

<b>TELEPHONE MEDICAL ADVICE/CONSULTATION RECORD</b> For use of form, see AR 40-66; proponent is Office of The Surgeon General		NAME <i>(Last, First, MI)</i>		TELEPHONE NO.
ORGANIZATION OF PATIENT/SPONSOR	FMP	SSN OF PATIENT/SPONSOR	LOCATION OF PATIENTS MEDICAL RECORD <input type="checkbox"/> CENTRAL FILES AREA <input type="checkbox"/> OTHER <i>(Specify)</i>	
HOSPITAL AND CLINIC IDENTIFICATION	SERVICE AFFILIATION <input type="checkbox"/> ARMY <input type="checkbox"/> NAVY <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> AIR FORCE <input type="checkbox"/> OTHER <i>(Specify)</i>			
	BENEFICIARY CATEGORY <input type="checkbox"/> AD <input type="checkbox"/> DEPN AD <input type="checkbox"/> RET <input type="checkbox"/> DEPN RET <input type="checkbox"/> DEPN RET/DECD <input type="checkbox"/> OTHER <i>(Specify)</i>			
	PATIENT STATUS <input type="checkbox"/> INPATIENT <input type="checkbox"/> OUTPATIENT <input type="checkbox"/> EMERGENCY <input type="checkbox"/> NON-EMERGENCY			
DATE AND TIME OF CALL				
SUMMARY <i>(Include complaint, diagnosis, instructions to patient)</i>				
<input type="checkbox"/> CHECK IF CONTINUED ON REVERSE		SIGNATURE OF PHYSICIAN/CARE PROVIDER		

*(Continuation of summary and/or follow-up note)*

SIGNATURE OF PHYSICIAN/CARE PROVIDER

**INSTRUCTIONS FOR COMPLETION AND PROCESSING OF FORM**

1. The upper portion of the form, pertaining to patient information, will generally be completed by the individual responsible for screening incoming calls.
2. The entire set will be provided the physician/care provider for documenting the conversation.
3. The duplicate of the form will be retained for processing in accordance with local policy for medical summary reporting purposes.
4. For outpatient calls, the original form will be forwarded to the custodian of the patient's outpatient treatment record/HREC for attaching to a SF 600 therein.
5. For inpatient calls, the original form is forwarded to the custodian of the patient's inpatient treatment record.