

INPATIENT TREATMENT RECORD COVER SHEET
For use of this form, see AR 40-400; the proponent agency is OTSG

| | | | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|------------------------------------------------------------------------|---------------------------|----------------------------------------|----------------------------|-----------------------------------------------|-------------------|
| 1. REGISTER NUMBER <small>(b)(6)-4</small> | | 2. NAME (Last, First, MI) <small>(b)(6)-4</small> | | | 3. GRADE | | ADMISSION REMARKS |
| 4. SEX | 5. AGE | 6. RACE | 7. RELIGION | 8. LENGTH OF SVC | 9. ETS | 10. PREVIOUS ADMISSION | |
| 11. FMP 99 | 12. SSN <small>(b)(6)-4</small> | | 13. ORGANIZATION | | | 14. WARD FCW1 | |
| 15. FLYING STATUS | 16. RATING/DSG | 17. DEPT./BEN | 18. BRANCH/CORPS | 19. UIC/ZIP | 20. TYPE CASE INJ | | |
| 21. SOURCE OF ADMISSION/AUTHORITY FOR ADMISSION Direct | | | | 22. HOURS OF ADMISSION | 23. CLINIC SERVICE AEAA | | |
| 24. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE | | | 25. TYPE DISPOSITION | 26. DATE OF DISPOSITION 10 APR 03 | | | |
| 27a. ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code) | | | 27b. TELEPHONE NO. | 28. DATE OF THIS ADMISSION 6 APR 03 | | ADMITTING OFFICER | |
| 29. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY <small>(b)(3)-1</small> | | | | 30. DATE OF INTIAL ADMISSION | | 32. UNITS OF WHOLE BLOOD/COMPONENT TRANSFUSED | |
| 31. SELECTED ADMINISTRATIVE DATA | | | | | | | |
| <input type="checkbox"/> Check if Continued on Reverse | | | | | | | |
| 33. CAUSE OF INJURY | | | | | | | |
| 34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES <div style="text-align: center; font-size: 1.2em;"> @ Tib/Fib Fx 823.01 </div> <div style="text-align: right; margin-top: 20px;"> III 823.82 27530 II 823.82 </div> | | | | | | | |
| 35. Total Days This Facility | | | | | | | |
| a. ABSENT SICK DAYS 4 | b. OTHER DAYS 4 | c. CONV. LV/COOP CARE DAYS | d. SUPPLEMENTAL CARE DAYS | e. BED DAYS | f. TOTAL SICK DAYS 4 | | |
| 36. Total Days All Facilites | | | | | | | |
| a. ABSENT SICK DAYS | b. OTHER DAYS | c. CONV. LV/COOP CARE DAYS | d. SUPPLEMENTAL CARE DAYS | e. BED DAYS | f. TOTAL SICK DAYS | | |
| SIGNAT <small>(b)(6)-2</small> | | SIGNATURE OF PAD OR MEDICAL RECORDS OFFICER <small>(b)(6)-2</small> | | | | | |

INPATIENT TREATMENT RECORD C
 For use on this form, see AR 40-400; the proponent agency is DTSG

| | | | | | | | |
|-----------------------------------------------------------------|---------------------|---------------------------------------|----------------------|----------------------------------------|------------------------------------------------|------------------------|-------------------|
| 1. REGISTER NUMBER (b)(6)-4 | | 2. NAME (Last, First, MI) (b)(6)-4 | | | 3. GRADE | | ADMISSION REMARKS |
| 4. SEX | 5. AGE | 6. RACE | 7. RELIGION | 8. LENGTH OF SVC | 9. ETS | 10. PREVIOUS ADMISSION | |
| M | 18 Y | IRACATI | | | | | |
| 11. FMP 99 | 12. SSN (b)(6)-4 | | 13. ORGANIZATION | | | 14. WARD FCW1 | |
| 15. FLYING STATUS | 16. GRADE DSG | 17. BENEFIT BEN | 18. BRANCH/CORPS | 19. UIC/ZIP | 20. TYPE CASE INS | | |
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| 29. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY (b)(3)-1 | | | | 30. DATE OF INTIAL ADMISSION | 32. UNITS OF WHOLE BLOOD/ COMPONENT TRANSFUSED | | |
| 31. SELECTED ADMINISTRATIVE DATA | | | | | | | |

Check if Continued on Reverse

33. CAUSE OF INJURY

34. DIAGNOSES/OPERATIONS AND SPECIAL PROCEDURES

① Tib/Fib Fx ~~223.01~~

35. Total Days This Facility

| | | | | | |
|--------------------------|--------------------|----------------------------|---------------------------|-------------|-------------------------|
| a. ABSENT SICK DAYS 4 | b. OTHER DAYS 4 | c. CONV. LV/COOP CARE DAYS | d. SUPPLEMENTAL CARE DAYS | e. BED DAYS | f. TOTAL SICK DAYS 4 |
|--------------------------|--------------------|----------------------------|---------------------------|-------------|-------------------------|

36. Total Days All Facilities

| | | | | | |
|---------------------------------|---------------|------------------|---------------------------|-------------|--------------------|
| a. ABSENT SICK DAYS (b)(6)-2 | b. OTHER DAYS | c. CONV. LV/COOP | d. SUPPLEMENTAL CARE DAYS | e. BED DAYS | f. TOTAL SICK DAYS |
|---------------------------------|---------------|------------------|---------------------------|-------------|--------------------|

SIGNATURE OF PATIENT OR MEDICAL RECORDS OFFICER
(b)(6)-2

Victim provided first aid near uncle's house
at NV96594 40924 on 22 MAR03,

Former CP location of

(b)(3)-1

(Att. to

(b)(3)-1

(b)(3)-1

MAJ

(b)(8)-2

Civil Affairs DST 4

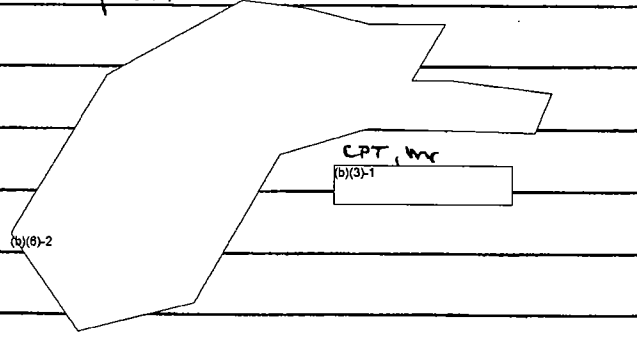
for LTC

(b)(8)-2

(b)(3)-1

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry) |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 23 Mar 03 | <p>~ 18 y/o Iraqi D → civilian s/p closed (L) mid shaft fib-fib fx received closed reduction + long leg cast this</p> <p>Attn by MAJ (b)(6)-2 (b)(3)-1</p> |
| BP 107/54 | P.M.H.: unknown |
| P80 | P.E. GCS 15 |
| | HEENT: NCAT |
| | Chest: CTA (R) |
| | CV: RRR 5m |
| | Abd: S/M/ND (R) BS DR/G |
| | Back: 0 lesions / wounds |
| | Ext: (L) long leg cast |
| | Distal toes exposed → FROM, Redness, CR < 2 sec |
| | <p>(A) (L) Tib/fib mid shaft fx s/p closed reduction</p> <ul style="list-style-type: none"> - Pain Control Im Demanded / p.o. T³ prn - await CA guidance on further disposition |
| |  <p>CPT, Mr (b)(3)-1</p> <p>(b)(6)-2</p> |

| | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------|------------|-------------------------|-----------------------|
| HOSPITAL OR MEDICAL FACILITY | STATUS | DEPART./SERVICE | RECORDS MAINTAINED AT |
| SPONSOR'S NAME | SSN/ID NO. | RELATIONSHIP TO SPONSOR | |
| PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.) | | REGISTER NO. | WARD NO. |

