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)*

From (Clinic): _____

Patient: _____ Rate/Rank: _____ SSN: _____

Procedure: _____

Date of Procedure: _____

Estimated length of Admission: _____ days

Recommended days of Convalescent Leave: _____

Estimated days of Light Duty: _____

Restrictions: _____

_____

_____

Is a Limited Duty (LIMDU) Board anticipated? ☐ Yes ☐ No

Impact if denied: _____

_____

1. You are issued this notice concerning your scheduled surgical procedure at Naval Hospital Lemoore. The Surgeon may recommend convalescent leave after your surgery. Only your command may authorize convalescent leave.

2. You are required to have this endorsed by your chain of command before completing part two of your pre-operative counseling. If not, your surgery will be cancelled without your command's approval.

3. Bring this completed form and leave request, if approved, with you to your pre-operative counseling appointment.

Signature of attending Provider: _____

Commanding Officer or Designee: _____
(Final approval authority)

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	