

**REQUEST FOR MEDICAL/DENTAL RECORDS FROM THE NATIONAL PERSONNEL RECORDS CENTER
(NPRC) (ST. LOUIS, MISSOURI)**

(For Agency Use Only)

See Instructions on back before completing form. REQUESTING ACTIVITY: Complete Items 1 through 11 and Item 14.
ADDRESSEE: Complete Items 12 and 13.

1. REQUEST DATE (YYYYMMDD)		2. PATIENT'S NAME (At time of treatment) (Last, First, Middle)	
3. YEAR OF TREATMENT <i>(IP records - only one year per request. All others - only last year of treatment)</i>		4. NAME OF FACILITY WHERE PATIENT WAS TREATED	
		5. DISEASE OR INJURY	
6. STATUS AT TIME OF TREATMENT (X one)		7. IDENTIFIERS (Provide information as appropriate on line a., b., c., or d./e., according to status selected.)	
a. MILITARY		(1) SSN	(2) SN (If applicable)
		(3) BRANCH OF SERVICE (At time of treatment)	(4) DATES OF SERVICE (Including reserve duty)
b. RETIRED MILITARY		(1) SSN	(2) SN (If applicable)
		(3) BRANCH OF SERVICE (At time of treatment)	(4) DATE RETIRED (YYYYMMDD)
c. DEPENDENT		(1) SPONSOR'S SSN	(2) SPONSOR'S NAME (Last, First, Middle Initial)
		(3) OTHER DEPENDENT INFORMATION	
d. FEDERAL EMPLOYEE		(1) SSN	(2) DATE OF BIRTH (YYYYMMDD)
e. OTHER		(3) OTHER FEDERAL EMPLOYEE INFORMATION	
8. TYPE OF TREATMENT (X one per request)			
INPATIENT			
HEALTH RECORD			
DENTAL			
PSY/CONSULTATION			
INPATIENT			
OUTPATIENT			
DENTAL			
PSY/CONSULTATION			
INPATIENT			
OUTPATIENT			
DENTAL			
PSY/CONSULTATION			
INPATIENT			
OUTPATIENT			
DENTAL			
PSY/CONSULTATION			
9. RECORDS LOCATOR INFORMATION (If the requesting facility (Item 14) is the same as the records creating facility (Item 4), complete Items 9.a. through 9.d. to expedite a response to this request. Contact your Records Management Office for this information.)			
a. ACCESSION NUMBER	b. AGENCY BOX NUMBER	c. NPRC LOCATION NUMBER	d. REGISTRY NUMBER (If applicable)
10. REMARKS		11. SIGNATURE OF REQUESTER	
12. REPLY/REFERRAL		a. FIRST RESPONSE	b. SECOND RESPONSE
(1) REQUESTED RECORDS FORWARDED			
(2) NO RECORD FOUND FOR PATIENT DURING ABOVE PERIOD			
(3) RECORD NOT YET RETIRED TO NPRC			
(4) MORE INFORMATION NEEDED (See Remarks below)			
(5) REQUEST REFERRED TO: (See Remarks below)			
(6) RETURN MILITARY (Service Member's) HEALTH RECORDS TO: NPRC, ATTN: 9700 PAGE AVE., ST. LOUIS, MO 63132-5100			
13. REMARKS		(7) SIGNATURE	(7) SIGNATURE
		(8) DATE SIGNED (YYYYMMDD)	(8) DATE SIGNED (YYYYMMDD)
14. RETURN TO (Include ZIP Code)		NOTE: Enter complete address to which the records or final reply should be mailed. Enter legibly on both the original and copy.	
<div style="border: 1px solid black; width: 100%; height: 100%; position: relative;"> </div>			

**INSTRUCTIONS FOR REQUESTING MEDICAL TREATMENT RECORDS FROM THE NATIONAL PERSONNEL
RECORDS CENTER (NPRC), ST. LOUIS, MO**

DD Form 877-1 is the only request form which NPRC will accept from military facilities for retired medical treatment records. Read the information below before completing the front of this form.

1. Please check to make sure that records from recent years have been retired to NPRC before preparing this form. Most inactive records are held at the military treatment facility 1 to 5 years after the end of the treatment year before retirement. See paragraph 6 below for additional information. For recent records, contact the Records Management Officer of the related facility to find out if records have been retired, if they are in a records holding area, or are still at the facility.

2. Prepare the request form in triplicate.

3. TO EXPEDITE THE RECEIPT OF RECORDS, YOU MUST COMPLETE ITEMS 1 THROUGH 11 AND ITEM 14. Incomplete forms will be returned.

4. This form is authorized for use by military medical treatment facilities ONLY. Do not distribute to individuals for personal use.

5. All entries relate to a patient AT TIME OF TREATMENT.

6. Submit one form per patient, per type and year of records requested.

INPATIENT RECORDS - Inpatient (clinical) records generally contain documentation of treatment during a single calendar year. These records are normally retired and identified by the hospital which created them. Requests for inpatient records must include the facility name and year of treatment.

HEALTH RECORDS - NPRC maintains health records for all U.S. Coast Guard and for military personnel separated from service prior to the following dates: Army - October 16, 1992; Air Force - May 1, 1994; Navy - January 31, 1994; and Marine Corps - May 1, 1994. After these dates, the health records are maintained by:

DEPARTMENT OF VETERANS AFFAIRS
RECORDS MANAGEMENT CENTER
P.O. BOX 5020
ST. LOUIS, MO 63115

OTHER MEDICAL RECORDS - Outpatient, dental, psychiatric, and consultation records are generally cumulative. A record may contain documents covering several years from several facilities. When these records reach inactive status, they are generally retired and identified by the facility at which the patient was last treated or stationed. Requests for outpatient, dental, psychiatric, or consultation records, therefore, must include the type of record being requested, the facility and last year of treatment.

Please be aware that reassignments after last treatment may result in records (outpatient, dental, psychiatric, and consultation) being transferred to and retired from other military treatment facilities. If no treatment was received at the medical facility at the place of final assignment, please write the name and location of that facility and the year departed in Item 10, "Remarks."

7. Send the original and first copy of the completed form to the NPRC location indicated below which maintains the records you are requesting. Retain the third copy for your files.

For military (active duty and retired) treated at Army, Air Force, and Navy medical treatment facilities; and dependent and other non-military personnel treated at Navy medical treatment facilities:

NATIONAL PERSONNEL RECORDS CENTER
ATTN: ORGANIZATIONAL RECORDS
9700 PAGE AVENUE
ST. LOUIS, MO 63132-5100

For dependent and other non-military personnel treated at Army and Air Force medical treatment facilities:

NATIONAL PERSONNEL RECORDS CENTER
ATTN: REFERENCE SERVICE BRANCH
111 WINNEBAGO STREET
ST. LOUIS, MO 63118

8. Please enter the return address completely and legibly on the original and copy of the request.