CHRONOLOGICAL RECORD OF MEDICAL CARE
 Medical Record
STANDARD FORM 600 (REV. 6-97)
 Prescribed by GSA/ICMR
 FIRM (41 CFR) 201-9.202-1

| MEDICAL RECORD | PROGRESS NOTES |
|----------------|----------------|
|----------------|----------------|

DATE 26 MAR PT ABC' wave, unable to assess pulse on @ foot due to casting @ Cap refill 2sec @ pu = radiation to upper thigh no apparent other injuries ((Tib fib fx) PT received i soomy motion po @ 1710

7300 PT Sleepy USS NO Discomfort Dasj CDF

1330 pt arrive in new location no change in condition - 1300 vs 128/18 P 68 T 96.1 pt complaining of being hungry

2411 vs 129/62 P 65 T 96.1 pt resting, no apparent signs of distress. repositioned l. leg placed rolled blanket under for support. pt stated "yes, thank you."

1305 No changes from previous exam continue to monitor.

28 MAR 03 MD ORDERS 0925 ((L) TIB / fib X-RAY tomorrow (29 MAR 03)

28 MAR 03 pt % of pain on @ leg. Due to motion during ps for this # 6/10 pain

(Continue on reverse side)

| | | |
|-----------------------------------------------------------------------------------------------------------------------------------------|--------------|----------|
| PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade, rank, rate; hospital or medical facility) | REGISTER NO. | WARD NO. |
|-----------------------------------------------------------------------------------------------------------------------------------------|--------------|----------|

PROGRESS NOTES
 STANDARD FORM 509 (Rev. 11-77)
 Prescribed by GSA/ICMR,
 FIRM(41CFR)201-45.505
 509-111

PROGRESS NOTES

DATE
28 Mar 03

1611 VS BP 91/41 P 87 R 16 SpO₂ 98% T

2045 PT sleeping, awakes when spoken to, fx to Tib Fib, closed fixation, cast from ankle to upper thigh. No drainage. Cms distal to wound intact. (b)(6)-2 SPC LPN

28 MAR 03

VS BP 108/74 P 92 RR 18 SpO₂ 99%

29 MAR 03

(L) TIB/FIB FX

1225

Doing well

needs K-1AY

Cast to 0 (02/10)

(b)(3)-1

(b)(6)-2

29 Mar 03

(L) Tib Fib fx cast to hfp. Pt voiding well. BP - 116/78, 21 Sp P - 73 RR - 18, Temp - 96° Sats - 99% via RA.

(b)(6)-2

SSG/LPN

30 Mar 03

BP - 112/78 RR - 14 Sats - 98% via RA

0624

P - 77 Temp - 97

(b)(6)-2

SSG/LPN

30 Mar 03

Pt. % of (R) leg pain. Jaws cool, 0 edema, ~~distal capillary~~ refer at 2 hrs. (b)(6)-2 Axi An Tib

1000

(b)(6)-2

30 Mar 03

(L) TIB/FIB FX 8 days post injury

1645

X-ray yesterday - significant angulation

D/W Nielsen/ortho

Admit definitive care

(b)(6)-2

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry) |
|---------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1895 30 Mar 03 | BP 102/104 P64 Temp 98.4 R-18 — SPC [redacted] 91W |
| 2500 | BP 98/64 - 64 - T 98° - R-18 — [redacted] |
| 2100 | pt assessed complet - p/s/s of compartment syndrome - [redacted] |
| 31 Mar 03 | <p>ⓐ tib/fib circulation. Ortho aware. long leg cast Toes ^{equal bilat} warm, Neurovasc intact. No Y₂ seen</p> <p>ⓑ awaiting ortho intervention. [redacted] MD</p> |
| 31 Mar 03 0850 | <p>p/c/o pain. ⓐ leg elevated in long leg cast. N/V/NL. slow clip refill 3-5. w/ol continued to monitor. ⓑ [redacted] 107W</p> |
| 31 Mar 03 0930 | BP 108/78 P-88 R-18 [redacted] SGT 91W 80 |
| 31 Mar 03 1600 | PT c/o Pain Given 800mg Motrin [redacted] |
| 31 Mar 03 2501 0600 | <p>98.3 B/P 90/60 P84 [redacted] SGT 91W</p> <p>pt sleep thru night - p change from obs [redacted]</p> |
| 1 Apr 03 | <p>AF VSS no complaints. Toes N/V intact. Plan evax today for ortho [redacted] MD</p> |
| 1 April 03 | BP 107/66 P-90 R-16 [redacted] SGT 91W 80 |

| | | |
|------------------------------|------------|-------------------------|
| HOSPITAL OR MEDICAL FACILITY | STATUS | DEPART |
| SPONSOR'S NAME | SSN/ID NO. | RELATIONSHIP TO SPONSOR |

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; REGISTER NO. WARD NO.
 Date of Birth; Rank/Grade.)

[redacted]

CHRONOLOGICAL RECORD OF MEDICAL CARE
 Medical Record
 STANDARD FORM 600 (REV. 6-97)
 Prescribed by GSA/ICMR
 FIRM (41 CFR) 201-9.202-1

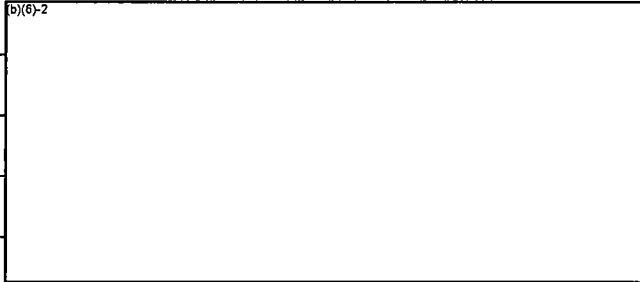
| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry) |
|------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 APR 03 1100 | NIV UNIL ↓ movement from yesterday to present movement of clo pain otherwise (relaxing) (b)(6)-2 |
| 1 April 03 0600 1958 | Pt Given 325 mg Tylenol For Pain BP 90/70 HR 92 T 98.5 (b)(6)-2 |
| 2 APR 03 | AF, will report vitals. alert & awake. No A in status, awaiting eval (b)(6)-2 |
| 2 APR 03 0550 Z 2 APR 03 0600 Z | MOTRIN 800mg given for clo throbbing pain to (L) leg BP 98/62 P-74 R-14 Temp 98.1 - SPC (b)(6)-2 |
| 02 APR 03 1510 Zulu | MOTRIN 800mg given for clo throbbing PN to (L) leg (b)(6)-2 |
| 03 APR 03 0600 (2) | BP-98/62, P-76, R-16, Temp-97.9, Pulse ox, 98% SpO2 (b)(6)-2 |
| 1122 Z 4/3/03 1215 Z | 1 VIKIDING given for pain Cuptal (S) TIB / FIB fx to Angulation in long cast D#13 VSS/AF EURAC Priority (b)(6)-2 |
| 4/3/03 1545 Z | Condition ^{Pr} stable and unchanged from early day (b)(6)-2 |
| 4/3/07 1700 Z 4/3/07 1701 Z | no A's From previous exam, CTA, ⊕ BS VS 106/49, p84, R 20, T 98.6, O2 99% (b)(6)-2 |

