(b)(3)
(b)(6)

(b)(3)
(b)(6)

Standard Form 513
Rev. August 1954
Promulgated
By Bureau of the Budget
Circular A—32

CLINICAL RECORD	CONSULTATION SHEET

TO: Eye Clinic.

REQUEST FROM (Requesting ward, unit, or activity) SICK CALL

DATE OF REQUEST JAN 20 1960

REASON FOR REQUEST (Complaints and findings)

Swelling of LT EYE

PROVISIONAL DIAGNOSIS

DOCTOR'S SIGNATURE	APPROVED	PLACE OF CONSULTATION ☐ BEDSIDE ☐ ON CALL	☐ EMERGENCY ☐ ROUTINE

EYE CLINIC
USNH 3123 May 5923
DATE JAN. 20. 1960

CONSULTATION REPORT

R/ None

ASC 37

OPHTHALMOLOGY:

1/25/60+ Angular blepharitis + chalazion — L. U. L.

R — ① Hot compresses.
② Chloromycetin 0.5% gtts
③ P.B.N. mg/ — q.

APPROVED FOR RELEASE DATE:
10-Nov-2008

(Continued on reverse side)

SIGNATURE AND TITLE	DATE	IDENTIFICATION NO.	ORGANIZATION

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)	REGISTER NO.	WARD NO.
CARANCI. JOHN. C. CIV/GS 11		

CONSULTATION SHEET
Standard Form 513

☆ U. S. GOVERNMENT PRINTING OFFICE : 1957—O—437819 16—56119-5 †

33