

SENDER WILL CHECK CLASSIFICATION TOP /		BOTTOM	
<input type="checkbox"/>	UNCLASSIFIED	<input type="checkbox"/>	CONFIDENTIAL
<input type="checkbox"/>		<input type="checkbox"/>	SECRET
OFFICIAL ROUTING SLIP			
TO	NAME AND ADDRESS	DATE	INITIALS
1	DD/S	17/10	WMS
2	DIRECTOR, MEDICAL SERV.	DEC 10	
3	AD/CA	6 JUN	CHB
4	C/CD	1-8-71	[Signature]
5	C/PS	8 JAN 1971	Bm
6	C/SPD	19 MAR 1971	[Signature]
<input type="checkbox"/>	ACTION	<input type="checkbox"/>	DIRECT REPLY
<input type="checkbox"/>	APPROVAL	<input type="checkbox"/>	DISPATCH
<input type="checkbox"/>	COMMENT	<input type="checkbox"/>	FILE
<input type="checkbox"/>	CONCURRENCE	<input type="checkbox"/>	INFORMATION
<input type="checkbox"/>		<input type="checkbox"/>	PREPARE REPLY
<input type="checkbox"/>		<input type="checkbox"/>	RECOMMENDATION
<input type="checkbox"/>		<input type="checkbox"/>	RETURN
<input type="checkbox"/>		<input type="checkbox"/>	SIGNATURE
Remarks: 7 C/OD/OMS 22 JAN 1971 [Signature] 8 [Redacted] (5-r-ry last) (DB) 9 - C/PS item on reverse side - RYI. 8-9 Yes, I saw this + D/MS + DD/MS have been advised in detail of misinformation that has been propagated by this item. (DB)			
FOLD HERE TO RETURN TO SENDER			
FROM: NAME, ADDRESS AND PHONE NO.			DATE
O/ExDir			9 Dec 70
<input type="checkbox"/>	UNCLASSIFIED	<input type="checkbox"/>	CONFIDENTIAL
<input type="checkbox"/>		<input type="checkbox"/>	SECRET

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