MEDICAL RECORD PROGRESS NOTES

DATE NOTES

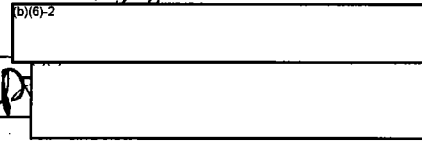
4/4/03 (L) TIB / fib fx & angulation
LONG CAST D# 14

EVID ? when?
Repair ? when?



b6-2

4 Apr 03 - ~~B/P 90/60~~ P-90, R-18, Temp 99.8, Puk. ox 98%
B/P-100/60 JOC



4 APR 03 Vicodin 2 tabs PO for pain given. CP

AN

4/5/03 (L) TIB / FIB FX & Angulation
0605Z Long CAST D# 14
NPO PMN
RECAST TOMMOROW

EMT

↳ Bivalve CAST TODAY

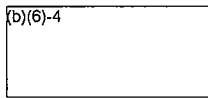
Dance 1100

4/3/03 1300 PT 40 Pain Given Tux J#3 po

5 APR 03
1700 Z

PT lying quietly in bed watching others. BP 92/44 HR 122 RR 16 SpO2 98
T= 99.0. PT states he's hungry. BP 92/44 HR 110 RR 16 SpO2 98
peripheral pulses palpable and correspond to heart sounds. CP

RELATIONSHIP TO SPONSOR SPONSOR'S NAME (LAST, FIRST, MI) SPONSOR (SSN or Other)
DEPART./SERVICE HOSPITAL OR MEDICAL FACILITY RECORDS MAINTAINED AT
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade) REGISTER NO. WARD NO.



PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV 5-99)
Prescribed by GSA/ICMR FPMR (41 CFR) 101-11.203(b)(10)

MEDICAL RECORD | **PROGRESS NOTES**

| DATE | NOTES |
|---------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 6 Apr 03 | Post op Note |
| 1500 | Pre/post op Lo @ tib fx Procedure closed wounds + cast Surg - Scarle Findings - post cast Xrays ~ 3° procurvation, some edgus |
| | (b)(6)-2 [redacted] MASM |
| 12 APR 03 | |
| 1205 Z | |
| TEMP 97.1, HR 88, BP 101/59, SPO2 96% RA, RR 14. PT SEDATED E KATAME 150mg and MSO4 10mg IV, S/P RESET/RECAST | |
| 1209 | ① TIB FX, LAST DOSE OF MSO4 @ 1400, LAST DOSE OF KATAME WAS 1430. PT DENIES PAIN. PT AWAKE BUT NOT ORIENTED R/T OP MEDS, PERLL, LUNGS CTA, ACTIVE BS IN ALL 4 QUAD E NON-DISTENDED NON TENDER ABD, NEUROVASCULAR INTACT, IN OPERATIVE ① LE. SECOND SET OF |
| 1209 | POST-OP VS T- 97.3, 100/49, HR 88, 95% RA, 14RR, LR INFUSING @ 125cc/0 Will continue to monitor pt post-op, once post-op criteria met, transfer to MCW. (b)(6)-2 [redacted] |
| 1220 | PT TO BE ADMITTED TO ICW 2 PER PHYSICIAN'S ORDERS. VS 100/50, T 97.3, 86HR, RR 15, SPO2 96% RA, |
| 1225 | VS. 99/49, T 97.4, RR 15, 96% RA, HR 89. (b)(6)-2 [redacted] LT/MR |
| 1230 | VS 96/51, HR 85, 97% RA, RR 14, T 97.4. NO ESSENTIAL AS FROM POST-OP ASSESSMENT, WILL CONT TO REPORT THE PT. STATUS STABLE. (b)(6)-2 [redacted] LT/MR |
| 1240 | 101/53, SPO2 97% RA, HR 84, 97.4, RR 15 (b)(6)-2 [redacted] LT/MR. |

| | | | |
|------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-------|------------------------------------|
| RELATIONSHIP TO SPONSOR | SPONSOR'S NAME | | SPONSOR'S ID NUMBER (SSN or Other) |
| | LAST | FIRST | MI |
| DEPART./SERVICE | HOSPITAL OR MEDICAL FACILITY | | RECORDS MAINTAINED AT |
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| | | | WARD NO. |

(b)(6)-4 [redacted] (b)(3)-1 [redacted]

PROGRESS NOTES
Medical Record
 STANDARD FORM 509 (REV. 5-99)
 Prescribed by GSA/ICMR FPMR (41 CFR) 101-11.203(b)(10)

MEDICAL RECORD

PROGRESS NOTES

| DATE | NOTES |
|----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|
| 6 Apr 2003 1340 Z | Pt returned to mcw #1. S/P (L) Tib/Fib fx cast. See orders. (b)(6)-2 LTC, AN FNT |
| 6 Apr 2003 1500 | Pt. returned and now c/o of nausea. Ibuprofen 12.5 mg TID for pain. |
| 1700Z | Pt sleeping, BP 90/54 HR 64 RR 16 T 98.3 (C) assessment. (b)(6)-2 AN |
| 7 Apr 03 4:30z | Vitals = 97.7 Temp 99 SpO2, 88 pulse 22 rr 90/43 BP (b)(6)-2 9LW |
| 0600 | ↓ V Diced from (R) arm. & phleb's good oral intake, alert & oriented (b)(6)-2 major |
| 4/7/03 0800z | (C) Tib/Fib fx s/p closed reduction (4/6/03) AF/US CAST C/O/I P) long leg cast x 6 weeks weekly X-rays NEXT X-ray 13 APR 03 |
| 4/8/03 0740z | (C) Tib/Fib fx s/p closed reduction (4/6/03) (b)(6)-2 NEXT X-ray 13 APR 03 |

| | |
|-------------------------|------------------------------|
| RELATIONSHIP TO SPONSOR | SPONSOR |
| LAST | FIRST |
| Shofar CAST - ~ 5/20/03 | |
| DEPART./SERVICE | HOSPITAL OR MEDICAL FACILITY |

| | | |
|------------------------------------------------------------------------------------------------------------------------------------------|--------------|----------|
| PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade) | REGISTER NO. | WARD NO. |
|------------------------------------------------------------------------------------------------------------------------------------------|--------------|----------|

