MEDICAL RECORD	CONSULTATION SHEET						
		REQUE	ST				
TO:		FROM: (Requesting	g physician or activity)		DATE OF R	EQUEST	
REASON FOR REQUEST (Complaints a	and findings)						
,	•						
PROVISIONAL DIAGNOSIS							
DOCTOR'S SIGNATURE		PPROVED	PLACE OF CONSULT	TATION		DOLLTING TODAY	
			BEDSIDE	ON CALL	ROUTINE 72 HOURS	TODAY  EMERGENCY	
				ON CALL	72 1100113	LIVILITALING	
RECORD REVIEWED YES	NO	CONSULTATION PATIENT EXAMINE		NO T	ELEMEDICINE	YES NO	
THE TEST TEST		TATIENT EXAMINE		1	LLLIVILDICINL		
		(Continue on r	everse side)				
SIGNATURE AND TITLE						DATE	
HOSPITAL OR MEDICAL FACILITY	lpc/	CORDS MAINTAINED AT			SERVICE OF PATI	ENT	
TIOSI ITAL ON WILDICAL FACILITY	REC	CINDS WAINTAINED AT		DEFANTIVIENT/	OLINVICE OF FATI	LIVI	
RELATION TO SPONSOR		ONSOR'S NAME (Last, firs	SPO	SPONSOR'S ID NUMBER (SSN or Other)			
		·					
PATIENT'S IDENTIFICATION (For type or other	ped or written entries, giv	e: Name last, first, mid nk/Grade)	dle; ID no. (SSN RE	GISTER NO.		WARD NO.	

**CONSULTATION SHEET** 

Medical Record

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