T-055

ADMISSION AND CODING INFORMATION

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

1. REPORTING MTF	2. ...IF LOCATION (State or Country Code)	NAME (Last, First, Middle Initial)	4. PAY GRADE	5. SEX
(b)(3)-1	I-8	(b)(6)-4		

3. REGISTER NUMBER	6. DATE OF BIRTH (Y Y Y Y M M D D)	7. AGE AT ADMISSION	8. RACE	9. ETHNIC BACK-GROUND	RELIGION
(b)(6)-4			Iraqi		

10. LENGTH OF SERVICE	ETS	11. FMP	12. SOCIAL SECURITY NUMBER
		9 9	(b)(6)-4

ORGANIZATION (Active Duty Only)	13. MARITAL STATUS	HOUR OF ADMISSION	BRANCH / CORPS
		2000	

14. FLYING STATUS	15. BENEFICIARY CATEGORY	16. ZIP CODE OF RESIDENCE

17. UNIT LOCATION (State or Country Code)	18. MOS	19. TRAUMA	PREV. ADMISSION
		INJ	YEAR / NO

20 SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION	WARD	NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE
2 / D	ICU1	ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)
NAME A(b)(3)-1		TELEPHONE NUMBER OF EMERGENCY ADDRESSEE

21. MODE OF DISPOSITION	22. MTF TRANSFERRED TO	23. DATE OF DISPOSITION (Y Y M M D D)
Hand		0 3 0 5 0 6

24. CLINIC SVC - ADMITTING	25. MTF TRANSFERRED FROM	26. DATE THIS ADMISSION (Y Y M M D D)
A B A A		0 3 0 5 0 4

27. LOCATION OF OCCURRENCE (Battle Casualty Only)	28. MTF OF INITIAL ADMISSION	29. DATE INITIAL ADMISSION (Y Y M M D D)

FORLOCALUSE

Tikrit FX

ADMITTI(b)(6)-2 as equivalent MD (b)(6)-2

LTC, MC
GENERAL SURGEON

SIGNATURE OF ADMITTING CLERK (b)(6)-2

DA FORM 2985, MAR 89 EDITION OF MAY 79 IS OBSOLETE

MEDCOM - 5208

7-05

ADMISSION AND CODING INFORMATION

For use of this form, see AR 40.400; proponent agency is OTSG

1. REPORTING MTF: (b)(3)-1
2. MTF LOCATION (State or Country Code): IZ
3. REGISTER NUMBER: (b)(6)-4
NAME (Last, First, Middle Initial): (b)(6)-4
4. PAY GRADE:
5. SEX: M
6. DATE OF BIRTH (Y Y Y Y M M D D): 19730101
7. AGE AT ADMISSION: 30
8. RACE: X
9. ETHNIC BACKGROUND: 9
RELIGION:
10. LENGTH OF SERVICE:
ETS:
11. FMP: 99
12. SOCIAL SECURITY NUMBER: (b)(6)-4
ORGANIZATION (Active Duty Only):
13. MARITAL STATUS: 2
HOUR OF ADMISSION: 2000
BRANCH / CORPS:
14. FLYING STATUS:
15. BENEFICIARY CATEGORY: K91
16. ZIP CODE OF RESIDENCE: 093000000
17. UNIT LOCATION (State or Country Code):
18. MOS:
19. TRAUMA: INJ
PREV. ADMISSION: YEAR: NO: X
20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION: 1
WARD: ICW1
NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE:
ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code):
NAME: (b)(3)-1
TELEPHONE NUMBER OF EMERGENCY ADDRESSEE:
21. TYPE OF DISPOSITION: 05 Home
22. MTF TRANSFERRED TO:
23. DATE OF DISPOSITION (Y Y M M D D): 20030506
24. CLINIC SVC - ADMITTING: AAAA
25. MTF TRANSFERRED FROM:
26. DATE THIS ADMISSION (Y Y M M D D): 20030504
27. LOCATION OF OCCURRENCE (Battle Casualty Only): IZ
28. MTF OF INITIAL ADMISSION:
29. DATE INITIAL ADMISSION (Y Y M M D D):

FOR LOCAL USE DX: B2380 Tibia FX
B2390
B2022
4159
2859
53081
56400
58120
Trauma 9 Inj 109
Rx: 7906, 7807, 7905, 7815, 7857, 7855, 9904

ADMIT (b)(6)-2 as required, MD
LTC, MC
GENERAL SURGEON
(b)(6)-2
SIGNATURE OF ADMITTING CLERK (b)(6)-2

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