(b)(6)-4

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 5-99)
Prescribed by GSA/ICMR FPMR (41 CFR) 101-11.203(b)(10)

| DATE | NOTES |
|---------------------|------------------------------------------------------------------------------------------------------|
| 7 Apr 03 13:13z | Vitals = 99.3 temp, 98 SpO ₂ , 94 pulse, 22rr 13:13z (b)(6)-2 115/50 BP [redacted] 91w |
| 8 APR 03 | VITALS - 98% SpO ₂ , Pulse 89, Temp 98.7 |
| 04:00z | RESP 20, B/P 110/60 (b)(6)-2 [redacted] |
| 09:00z | Pt complains of headache. Given one tylenol 370R |
| | PAIN CONTROL (b)(6)-2 [redacted] |
| 15:00 | Pt's condition has been stable to 40 hrs of 0900. Has |
| | ambulated. Socialized with tent mates (b)(6)-2 [redacted] |
| 16:35z | Pt in bed, talking to others. BP 98/54 HR 72 RR 14 T=99. No pain. (b)(6)-2 [redacted] |
| | CPT (b)(6)-2 [redacted] |
| 9 April 03 04:10 | HR 72, Resp 16, BP 95/56, Temp 97.6 (b)(6)-2 [redacted] |
| 4/9/03 | (L) TIB/Fib FX 3/P closed reduction; cast 06 APR 03 |
| | STABLE |
| | NEXT X-RAY 13 APR 03 |
| | X-RAY @ WK |
| | Shortest cast 20 my 03? (b)(6)-2 [redacted] |
| | |
| 09 APR 03 12:33z | tylenol 650mg PO / C/O headache - SFC (b)(6)-2 [redacted] 91w |
| 09 APR 03 16:00z | VITALS: TEMP 98.4 PULSE 88 SpO ₂ 68/56 BP 132/30, Pt vitals are |
| | good Pt HAS NO complaints of pain. (b)(6)-2 [redacted] |
| 10 APR 03 08:00z | US BP 120/60 P 64 T 97.5 (b)(6)-2 [redacted] |
| 4/10/03 | (L) TIB/Fib FX 3/P closed reduction / cast 06 APR 03 |
| 08:25z | STABLE (b)(6)-2 [redacted] |
| | Desires discharge home |
| | ✓ E PAD / Civilian Affairs |
| | |
| | |

MEDICAL RECORD PROGRESS NOTES

DATE NOTES

4/10/03 Temp 98.7 Pulse ox ~~95~~ 99% Heart Rate 82 BP 122/42

NO C/O Pt good condition.

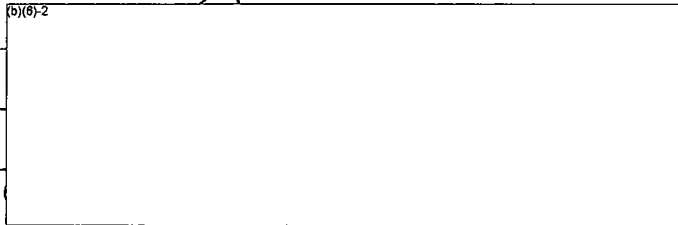
11 Apr 03 @ 0428 bp ¹¹⁸/₈₂ p 80 T-96.5 RR-16

4/11/03 D/C to CW AFFAIRS?

0635 (L) TTB / FIB FX

weekly X-rays next 4/13/03
Remove cast mid May 03

(b)(6)-2



11 APR 03
1700Z

Pt resting quietly in bed. Benign assessment BP ¹¹²/₆₀ HR 68 RR 14
Refuses Temp. Requesting sleep aid, Benadryl 50mg PO given. Pt asking
about hospital in a.m. Referred to MD. CPT [redacted] - AA

12 Apr 03 Bp 110/64 p 93 T 97.2 RR 13

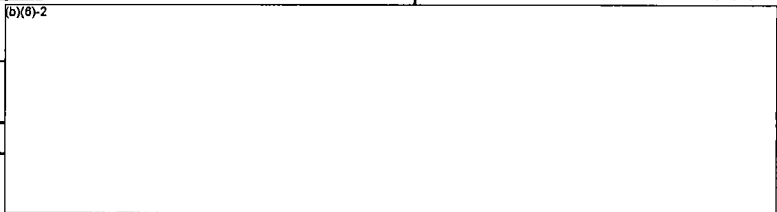
(b)(6)-2

SGT 9/1/03

4/13/03

Patient left AMA. Explained to patient via
Arabic interpreter - [redacted] - Just failure to
RECEIVE ADEQUATE medical care could result in
loss of function of (L) leg. He understands
the risks.

(b)(6)-2



RELATIONSHIP TO SPONSOR

LAST

NUMBER

DEPART./SERVICE

HOSPITAL OR MEDICAL FACILITY

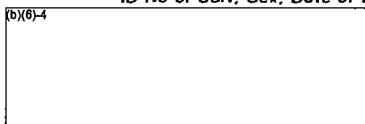
RECORDS MAINTAINED AT

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle;
ID No or SSN; Sex; Date of Birth; Rank/Grade)

REGISTER NO.

WARD NO.

(b)(6)-4



PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 5-99)
Prescribed by GSA/ICMR FPMR (41 CFR) 101-11.203(b)(10)

REPORT TITLE **24 - HOUR COMPREHENSIVE CARE RECORD Part 1**

OTSG APPROVED (Date)

DATE: 22 Mar 03
 HOSPITAL DAY NO. _____
 POST OP DAY NO. _____
 ISOLATION DAY NO. _____
 ALLERGIES _____

LAB STUDIES

| | |
|------|------|
| TIME | TIME |
| HCT | GLU |
| PH | PO2 |
| PCO2 | HCO3 |
| BE | |



TOTAL OUTPUT

| | | | | | | | | | | | | | |
|-------------------------------------------------------------------|-----|-----|-----|-----|-----|-----|-----|-----|----|----|----|----|----|
| TEMPERATURE (O) - ORAL (A) - AXILLARY (R) - RECTAL | 170 | 160 | 150 | 140 | 130 | 120 | 110 | 100 | 90 | 80 | 70 | 60 | 60 |
| VITAL SIGNS | | | | | | | | | | | | | |
| PULSE ● = RADIAL ▲ = APICAL V = SYTOLIC Λ = DIASTOLIC | | | | | | | | | | | | | |
| WEIGHT | | | | | | | | | | | | | |
| RESPIRATIONS | | | | | | | | | | | | | |
| BLOOD PRESSURE | | | | | | | | | | | | | |
| Sp O2 | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | | | |
|---------------------------|--------------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| MISC | TIME | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 |
| INTAKE | TOTAL INTAKE | | | | | | | | | | | | | | | | | | | | | | | | |
| ORAL | | | | | | | | | | | | | | | | | | | | | | | | | |
| TUBE FEEDING | | | | | | | | | | | | | | | | | | | | | | | | | |
| IV NUMBER #1 | | | | | | | | | | | | | | | | | | | | | | | | | |
| IV NUMBER #2 | | | | | | | | | | | | | | | | | | | | | | | | | |
| IV PB | | | | | | | | | | | | | | | | | | | | | | | | | |
| CUMULATIVE TOTAL INTAKE | | | | | | | | | | | | | | | | | | | | | | | | | |
| BLOOD | | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL # Units BLOOD Given | | | | | | | | | | | | | | | | | | | | | | | | | |
| OUTPUT | | | | | | | | | | | | | | | | | | | | | | | | | |
| URINE | | | | | | | | | | | | | | | | | | | | | | | | | |
| NASOGASTRIC | | | | | | | | | | | | | | | | | | | | | | | | | |
| EMESIS | | | | | | | | | | | | | | | | | | | | | | | | | |
| CHEST TUBE | | | | | | | | | | | | | | | | | | | | | | | | | |
| STOOL - LIQUID | | | | | | | | | | | | | | | | | | | | | | | | | |
| CUMULATIVE TOTAL OUTPUT | | | | | | | | | | | | | | | | | | | | | | | | | |
| BOWEL MOVEMENT | | | | | | | | | | | | | | | | | | | | | | | | | |

