

MEDICAL RECORD -- SUPPLEMENTAL MEDICAL DATA

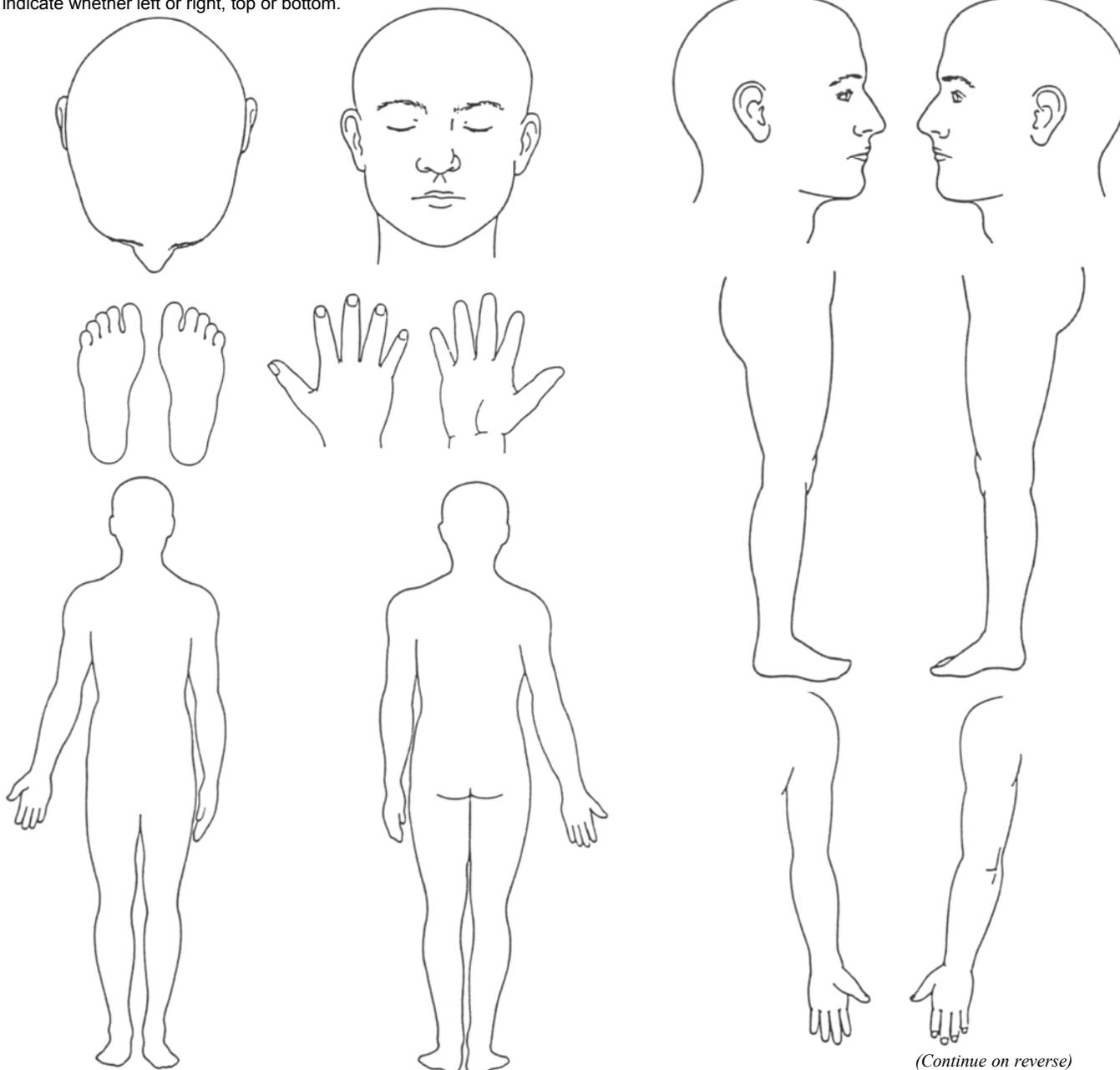
For use of this form, see AR 40-400; the proponent agency is the Office of the Surgeon General.

REPORT TITLE

ANATOMICAL SITE DESCRIPTION OF WOUND OR SUTURES

OTSG APPROVED (Date)

Indicate the location and approximate size of the patient's wound(s) or sutures on the anatomical diagrams pictured below. When necessary, indicate whether left or right, top or bottom.



(Continue on reverse)

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)

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