

**REPORT OF TREATMENT FURNISHED PAY PATIENTS
HOSPITALIZATION FURNISHED (PART A)**

REPORT CONTROL SYMBOL

1. INSTALLATION PROVIDING HOSPITALIZATION (*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 | DATES | | |
|---|------------------------|-------------------|----------------|----------------|-----------------|-------------|
| | | | | ADMISSION 9 | DISCHARGE 10 | TOTAL 11 |
| | | | | | | |

12. DATE

13. AUTHENTICATION (*Signature, military grade, organization of Commanding Officer*)

14. TOTAL DAYS HOSPITALIZED