PREPARED BY (Signature & Title)

DEPARTMENT/SERVICE/CLINIC

DATE

PATIENT'S IDENTIFICATION (For typed or written entries give: Name - last, first, middle; grade; date; hospital or medical facility)

(b)(6)-4

DIAGNOSIS: (L) Tib/Fib Fracture

- HISTORY/PHYSICAL
- OTHER EXAMINATION OR EVALUATION
- DIAGNOSTIC STUDIES
- TREATMENT
- FLOW CHART
- OTHER (Specify)

86
93
P.86

| Recurrent Medications and Treatments | date | 23 rd | 24 | 26 | 27 |
|--------------------------------------|----------------|------------------------------|---------------------------------|--------------------------------|----------------------------|
| | | | | | |
| | | | | | |
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| | | | | | |
| | | | | | |
| | | | | | |
| Vital signs | | | | | |
| | 4 | | | | |
| | 8 | 0630 P80 81P107/54 | 115/65 +99 P90 84 | | |
| | 12 | 083 130P80 | | 104/70 98% P97 214 98.6% | T 97.5 P 85 10/72 |
| | 16 | | P105 SpO2 97% T101 BR 110/62 | | |
| | 20 | 968 | 108/66 20 100.8 96 | T 98.3 P 81 | 42 74 |
| | 24 | | | | |
| PRN Medications and Treatments | | | | | |
| Dexam 50mg Phorazep 25mg IM | d/t amt/int | 3 23 mar 07 03 50030 2 | | | |
| q 4° prn pain | d/t amt/int | | | | |
| T 3 1/1 - 1/1 po q 4 to prn pain | d/t amt/int | | | | |
| Motrin 800mg po TID | d/t amt/int | 24 mar 07 1270 20 | 02 2015 11 21 mar 07 | 25 mar 07 6 10 25 20 | 270 MAR 07 1730 I 6M |
| | d/t amt/int | 25 mar 07 210 20 | | | |
| | d/t amt/int | | | | |

Name: (b)(6)-4
 SSN:
 Unit: CIV

Dx: Tib/FibFx
 All:
 Blood type:
 Diet: Regular

| | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|--------------------------|----------------------------|
| ANESTHESIA RECORD | | Page <u>1</u> of <u>1</u> | START <u>1405</u> | ANES. END | DATE <u>6 APR 03</u> |
| OPERATION PERFORMED: <u>(h) leg cast change</u> | | SURGEON(S) <u>662</u> | TOTS <u>1403</u> | SURG START <u>1410</u> | DRESSING OR NO <u>1495</u> |
| PREOPERATIVE <input type="checkbox"/> IDENTIFIED <input type="checkbox"/> ID BAND <input type="checkbox"/> QUESTIONING <input type="checkbox"/> CHART REVIEWED <input type="checkbox"/> NPO SINCE _____ <input type="checkbox"/> PRE-OP MEDICATION: Drug <u>M. 2.5</u> Dose <u>2.5</u> Route <u>IV</u> Time <u>1400</u> Pre-Anesthetic State: <input checked="" type="checkbox"/> CALM <input type="checkbox"/> APPREHENSIVE <input type="checkbox"/> AWAKE <input type="checkbox"/> SEDATE <input type="checkbox"/> UNRESPONSIVE | | 1400 x 30 x 1500 MSO4 100 Ketamine 100, 50 Robinet 2mg | | | |
| MONITORS AND EQUIPMENT <input type="checkbox"/> ANES. MACHINE # _____ & EQUIP. CHECKED <input type="checkbox"/> NON-INV. B/P <input type="checkbox"/> PNS <input type="checkbox"/> CONT. EKG <input type="checkbox"/> V LEAD EKG <input type="checkbox"/> ESOPH. STETH. <input type="checkbox"/> PRECORD STETH. <input type="checkbox"/> PULSE OXIMETER <input type="checkbox"/> O2 ANALYZER <input type="checkbox"/> END TIDAL CO2 <input type="checkbox"/> MASS SPEC. <input type="checkbox"/> TEMPERATURE <input type="checkbox"/> WARMING BLANKET <input type="checkbox"/> FLUID WARMER <input type="checkbox"/> AIRWAY HUMIDIFIER <input type="checkbox"/> N / G TUBE <input type="checkbox"/> O/G TUBE <input type="checkbox"/> IV(s) <u>18g @ FA</u> <input type="checkbox"/> ARTERIAL LINE <input type="checkbox"/> CENTRAL LINE <input type="checkbox"/> SWAN-GANZ <input type="checkbox"/> FOLEY INSERTED: <input type="checkbox"/> O.R. <input type="checkbox"/> FLOOR <input type="checkbox"/> EYE CARE <input type="checkbox"/> PRESSURE POINTS CHECKED / PADDED | | N2O L/min _____ O2 L/min _____ Urine _____ EBL _____ EKG _____ % O2 Inspired _____ O2 Saturation <u>96 96 96 96</u> End Tidal CO2 _____ Temperature _____ PNS _____ | | | |
| ANESTHETIC TECHNIQUE <input type="checkbox"/> GENERAL <input type="checkbox"/> LOCAL / MAC <input type="checkbox"/> REGIONAL <input type="checkbox"/> NERVE BLOCK <u>IV sedation</u> | | TIME 1400 x 30 x 1500 | | | |
| INDUCTION <input type="checkbox"/> PREOXYGENATION <input type="checkbox"/> INHALATION <input type="checkbox"/> RAPID SEQUENCE <input type="checkbox"/> INTRAMUSCULAR <input type="checkbox"/> INTRAVENOUS <input type="checkbox"/> RECTAL | | VITAL SIGNS PRE-OP VALUES _____ B/P _____ P _____ R _____ SAT _____ H/H _____ | | | |
| AIRWAY MANAGEMENT <input type="checkbox"/> INTUBATION <input type="checkbox"/> ORAL <input type="checkbox"/> NASAL <input type="checkbox"/> DIRECT VISION <input type="checkbox"/> BLIND <input type="checkbox"/> AWAKE <input type="checkbox"/> FIBER OPTIC <input type="checkbox"/> STYLET USED <input type="checkbox"/> ATTEMPTS x _____ <input type="checkbox"/> BLADE <input type="checkbox"/> ETT SIZE _____ <input type="checkbox"/> DOUBLE LUMEN <input type="checkbox"/> STRAIGHT <input type="checkbox"/> RAE <input type="checkbox"/> ANODE <input type="checkbox"/> CUFFED _____ ML AIR INJECTED <input type="checkbox"/> UNCUFFED, LEAKS AT _____ CM H2O <input type="checkbox"/> ETT SECURED AT _____ CM <input type="checkbox"/> BREATH SOUNDS <input type="checkbox"/> AIRWAY <input type="checkbox"/> ORAL <input checked="" type="checkbox"/> NASAL <input type="checkbox"/> NATURAL <input type="checkbox"/> MASK CASE <input type="checkbox"/> VIA TRACHEOSTOMY <input type="checkbox"/> NASAL CANNULA <input type="checkbox"/> SIMPLE O2 MASK <input type="checkbox"/> LMA SIZE _____ | | R Tidal Volume <u>SV SV SV SV</u> E Resp Rate <u>14 12 12 12</u> S Peak Pressure _____ P _____ Symbols for Remarks _____ Position <u>of</u> | | | |
| RECOVERY TIME IN PACU <u>1457</u> CONDITION <u>Stable</u> B/P <u>101/59</u> PULSE <u>93</u> RESP <u>14</u> O2 SAT <u>96</u> REMARKS _____ TEMP <u>97</u> REPORT TO: _____ PARRS: _____ | | REMARKS: <input type="checkbox"/> Patient reevaluated. No change from preop plan / evaluation. <input type="checkbox"/> Significant changes from preop plan / evaluation. <u>1455 - out OR to ICU - 2 stable</u> Tourniquet Time: _____ | | | |
| IN FLUIDS TOTALS, OUT Crystalloid _____ EBL <u>0</u> _____ Urine <u>NM</u> Blood <u>0</u> _____ Gastric <u>NM</u> | | PHYSICIAN / CRNA | | PATIENT'S IDENTIFICATION | |

