



DEPARTMENT OF DEFENSE
TRICARE AREA OFFICE-Pacific
Bldg 6060, Camp Lester, Okinawa, Japan

SUMMARY OF HOSPITALIZATION

NAME: _____ DOB: _____

AGENCY: _____ POST: _____

ADMISSION DATE: _____ DISCHARGE DATE: _____

NAME OF HOSPITAL: _____

ATTENDING PHYSICIAN: _____

Presenting Problem:

Past History:

System Review:

Physical Findings:

Lab and X-Ray Findings:

Surgical Procedures:

Time and Date of Anesthesia SVCs:

Diagnosis:

Medicine:

Recommendation:

Name of Physician