

## DISPENSARY PERMIT

NAVEXOS-307 (7-52)

CASE NO.

TO DISPENSARY (Location)

WENGS GEN. POPE (700-110)

DATE

9/21/66

EMPLOYEE'S NAME

SMITH, I.

BADGE NO.

380-4

RATING

ENGN. UTIL.

TIME LEFT JOB

0800

TIME RETURNED

0830

RETURN TO SUPERVISOR (Name)

SHOP

REASON FOR REFERRAL

CUT FINGERS

MEDICAL OFFICER'S REPORT

TIME REPORTED

TIME RELEASED

OCCUPATIONAL

OTHER

YES

NO

QUES-  
TIONABLE

DISPOSITION

RETURN FOR FURTHER TREATMENT



RW

LD

LT

SH

4 days

REMARKS

SIGNATURE

M. C. U. S. N.

