REQUEST FOR MEDICAL/DENTAL RECORDS	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.		
OR INFORMATION	final referrer shall return to requester.		
1. PATIENT (Last Name - First Name - Middle Name)		3. STATUS MILITARY VA BENEFICIARY DEPENDENT FEDERAL EMPLOYEE	
2. ORGANIZATION AND PLACE OF TREATMENT		OTHER (Specify)	
۷		3a. NAME OF SPONSOR (If dependent)	
4. TO (Include ZIP Code)		5. IDENT	TIFYING INFORMATION
DECADIO OF MONTEPEN (DOLO)		a. SERVICE N	UMBER
PRESIDIO OF MONTEREY (POM) U.S. ARMY HEALTH CLINIC			
473 CABRILLO ST, BLDG# 422		b. GRADE/RA	TE
PRESIDIO OF MONTEREY, CA 93944		C SOCIAL SE	CURITY ACCOUNT NO.
1831-242-7550		c. Social st	COMIT ACCOUNT NO.
031 212 7330		d. VA CLAIM	NUMBER
		e. DATE OF E	BIRTH (If Federal employee)
6. DATES OF TREATMENT (Inclusive) 7. DISEASE OR INJURY			
2		<	
8. a. RECORDS REQUESTED MIL VA	b. RECORDS FORWARDED MIL VA	9. REMARKS	
CLINICAL		1	
OUTPATIENT			
HEALTH RECORD			
DENTAL RECORD			
X-RAY			
MEDICAL REPORT CARDS, EMERGENCY MEDICAL TAGS, FIELD MEDICAL CARDS			
ABSTRACT OF RATING SHEET			
REPORT OF PHYSICAL EXAMINATION	пп		
ALL AVAILABLE RECORDS (Except X-rays unless specifically requested)			
OTHERS (List under remarks)		10. SIGNATURE	
REPLY/REFERRAL			
11. TO: 12. REMARKS			
RECORDS CHECKED IN 8b FORWARDED.			D.
		NO RECORDS FOUND FOR PATIENT DUE	RING ABOVE PERIOD.
13. SIGNATURE	14. DATE	MORE INFORMATION NEEDED. FURNISH	H FOLLOWING:
	IT. DATE		
REPLY/SECOND REFERRAL 15. TO: 16. DEMARKS			
10. 10.		16. REMARKS	
		RECORDS CHECKED IN 8b FORWARDED. NO RECORDS FOUND FOR PATIENT DURING ABOVE PERIOD.	
		MORE INFORMATION NEEDED. FURNISH	
17. SIGNATURE	18. DATE		
19. RETURN TO: (Include ZIP Code)			
. KETOKIN TO. (Iliciaue Zir Code)			1
		REQU ENTR	JESTING ACTIVITY WILL OR COMPLETE ADDRESS
		TOW	ER COMPLETE ADDRESS WHICH RECORDS OR FINAL
		REPL	Y SHOULD BE MAILED.
_			
DD FORM 877, SEP 67	REPLACES EDITION OF 1 JA	N 60	

MEDICAL RECORDS by filling out a <u>DD-877</u> form, this is very important. If you do not request them they will not be sent to your new duty station. The form need to be faxed to:

U.S. Army Health Clinic

ATTN: Outpatient Medical Records

473 Cabrillo Street Suite A1A

Monterey, CA 93944

Phone: (831) 242-3410 Fax: (831) 242-6745

Also make sure to update your new duty station on the TRICARE website.