MEDICAL RECORD	CONSULTATION SHEET							
		REQUE	ST					
TO:		FROM: (Requesting		y)		DATE OF RE	QUEST	
REASON FOR REQUEST (Complaints and	findings)							
PROVISIONAL DIAGNOSIS								
DOCTOR'S SIGNATURE		OVED	PLACE OF CONSULTATION		ТП	ROUTINE TODAY		
			BEDSIDE	ON CALL		72 HOURS		RGENCY
				ON CALL		72 HOOKS		GENCT
CONSULTATION REPORT								
RECORDS REVIEWED YES	NO	PATIENT EXAMINED	YES	NO	TEL	EMEDICINE	YES	NO
		(Continue on re	everse side)					
SIGNATURE AND TITLE		(20000000000000000000000000000000000000					DATE	
HOSPITAL OR MEDICAL FACILITY RECORD		OS MAINTAINED AT		DEPARTI	IENT/ SEF	RVICE OF PAT	IENT	
DELATION TO OPONIOD					OPONICO	DIO ID AII IMBE	D (001) 01	
RELATION TO SPONSOR SPONSO		R'S NAME (Last, first, middle)			SPONSOR'S ID NUMBER (SSN or Other)			
DATIENTIC IDENTIFICATION /F h	written entries sixe Norma	leat first middle. ID -	- (CCN	REGISTER NO.			WARD NO.	
PATIENT'S IDENTIFICATION (For typed or written entries, give: Name last, first middle; ID no. (SSN or other); Sex; Date of Birth; Rank/Grade) REGISTER NO.							MAIND NO.	

CONSULTATION SHEET
Medical Record

STANDARD FORM 513 (REV. 4-98)
Prescribed by GSA/ICMR (41 CFR) 101-11.203(b)(10)