SYMBOC
 X ANESTH
 OPERA
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 CRYST'
 LOID F
 B
 BLOC

MEDICAL RECORD - DOCTOR'S ORDERS

For use of this form, see MEDCOM Circular 40-5

DIRECTIONS: The provider will DATE, TIME, and SIGN each order or set of orders recorded. Only one order is allowed per line. Nursing will list the time the new order(s) are noted and initial in the column provided. Orders completed during the shift in which they were written do not require recopying. They may be signed off, as completed, in the far right column.

| ORDER NUMBER | DATE, TIME, & SIGNATURE REQUIRED FOR EACH ORDER OR SET OF ORDERS | ORDER NOTED TIME & INITIALS | COMPLETED TIME & INITIALS |
|-----------------------------------------|-----------------------------------------------------------------------------------------------------|-----------------------------|---------------------------|
| POST ANESTHESIA CARE UNIT ORDERS | | | |
| 1 | OXYGEN: <u>8</u> litres via Mask /Prongs to maintain O2 Sats greater than 94%; Wean to room air. | | |
| 2 | IVF: <u>NS @ 125</u> cc/hr, bolus _____ cc x <u>1</u> | | |
| 3 | MORPHINE: <u>2</u> mg IV q 5-10 minutes PRN pain. MAX dose of <u>10</u> mg | | |
| 4 | DEMEROL: <u>25</u> mg IV q 5-10 minutes PRN pain. MAX dose of <u>50</u> mg | | |
| 5 | ZOFRAN: Give 4 mg IV PRN nausea. May repeat after 10 minutes X 1 | | |
| 6 | DROPERIDOL: 0.625 mg (1/4 cc) OR 1.25 mg (1/2 cc) IV PRN Nausea X 1 | | |
| 7 | REGLAN: Give 10 mg IV PRN nausea X 1 | | |
| 8 | Release from "PACU" when Aldrete score is <u>9</u> or greater | | |
| 9 | Call Anesthesia for any questions or concerns | | |
| | SIGNED | | |
| | [Redacted Signature Box] | | |

| | | | | | |
|-------------------------|--|------------------------------------------------------------------------------------------|----------|---------|----------|
| PATIENT IDENTIFICATION | | Complete the following information on page 1 only. Note any changes on subsequent pages. | | | |
| [Redacted Patient ID] | | Diagnosis: _____ | | | |
| [Redacted Patient Name] | | Height: _____ Weight: _____ Diet: _____ | | | |
| [Redacted Patient DOB] | | Allergies: _____ | | | |
| [Redacted Patient Room] | | Nursing Unit | Room No. | Bed No. | Page No. |

CLINICAL RECORD - DOCTOR'S ORDERS

For use of this form, see AR 40-66, the proponent agency is OTSG

DOCTOR SHALL RECORD DATE, TIME AND SIGN EACH SET OF ORDERS. IF PROBLEM ORIENTED MEDICAL RECORD IS USED, WRITE PROBLEM NUMBER IN COLUMN INDICATED BY ARROW BELOW.

PATIENT IDENTIFICATION

DATE OF ORDER: 12/25 / 24 NOV 03

TIME OF ORDER: _____ HOURS

ORDER: ① TIB/FIB X-RAY (AP/LAT)
(L) LEG

ROOM NO. 1430

BED NO. _____

(b)(6)-4

(b)(6)-2

PATIENT IDENTIFICATION

DATE OF ORDER: 4/8/03

TIME OF ORDER: _____ HOURS

ORDER: ① VIGOROUS 2-2 STABS @ 4-6 PM PO

ROOM NO. _____

BED NO. _____

(b)(6)-2

PATIENT IDENTIFICATION

DATE OF ORDER: 4/5/03

TIME OF ORDER: _____ HOURS

ORDER: ① NPO P MW
② REGAST TOMMOROW
③ BIVALVE CAST DONE

ROOM NO. _____

BED NO. _____

(b)(6)-2

Done

PATIENT IDENTIFICATION

DATE OF ORDER: _____

TIME OF ORDER: _____ HOURS

ROOM NO. _____

BED NO. _____

(b)(6)-2

PATIENT IDENTIFICATION

DATE OF ORDER: _____

TIME OF ORDER: _____ HOURS

ROOM NO. _____

BED NO. _____

(b)(6)-2

REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED.

