

**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