

**REPORT OF TREATMENT FURNISHED PAY PATIENTS
OUTPATIENT TREATMENT FURNISHED (PART B)**

REPORT CONTROL SYMBOL

1. INSTALLATION PROVIDING TREATMENT *(Name and address)*

2. MONTH AND YEAR COVERED BY THIS REPORT

3. CATEGORY OF PATIENTS

4. AUTHORITY FOR ADMISSION

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 *(Signature, military grade, organization of Commanding Officer)*

13. TOTAL