

1. REPORTING MTF						OFF LOCATION		ADMISSION AND CODING INFORMATION											
(b)(3)-1						I Q		For use of this form, see AR 40-400; proponent agency is OTSG											
3. REGISTER NUMBER						(b)(6)-4		Middle Initial				4. PAY GRADE		5. SEX					
(b)(6)-4														18					
5. DATE OF BIRTH (Y Y Y Y M M D D)						7. AGE AT ADMISSION			8. RACE		19. ETHNIC		RELIGION						
						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							
(b)(6)-4								9 9				(b)(6)-4							
ORGANIZATION (Active Duty Only)						13. MARITAL STATUS				HOUR OF ADMISSION		BRANCH / CORPS							
						46				2015									
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		20. PREV. ADMISSION										
62 63			64 65 66 67 68 69 70				71		YEAR										
							INI		<input type="checkbox"/> NO										
20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION						WARD		21. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE											
72						Direct		CW1											
NAME AND LOCATION						MEDICAL FACILITY		22. ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)											
(b)(3)-1						IRAG		TELEPHONE NUMBER OF EMERGENCY ADDRESSEE											
21. TYPE OF DISPOSITION			22. MTF TRANSFERRED TO				23. DATE OF DISPOSITION (Y Y M M D D)												
73 74			75 76 77 78 79 80				81 82 83 84 85 86												
HMS							030507												
24. CLINIC SVC - ADMITTING				25. MTF TRANSFERRED FROM				26. DATE THIS ADMISSION (Y Y M M D D)											
87 88 89 90				91 92 93 94 95 96				97 98 99 100 101 102											
A B A A								030504											
27. LOCATION OF OCCURRENCE (Battle Casualty Only)		28. MTF OF INITIAL ADMISSION				29. DATE INITIAL ADMISSION (Y Y M M D D)													
103 104		105 106 107 108 109 110				111 112 113 114 115 116													

FOR LOCAL USE  
 SIP BSW 3 ex LAP

ADMITTING OFFICER (Signature and Title)  
 (b)(6)-2

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

# 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		
			N																				
36. FIRST DIAGNOSIS (Principal Diagnosis)							37. SECOND DIAGNOSIS							38. THIRD 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
	E	9	9	1						8	2	8		1	9								
39. FOURTH DIAGNOSIS							40. FIFTH DIAGNOSIS							41. SIXTH DIAGNOSIS									
161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184
42. SEVENTH DIAGNOSIS							43. EIGHTH DIAGNOSIS																
185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200								
44. FIRST PROCEDURE (Principal Diagnosis)							45. SECOND PROCEDURE							46. THIRD PROCEDURE									
201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224
		5	4																				
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							51. EIGHTH PROCEDURE																
249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264								
52. NUMBER OF DIAGNOSTIC FIELDS CONTAINING CODES							53. NUMBER OF PROCEDURAL FIELDS CONTAINING CODES							54. PRIMARY PROVIDER SPECIALTY CODE			55. BLOOD USAGE Y/N						
265	266	267	268	269	270	271	272																
	2		1																				

MEDCOM - 5832

DOD 13044

1. REPORTING MTF						MTF LOCATION			ADMISSION AND CODING INFORMATION											
(b)(3)-1						ILZ			For use of this form, see AR 40-400, proponent agency is OTSG											
(b)(6)-4						(b)(6)-4 (Judge Initial)			4. PAY GRADE				5. SEX							
19 20 21 22 23 24 25 26						27 28 29			30			31			16 17			18		
6. DATE OF BIRTH (YYYYMMDD)						7. AGE AT ADMISSION			8. RACE			9. ETHNIC			RELIGION					
1 9 5 3 0 1						5 0 1 1			X			9								
10. LENGTH OF SERVICE						11. FMP			12. SOCIAL SECURITY NUMBER											
32 33 34						35 36			(b)(6)-4											
ORGANIZATION (Active Duty Only)						13. MARITAL STATUS			14. FLYING STATUS				15. BENEFICIARY CATEGORY				16. ZIP CODE OF RESIDENCE			
						46			7 2015				KAT 74				0933000000			
17. UNIT LOCATION (State or Country Code)						18. MOS			19. TRAUMA				PREV. ADMISSION							
62 63						64 65 66 67 68 69 70 71			INJ				YEAR <input type="checkbox"/> NO							
20. SOURCE OF ADMISSION / AUTHORITY FOR ADMISSION						WARD			20. NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE											
1 STREET						10W1			ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)											
(b)(3)-1						ABILITY			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											
05 Home									20030507											
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									20030504											
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											
ILZ																				
FOR LOCAL USE						81P BSW 3 QX LAP			Trauma Inj 1 450											
DX: 86352 86320 9974 486 5185 496 2762 5768 305						PK: 4574, 5411, 8626, 4523, 4513, 9604, 9671														
ADMITTING OFFICER (Signature, as required)						SIGNATURE OF ADMITTING CLERK														
(b)(6)-2						(b)(6)-2														

DA FORM 2985, MAR 89

MEDCOM - 5833