

MEDICAL RECORD -- SUPPLEMENTAL MEDICAL DATA

For use of this form, see AR 40-400; the proponent agency is the Office of the Surgeon General.

REPORT TITLE KIMBROUGH AMBULATORY CARE CENTER (KACC) COUMADIN CLINIC	OTSG APPROVED (Date)
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1. Diagnosis	2. Date treatment will end
3. Medications	
4. Referring physician	6. Desired range
5. KACC coordinating physician	7. Contact number

8. Treatment history							
a. Date of test	b. INR	c. Present dose	d. New dose	e. Date of repeat test	f. Comments	g. Date/Initial patient informed	h. MD

(Continue on reverse)

PREPARED BY (Signature & Title)	DEPARTMENT/SERVICE/CLINIC	DATE
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PATIENT'S IDENTIFICATION (For typed or written entries give: Name--last, first, middle; grade; date; hospital or medical facility)

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

