAL DATA

For use of this form, see requiring document. Form is not valid without Requiring Document, Issuance Date, Local Form Number, and Edition Date.

REQUIRING DOCUMENT *(Title and Number)*	ISSUANCE DATE

LOCAL FORM TITLE ***(Optional)***

NAVAL HOSPITAL LEMOORE
LEMOORE, CALIFORNIA 93246-5004

Directions: The Medical Officer authorizing admission will complete this form and have the patient take it to the Admission Office at the time of admission or inpatient pre-admit, before admission date. When the patient is unable to do this, the next of kin (or significant other) is allowed to bring it to the Admission Office. This form is not needed in the case of newborn admissions if the newborn information card is properly completed and delivered to the Admission Office. This form is to remain with the inpatient record.

Doctors Please Check One:

☐ **APU Patient (Less than 24 hours) sent to the Medical Surgical Unit**

☐ **Inpatient (Admission Office)**

Patient Name/Sponsor's SSN

Admission Date

Unit

Admitting Physician

Attending Physician

Admission Diagnosis

Remarks/Prognosis

Admitting Physician Signature

PRACTITIONER'S NAME	PRACTITIONER'S SIGNATURE	DATE
PATIENT'S IDENTIFICATION: *(For typed or written entries, give: Name - last, first, middle; SSN; Sex; Date of Birth; Rank/Grade.)*	HOSPITAL OR MEDICAL FACILITY	STATUS
	DEPARTMENT / SERVICE	RECORDS MAINTAINED AT
	SPONSOR'S NAME	SSN
	RELATIONSHIP TO SPONSOR	