DA FORM 1 APR 79 4256

MEDCOM - 3937

CLINICAL RECORD - DOCTOR'S ORDERS

For use of this form, see AR 40-66, the proponent agency is OTSG

THE DOCTOR SHALL RECORD DATE, TIME AND SIGN EACH SET OF ORDERS. IF PROBLEM ORIENTED MEDICAL RECORD ITEM IS USED, WRITE PROBLEM NUMBER IN COLUMN INDICATED BY ARROW BELOW.

| PATIENT IDENTIFICATION | | | DATE OF ORDER | TIME OF ORDER | LIST TIME ORDER NOTED AND SIGN |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|---------|------------------------------------------------------------------------------------------------------------|---------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| NURSING UNIT | ROOM NO. | BED NO. | | HOURS | |
| <div style="border: 1px solid black; width: 100px; height: 50px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 50px;"></div> | | | 4/6/03 | 1500 | <div style="border: 1px solid black; width: 100px; height: 100px; display: flex; align-items: center; justify-content: center;"> <p>Noted</p> </div> |
| | | | Admit to ward S/I ① tibia for cast stable Vitals route Act - NWB on ① elevate ② leg as able | | |
| | | | Diet reg | | |
| | | | IV D5W @ 70 cc/hr | | |
| | | | heparin 2 good po Mebs Vicodin 100 mg q 4h MSO4 2-4 g IV q 2h Phenylen 12.5-25 mg 1m q 6h | | |
| | | | | | <div style="border: 1px solid black; width: 100px; height: 50px; display: flex; align-items: center; justify-content: center;"> <p>MSMC</p> </div> |
| | | | | | |
| <div style="border: 1px solid black; width: 100px; height: 50px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 50px;"></div> | | | 6 Apr 03 | 1340 Z | |
| | | | 1 Admit to MCW# 1 - continue previous orders. | | |
| | | | 2 Stable ITC, AN, INP | | |
| | | | | | |
| | | | | | |
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| | | | | | |
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DA FORM 1 APR 79 4256

REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED.

MEDCOM - 3938

| | | | | | | | | | | | | | | | | | | | |
|-------------------------------------------------------------------------------------------------------------------|-----|----------|------|------------------------------|-----|----------------------------|-------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------------------------------------|----------------------------------|------------------------------------|-------------|----------------|----------|--------------|--|--------|--|--|
| REPORTING MTF | | | | | | | LOCATION (State or Country Code) | | ADMISSIC. CODING INFORMATION For use of this form, see AR 40-400; proponent agency is OTSG | | | | | | | | | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 3. REGISTER NUMBER | | | | NAME (Last, First, Middle Initial) | | | | 4. PAY GRADE | | 5. SEX | | |
| (b)(3)-1 | | | | | | | (b)(6)-4 | | | | (b)(6)-4 | | | | 16 17 | | 18 | | |
| 6. DATE OF BIRTH (YYYYMMDD) | | | | | | | 7. AGE AT ADMISSION | | | 8. RACE | | 9. ETHNIC | | RELIGION | | | | | |
| 19 | 20 | 21 | 22 | 23 | 24 | 25 | 27 | 28 | 29 | 30 | 31 | BACK-GROUND | | | | | | | |
| 1 | 9 | 8 | 5 | 0 | 1 | 0 | 1 | 8 | 4 | X | 9 | | | | | | | | |
| 10. LENGTH OF SERVICE | | | | ETS | | 11. FMP | | | | 12. SOCIAL SECURITY NUMBER | | | | | | | | | |
| 32 | 33 | 34 | | | 35 | 36 | | | | | (b)(6)-4 | | | | | | | | |
| ORGANIZATION (Active Duty Only) | | | | | | | 13. MARITAL STATUS | | | | HOUR OF ADMISSION | | BRANCH / CORPS | | | | | | |
| | | | | | | | 46 | | | | 1500 | | | | | | | | |
| 14. FLYING STATUS | | | | 15. BENEFICIARY CATEGORY | | | | 16. ZIP CODE OF RESIDENCE | | | | | | | | | | | |
| 47 | 48 | 49 | 50 | 51 | 52 | 53 54 55 56 57 58 59 60 61 | | | | | | | | | | | | | |
| | | | K 78 | | | 093300000 | | | | | | | | | | | | | |
| 17. UNIT LOCATION (State or Country Code) | | | | 18. MOS | | | | 19. TRAUMA | | 20. PREV. ADMISSION | | | | | | | | | |
| 62 | 63 | 64 | 65 | 66 | 67 | 68 | 69 | 70 | 71 | YEAR <input type="checkbox"/> NO | | | | | | | | | |
| | | | | | | 9 | | INJ | | | | | | | | | | | |
| 20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION | | | | | | | WARD | | 21. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE | | | | | | | | | | |
| 72 1 DTR | | | | | | | MCW 1 | | | | | | | | | | | | |
| 22. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY | | | | | | | 23. ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code) | | | | | | | | | | | | |
| (b)(3)-1 | | | | | | | | | | | | | | | | | | | |
| 21. TYPE OF DISPOSITION | | | | 22. MTF TRANSFERRED TO | | | | 23. DATE OF DISPOSITION (YYYYMMDD) | | | | | | | | | | | |
| 73 | 74 | (b)(3)-1 | | | | 80 | 81 82 83 84 85 86 | | | | | | | | | | | | |
| 2 2 | | | | | | | 20030410 | | | | | | | | | | | | |
| 24. CLINIC SVC - ADMITTING | | | | 25. MTF TRANSFERRED FROM | | | | 26. DATE THIS ADMISSION (YYYYMMDD) | | | | | | | | | | | |
| 87 | 88 | 89 | 90 | 91 | 92 | 93 | 94 | 95 | 96 | 97 | 98 | 99 | 100 | 101 | 102 | | | | |
| A EAA | | | | | | | | 20030406 | | | | | | | | | | | |
| 27. LOCATION OF OCCURRENCE (Battle Casualty Only) | | | | 28. MTF OF INITIAL ADMISSION | | | | 29. DATE INITIAL ADMISSION (YYYYMMDD) | | | | | | | | | | | |
| 103 | 104 | 105 | 106 | 107 | 108 | 109 | 110 | 111 112 113 114 115 116 | | | | | | | | | | | |
| IZ | | | | | | | | | | | | | | | | | | | |
| FOR LOCAL USE | | | | | | | | | | | | | | | | | | | |
| <p style="text-align: center;">① Tib/Fib FX Trauma 9 Inj 999</p> <p>04 82322 E9889 Rx: 7906</p> | | | | | | | | | | | | | | | | | | | |
| ADMITTING OFFICER (Signature as required) | | | | | | | SIGNATURE OF ADMITTING CLERK | | | | | | | | | | | | |
| (b)(6)-2 | | | | | | | (b)(6)-2 | | | | | | | | | | | | |

