

TRANSFER OF PATIENT		HOSPITAL	DATE (Day-month-year)
TO: COMMANDING OFFICER	THRU: CHIEF	1. PATIENT IS <input type="checkbox"/> AMBULANT <input type="checkbox"/> LITTER	2. NUMBER OF ATTENDANTS NECESSARY
	DEPARTMENT/SERVICE IT IS REQUESTED THAT PATIENT BE TRANSFERRED TO  HOSPITAL	3. PROBABLE PERIOD OF FURTHER HOSPITALIZATION	4. ACCOMMODATIONS REQUIRED
5. PATIENT'S IDENTIFICATION (Use admitting or ward plate, if available. Patient's name (Last, first, middle initial), Grade, Service Number, Register number, Ward number and Organization)		6. PRESENT CONDITION	
		7. DIAGNOSIS	
8. PATIENT'S HOME ADDRESS (Street, city, zone number and state)		9. REASON FOR TRANSFER	
SIGNATURE OF ATTENDING MEDICAL/DENTAL OFFICER	RECOMMEND APPROVAL (Chief, Department or Service)	APPROVED FOR THE COMMANDING OFFICER	

DA FORM 3981, DEC 72

REPLACES DA FORM 8-6, 1 FEB 63 WHICH WILL BE USED.

For use of this form, see AR 40-2; the proponent agency is Office of the Surgeon General. USAPPC V1.00