

**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