REQUEST FOR MEDICAL/DENTAL RECORDS OR INFORMATION

REQUESTING ACTIVITY - Complete Items 1 through 10 *(Except 8b)*; also complete Item 19.

ADDRESSEE - Complete Items 8b, 11 to 14 or 15 to 18, as appropriate, final referrer shall return to requester.

DATE

1. PATIENT *(Last Name - First Name - Middle Name)*

2. ORGANIZATION AND PLACE OF TREATMENT

3. STATUS ☐ MILITARY ☐ VA BENEFICIARY ☐ DEPENDENT ☐ FEDERAL EMPLOYEE ☐ OTHER *(Specify)*

3a. NAME OF SPONSOR *(If dependent)*

4. TO *(Include ZIP Code)*

5. IDENTIFYING INFORMATION

a. SERVICE NUMBER

b. GRADE/RATE

c. SOCIAL SECURITY ACCOUNT NO.

d. VA CLAIM NUMBER

e. DATE OF BIRTH *(If Federal employee)*

6. DATES OF TREATMENT *(Inclusive)*

7. DISEASE OR INJURY

8. a. RECORDS REQUESTED / b. RECORDS FORWARDED

	a. MIL	a. VA	b. MIL	b. VA
CLINICAL	☐	☐	☐	☐
OUTPATIENT	☐	☐	☐	☐
HEALTH RECORD	☐		☐	
DENTAL RECORD	☐	☐	☐	☐
X-RAY	☐	☐	☐	☐
MEDICAL REPORT CARDS, EMERGENCY MEDICAL TAGS, FIELD MEDICAL CARDS	☐		☐	
ABSTRACT OF RATING SHEET		☐		☐
REPORT OF PHYSICAL EXAMINATION	☐	☐	☐	☐
ALL AVAILABLE RECORDS *(Except X-rays unless specifically requested)*	☐		☐	
OTHERS *(List under remarks)*	☐	☐	☐	☐

9. REMARKS

10. SIGNATURE

REPLY/REFERRAL

11. TO:

12. REMARKS

☐ RECORDS CHECKED IN 8b FORWARDED.
☐ NO RECORDS FOUND FOR PATIENT DURING ABOVE PERIOD.
☐ MORE INFORMATION NEEDED. FURNISH FOLLOWING:

13. SIGNATURE

14. DATE

REPLY/SECOND REFERRAL

15. TO:

16. REMARKS

☐ RECORDS CHECKED IN 8b FORWARDED.
☐ NO RECORDS FOUND FOR PATIENT DURING ABOVE PERIOD.
☐ MORE INFORMATION NEEDED. FURNISH FOLLOWING:

17. SIGNATURE

18. DATE

19. RETURN TO: *(Include ZIP Code)*

COMMANDER
LYSTER ARMY HEALTH CLINIC
ATTN:PAD
BLDG 301 ANDREWS AVE
FT. RUCKER, AL 36362

REQUESTING ACTIVITY WILL ENTER COMPLETE ADDRESS TO WHICH RECORDS OR FINAL REPLY SHOULD BE MAILED.

DD FORM 877, SEP 67

REPLACES EDITION OF 1 JAN. 60. WHICH MAY BE USED.

Reset

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