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| PATIENT'S IDENTIFICATION | PATIENT'S CLEARANCE RECORD For use of this form, see AR 40-400; the proponent agency is OTSG | | |
| | DATE OF DISCHARGE | | TIME OF DISCHARGE |
| | SIGNATURE OF WARD OFFICER | | |
| ACTIVITY CLEARANCE (The final activity with which the patient must clear will be the disposition office.) | | | |
| Military | INITIALS* | Non-military | INITIALS* |
| 1. Patient's Trust Fund | | 1. Patient's Trust Fund | |
| 2. Medical Services Account Officer | | 2. Medical Services Account Officer | |
| 3. Clothing and Baggage | | 3. Clothing and Baggage | |
| 4. Medical Holding Unit | | 4. Postal Service | |
| a. Supply | | 5. Change of Address | |
| b. Pay Section | | 6. Other (Specify) | |
| c. Service Records | | 7. | |
| d. Insurance and Allotments | | 8. | |
| 5. Postal Service | | 9. | |
| 6. Change of Address | | 10. | |
| 7. Other (Specify) | | 11. | |
| 8. | | 12. | |
| 9. | | 13. | |
| REMARKS | | | |
| DATE | | SIGNATURE OF PATIENT ADMINISTRATOR | |
| * INITIALS OF PERSON AUTHORIZING CLEARANCE. | | | |