

CLINICAL RECORD

STATEMENT OF PATIENT'S TREATMENT

1. PATIENT'S NAME AND ADDRESS (Mechanical imprinting, if available)

STEELE, Charles Martin

2. AGE OR DATE OF BIRTH

48 yrs.

3. YOUR REFERENCE

4. REGISTER, UNIT, OR CLAIM NO.

SF 20 17 71

5.

DATES OF TREATMENT

HOSPITALIZATION

FROM: 1-19-68

TO: 1-24-68

OUTPATIENT

FROM:

TO:

TO:

To whom it may concern:

This standardized form has been adopted to expedite response to frequent requests for information, which are closely similar in substance but which vary in format. The forms received with your request are returned herewith.

Information herein taken from medical records is provided on the understanding that it will be safeguarded and used in accordance with commonly accepted limitations relating to doctor-patient communications.

6. CHIEF COMPLAINT AND DATE OF ONSET (If injury, give date, nature and place of accident)

admitted for evaluation and treatment: acute urethritis

7. DIAGNOSES

Acute urethritis (traumatic)

8. OPERATIONS OR OTHER PROCEDURES

9. REMARKS

Not fit for duty - to return to the GU Clinic in one week for follow-up.

FROM: (Name and address of hospital or clinic)

US PHS Hospital, San Francisco, California 94118

SIGNATURE AND TITLE

K. Gertsen, M. D.

DATE

1-24-68