

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

TREATING ORGANIZATION (Sign each entry)

DATE

Tests positive & results

HAS Tuberculosis

Recommended Compressants D/C to Medical City

he has 4 days of Medication

(b)(6)-2

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	RELATIONSHIP TO SPONSOR	REGISTER NO.	WARD NO.
PATIENT'S IDENTIFICATION: (For typed or written entries only. Do not include medical ID No or SSN; Sex; Date of Birth; Rank/Grade.)			

(b)(6)-4

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record

STANDARD FORM 600 (REV. 6-97)
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