

OUTPATIENT RECORD LOCATOR CARD	
	Date:
	Treatment clinic:
	Desire to hold until date:
<p>↑ Patient Recording Card Imprint ↑</p> <p>Record sent to:</p> <p>Clinic: _____</p> <p>Ward: _____</p> <p>Other: _____</p>	<p>MEDDAC (Ft Meade) Form 83 (Rev) 1 Apr 00</p>

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