# DAILY PATIENT LOG

*(To be completed by clinic NCOIC or medical receptionist only.)*

☐ INPATIENTS ☐ OUTPATIENTS

CLINIC/ACTIVITY:

SHIFT:

DATE:

| NO. | LAST NAME, FIRST, MI, RANK | FMP/ SPON. SSN (Last 4) | PHONE NO. | ACTIVE' DUTY | | | | NG/ USAR | | DEPN OF ACTIVE DUTY | | | | RETIRED | | | | DEPENDANT RETIRED | | | | OWCP | CIVEMP | UNIT/STATUS OR OTHER CATEGORY OF PATIENT (SPECIFY) | VISIT SOURCE | | | | | TIME IN | TIME OUT | PRIMARY COMPLAINT | DCODES* |
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| | | | | A | N | M | AF | NG | USAR | A | N | M | AF | A | N | M | AF | A | N | M | AF | | | | CAS | CL | I | FW UP | WK IN | | | | |
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| **TOTALS** (COMPLETED BY NCOIC ONLY) ➔ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

* DISPOSITION CODES

A - ADMIT
B - BED REST
D - DUTY
H - HOME
Q - QUARTERS
R - REFERRAL TO ANOTHER CLINIC
T - TRANSFER TO ANOTHER MTF
O - OTHER

**MEDDAC (Ft Meade) FORM 74**
1 Oct 80
Previous editions are obsolete