DA FORM 2985, MAR 89

EDITION OF MAY 79

MEDCOM - 3941

| | | | | | | | | | | | | | | | | | |
|---------------------------------------------------|--|--|--|------------------------------|--|--|--|---------------------------------------------------------------|--|----------------------------------|---------|----------------------------|--|----------------|--|--|--|
| 1. REPORTING MTF | | | | | | | | ADMISSION AND CODING INFORMATION | | | | | | | | | |
| (b)(3)-1 | | | | | | | | For use of this form, see AR 40-400; proponent agency is OTSG | | | | | | | | | |
| 3. REGISTER NUMBER | | | | | | | | NAME (Last, First, Middle Initial) | | | | 4. PAY GRADE | | 5. SEX | | | |
| 9 10 11 12 13 14 15 | | | | | | | | (b)(6)-4 | | | | 16 17 | | 18 | | | |
| 6. DATE OF BIRTH (YYYYMMDD) | | | | | | | | 7. AGE AT ADMISSION | | | 8. RACE | 9. ETHNIC | | RELIGION | | | |
| 19 20 21 22 23 24 25 26 | | | | | | | | 27 28 29 | | | 30 | 31 BACK-GROUND | | | | | |
| 10. LENGTH OF SERVICE | | | | ETS | | | | 11. FMP | | | | 12. SOCIAL SECURITY NUMBER | | | | | |
| 32 33 34 | | | | | | | | 35 36 | | | | 37 38 39 40 41 42 43 44 45 | | | | | |
| ORGANIZATION (Active Duty Only) | | | | | | | | 13. MARITAL STATUS | | | | HOUR OF ADMISSION | | BRANCH / CORPS | | | |
| | | | | | | | | 46 | | | | 1500 | | | | | |
| 14. FLYING STATUS | | | | 15. BENEFICIARY CATEGORY | | | | 16. ZIP CODE OF RESIDENCE | | | | | | | | | |
| 47 48 49 | | | | 50 51 52 | | | | 53 54 55 56 57 58 59 60 61 | | | | | | | | | |
| 17. UNIT LOCATION (State or Country Code) | | | | 18. MOS | | | | 19. TRAUMA | | PREV. ADMISSION | | | | | | | |
| 62 63 | | | | 64 65 66 67 68 69 70 | | | | 71 | | YEAR <input type="checkbox"/> NO | | | | | | | |
| 20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION | | | | WARD | | | | NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE | | | | | | | | | |
| 72 | | | | MCW 1 | | | | | | | | | | | | | |
| NAME (b)(3)-1 | | | | | | | | ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code) | | | | | | | | | |
| | | | | | | | | TELEPHONE NUMBER OF EMERGENCY ADDRESSEE | | | | | | | | | |
| 21. TYPE OF DISPOSITION | | | | 22. MTF TRANSFERRED TO | | | | 23. DATE OF DISPOSITION (YYYYMMDD) | | | | | | | | | |
| 73 74 | | | | 75 76 77 78 79 80 | | | | 81 82 83 84 85 86 | | | | | | | | | |
| | | | | | | | | 030410 | | | | | | | | | |
| 24. CLINIC SVC - ADMITTING | | | | 25. MTF TRANSFERRED FROM | | | | 26. DATE THIS ADMISSION (YYYYMMDD) | | | | | | | | | |
| 87 88 89 90 | | | | 91 92 93 94 95 96 | | | | 97 98 99 100 101 102 | | | | | | | | | |
| A B A A | | | | | | | | 030406 | | | | | | | | | |
| 27. LOCATION OF OCCURRENCE (Battle Casualty Only) | | | | 28. MTF OF INITIAL ADMISSION | | | | 29. DATE INITIAL ADMISSION (YYYYMMDD) | | | | | | | | | |
| 103 104 | | | | 105 106 107 108 109 110 | | | | 111 112 113 114 115 116 | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |

FOR LOCAL USE

① Tib/Fib Fx

| | | | | | | | |
|--------------------------------------------|--|--|--|------------------------------|--|--|--|
| ADMITTING OFFICER (Signature, as required) | | | | SIGNATURE OF ADMITTING CLERK | | | |
| (b)(6)-2 | | | | (b)(6)-2 | | | |
| | | | | | | | |

DA FORM 2985, MAR 89

EDITION OF MAY 79 IS

MEDCOM - 3942

ADMISSION AND CODING INFORMATION

For use of this form, see AR 40-400; the proponent agency is the OTSG

| 30. AGE AT DISP | | 31. AUTOPSY Y/N | | 32. UNDERLYING CAUSE OF DEATH / SEP | | 33. RESIDUAL DISABILITY | | | | | | 34. DO NOT USE - DATA FILLER #1 | | | | | | 35. CAUSE OF INJURY | | | | | |
|-------------------------------------------|-----|-----------------|-----|-------------------------------------|-----|--------------------------------------------------|-----|-----|-----|-----|-----|-------------------------------------|-----|-----|-----|-----|-----|---------------------|-----|-----|-----|-----|-----|
| 117 | 118 | 119 | 120 | 121 | | 122 | 123 | 124 | | | | 125 | 126 | 127 | 128 | 129 | 130 | 131 | 132 | 133 | 134 | 135 | 136 |
| 18 | 9 | N | | | | | | | | | | | | | | | | | | | | | |
| 36. FIRST DIAGNOSIS (Principal Diagnosis) | | | | | | 37. SECOND DIAGNOSIS | | | | | | 38. THIRD DIAGNOSIS | | | | | | 41. SIXTH DIAGNOSIS | | | | | |
| 137 | 138 | 139 | 140 | 141 | 142 | 143 | 144 | 145 | 146 | 147 | 148 | 149 | 150 | 151 | 152 | 153 | 154 | 155 | 156 | 157 | 158 | 159 | 160 |
| | | | | | | | | | | | | | | | | | | | | | | | |
| 39. FOURTH DIAGNOSIS | | | | | | 40. FIFTH DIAGNOSIS | | | | | | 43. EIGHTH DIAGNOSIS | | | | | | | | | | | |
| 161 | 162 | 163 | 164 | 165 | 166 | 167 | 168 | 169 | 170 | 171 | 172 | 173 | 174 | 175 | 176 | 193 | 194 | 195 | 196 | 197 | 198 | 199 | 200 |
| | | | | | | | | | | | | | | | | | | | | | | | |
| 42. SEVENTH DIAGNOSIS | | | | | | 44. FIRST PROCEDURE (Principal Diagnosis) | | | | | | 45. SECOND PROCEDURE | | | | | | 46. THIRD PROCEDURE | | | | | |
| 185 | 186 | 187 | 188 | 189 | 190 | 191 | 192 | 201 | 202 | 203 | 204 | 205 | 206 | 207 | 208 | 209 | 210 | 211 | 212 | 213 | 214 | 215 | 216 |
| | | | | | | | | | | | | | | | | | | | | | | | |
| 47. FOURTH PROCEDURE | | | | | | 48. FIFTH PROCEDURE | | | | | | 49. SIXTH PROCEDURE | | | | | | | | | | | |
| 225 | 226 | 227 | 228 | 229 | 230 | 231 | 232 | 233 | 234 | 235 | 236 | 237 | 238 | 239 | 240 | 241 | 242 | 243 | 244 | 245 | 246 | 247 | 248 |
| | | | | | | | | | | | | | | | | | | | | | | | |
| 50. SEVENTH PROCEDURE | | | | | | 53. NUMBER OF PROCEDURAL FIELDS CONTAINING CODES | | | | | | 54. PRIMARY PROVIDER SPECIALTY CODE | | | | | | 55. BLOOD USAGE Y/N | | | | | |
| 249 | 250 | 251 | 252 | 253 | 254 | 255 | 256 | 265 | 266 | 267 | 268 | 269 | 270 | 271 | 272 | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |