(See DD Form 2005 for Privacy Act Statement)

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)*

1. Diagnosis	2. Date treatment will end
3. Medications	
4. Referring physician	5. Referring medical treatment facility
6. KACC coordinating physician	7. Last physician seen

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

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

8. Treatment history *(continued)*

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