OUTPATIENT RECORD RELEASE REQUEST and TRANSFER RECEIPT

NAVMED 6150/8 (10-74) S/N 0105-LF-206-1540

I. REQUEST TO HAND-CARRY RECORDS BY SPONSOR, SPOUSE OR OTHER ADULT DEPENDENT

I REQUEST TO HAND-CARRY AND ACKNOWLEDGE RECEIPT OF THE OUTPATIENT TREATMENT RECORD INDICATED IN PART II. I UNDERSTAND THAT IF THIS RECORD IS LOST OR MISPLACED, A DUPLICATE RECORD CANNOT BE FURNISHED.

I CERTIFY THAT I WILL DELIVER THIS RECORD TO THE MEDICAL FACILITY WHICH WILL PROVIDE SUBSEQUENT CARE AND TREATMENT.

I UNDERSTAND THIS RECORD IS TO BE OPENED ONLY BY THE DESTINATION MEDICAL FACILITY. I ALSO UNDERSTAND THAT THIS RECORD MAY BE GIVEN TO ANOTHER MEDICAL FACILITY, PRIVATE PHYSICIAN OR CIVILIAN HOSPITAL FOR USE IN RENDERING CARE AND TREATMENT SHOULD THE NEED OCCUR WHILE TRAVELING.

DATE _____ SIGNATURE (SPONSOR, SPOUSE, OR OTHER ADULT DEPENDENT TAKING CUSTODY OF RECORD) _____

RELATIONSHIP TO SPONSOR _____

II. PATIENT IDENTIFICATION DATA

(USE OUTPATIENT RECORDING CARD w/ (TYPE OR PRINT)

1. DEPENDENT'S NAME — LAST, FIRST, MIDDLE INITIAL; DATE OF BIRTH, SEX, RELATIONSHIP TO SPONSOR
2. SPONSOR'S NAME — LAST, FIRST, MIDDLE INITIAL; SSN, GRADE/RATE, BRANCH OF SERVICE

III. AUTHORIZATION BY SPOUSE; OTHER ADULT DEPENDENT

I AUTHORIZE THE PERSON NAMED IN PART I TO TAKE CUSTODY OF MY OUTPATIENT TREATMENT RECORD INDICATED IN PART II FOR THE PURPOSE OF HAND-CARRYING THIS RECORD TO THE MEDICAL FACILITY WHICH WILL PROVIDE SUBSEQUENT CARE AND TREATMENT.

DATE _____ SIGNATURE (SPOUSE, OTHER ADULT DEPENDENT) _____

RELATIONSHIP TO SPONSOR _____

IV. FACILITY DATA (PRINT OR TYPE NAME AND ADDRESS)

1. TRANSFERRING MEDICAL FACILITY:

NAVAL HOSPITAL
MEDICAL RECORDS
PATUXENT RIVER, MD 20670

2. DESTINATION MEDICAL FACILITY (IF KNOWN):

3. SPONSOR'S NEW DUTY STATION

V. RECEIVING MEDICAL FACILITY ACKNOWLEDGEMENT

OUTPATIENT TREATMENT RECORDS RECEIVED

RECEIVING FACILITY (PRINT, TYPE OR RUBBER STAMP NAME AND ADDRESS)

DATE _____ SIGNATURE AND TITLE _____

INSTRUCTIONS

NOTE. USE WITH MECHANICAL IMPRINTING EQUIPMENT. IN PART II, IMPRINT PATIENT IDENTIFYING DATA WITH THE PATIENT'S RECORDING CARD. COMPLETE OTHER PARTS OF THE FORM IN BALL POINT PEN OR BY TYPEWRITER. PREPARE IN DUPLICATE.

TRANSFERRING MEDICAL FACILITY ▶

1. HAVE PARTS I, II, AND IV COMPLETED IN ALL CASES. ALSO PART III IF ANY ADULT DEPENDENT'S RECORD IS TO BE RELEASED TO THE SPONSOR, SPOUSE OR OTHER ADULT DEPENDENT.
2. RETAIN THE ORIGINAL. ATTACH DUPLICATE COPY TO DEPENDENT'S OUTPATIENT TREATMENT RECORD AND SEAL IN A POSTAGE-AND-FEES-PAID ENVELOPE. ADDRESS TO DESTINATION MEDICAL FACILITY, IF KNOWN. PRINT OR TYPE PATIENT'S NAME IN LOWER RIGHT CORNER AND LABEL ENVELOPE:

MEDICAL RECORDS — FOR PHYSICIAN'S USE ONLY. U.S. GOVERNMENT PROPERTY
IF FOUND, MAIL TO ADDRESS SHOWN

MEDICAL FACILITY IN TRANSIT ▶ IF THIS RECORD IS OPENED IN TRANSIT TO PROVIDE MEDICAL CARE, TREATMENT FORMS AND REPORTS SHOULD BE INCORPORATED WITH THE PATIENT'S RECORDS. RESEAL ENVELOPE AND RETURN TO BEARER.

PRIVATE PHYSICIAN; CIVILIAN HOSPITAL IN TRANSIT ▶ IF THIS RECORD IS OPENED BY YOU FOR USE IN PROVIDING MEDICAL CARE, PLEASE INCLUDE COPIES OF TREATMENT FORMS AND REPORTS WITH THE PATIENT'S RECORDS. RESEAL ENVELOPE AND RETURN TO BEARER.

RECEIVING MEDICAL FACILITY ▶

1. COMPLETE PART V UPON RECEIPT OF OUTPATIENT TREATMENT RECORD INDICATED IN PART II.
2. GIVE DUPLICATE COPY OF NAVMED 6150/8 AS RECEIPT TO THE SPONSOR, SPOUSE, OR OTHER ADULT DEPENDENT.