

MEDICAL REPORT OF DUTY STATUS

NAME	286881 FRANKLIN FREDERICK R	HOSPITAL REGISTRATION NO.
ADDRESS	HSTS 10 15 22 M	

INPATIENT	EXCLUSIVE DATES OF TREATMENT			
	From:	Through:		
OUTPATIENT	DATE	TIME ARRIVED	TIME DEPARTED	
		A.M./P.M.	A.M./P.M.	
DISPOSITION	Can resume usual occupation	See below	Can perform limited duties as specified under REMARKS	DATE
	To return to clinic	OPD 2/2/68	To be hospitalized	DATE
	Other (Specify)			

REMARKS

DX: Evaluation of Abdominal Pain

FILE FOR DUTY(PORT ONLY)

NAME AND LOCATION OF HOSPITAL OR CLINIC	SIGNATURE OF MEDICAL OFFICER OR MEDICAL RECORD LIBRARIAN
U.S. Public Health Service Hospital San Francisco, California 94118	SABRA S RIDENOUR RRL CHIEF MED REC DEPT

for/

1/4/68rf