U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE Public Health Service Health Resources Administration 5600 Fishers Lane Rockville, Maryland 20852





(HRA) 76-1120 VOL. 24, NO. 4 SUPPLEMENT (2)

VITAL STATISTICS REPORT

Preliminary Data

FROM THE

NATIONAL CENTER FOR HEALTH STATISTICS

National Ambulatory Medical Care Survey: May 1973-April 1974

INTRODUCTION

During the period May 1973-April 1974, there were an estimated 644.9 million office visits made to "office-based, patient care" physicians in the coterminous United States, resulting in an average of 3.1 office visits per person per year. These and other estimates presented in this report are based on data collected from a national sample of office-based physicians in the National Ambulatory Medical Care Survey (NAMCS).

This report contains preliminary data derived from NAMCS conducted by the Division of Health Resources Utilization Statistics of the National Center for Health Statistics during May 1973-April 1974. The NAMCS was designed to meet the needs and demands for objective, reliable information about the provision and use of ambulatory medical care services in the United States. The sampling frame for the survey is a list of licensed physicians in "office-based, patient care" practice compiled from files that are classified and maintained by the American Medical Association (AMA) and American Osteopathic Association (AOA). The physicians surveyed for NAMCS currently exclude those whose specialty is anesthesiology, pathology, and radiology, and those in government service.

In addition to the cooperation and assistance provided by the AMA and AOA, a close liaison has been maintained between survey officials and 17 other national medical organizations. All of these organizations have given their strong support, cooperation, and endorsement to NAMCS, and it is largely through their efforts that a viable NAMCS has evolved. A complete description of the background and survey methodology has been

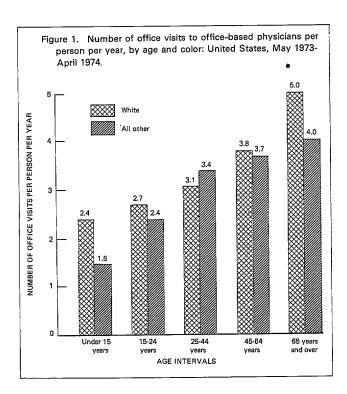
published in an earlier report entitled "National Ambulatory Medical Care Survey: Background and Methodology, United States, 1967-1972," *Vital and Health Statistics*, DHEW Publication No. (HRA) 74-1335, Series 2, No. 61.

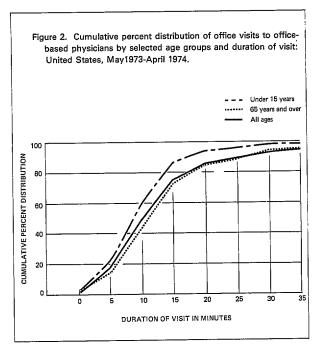
Data Highlights

Data from table 1 reveal that 40.4 percent of all office visits were made to general and family practitioners, 26.3 percent to medical specialists, 28.5 percent to surgical specialists, and 4.9 percent to all other specialists. Some three out of every five office visits were made to physicians in solo practice.

An estimated 575.9 million office visits were made by white patients, and 69 million by patients in all other color groups. For both color groups, the annual number of office visits per person increased with age (figure 1). While the visit rate for whites appeared higher than the all other rate in four of the five age groups, only the rates for children (under 15 years of age) and the aged (65 years and over) were significantly different.

Ambulatory care utilization by geographic region and metropolitan or nonmetropolitan location of the physician's practice is presented in table 2. The percent of total U.S. office visits ranges from 18.1 percent in the West Region to 31.5 percent in the south. While there was wide regional variation in the distribution of the number of visits, there was no significant difference in the annual visit rate for the four regions. Approximately three-fourths of all office visits were made to physicians in metropolitan areas. The office visit rate for the 1-year period was greater in the metropolitan than the nonmetropolitan area, 3.4 and 2.5 office visits per person per year, respectively.





Data on the diagnosis associated with each ambulatory visit are given in tables 3 and 4. The diagnostic data in table 3 are shown by the classes of the Eighth Revision International Classification of Diseases, Adapted for Use in the United States (ICDA). Of the 17 ICDA classes, four accounted for approximately half of all visits. These were the special conditions and examinations without sickness, 17.1 percent; diseases of the respiratory system, 15.1 percent; diseases of the circulatory system, 9.2 percent; and diseases of the nervous system and sense organs, 7.9 percent. Table 4 provides additional insight into the office visit by presenting the 15 leading ICDA three-digit categories containing the physician's principal diagnosis.

Visit data from NAMCS are also classified according to broad types of treatments and services ordered or provided, and disposition and followup plans after the visit (tables 5 and 6). At approximately half of all office visits some drug therapy, either prescription or non-prescription drug, was ordered; no treatment was considered necessary for 5.3 percent of the visits. Other important treatments and services ordered were X-ray, 7.1 percent; laboratory procedure test, 19.6 percent; injection or immunization, 18.6 percent; and office surgery, 8.9 percent.

In 61.2 percent of all visits, the patient was told to return at a specified time, while 21.4 percent of the visits ended with instructions for the patient to return if necessary. No further followup was planned after 12.7 percent of the visits.

The 20 most common patient problems encountered by office-based physicians are shown in table 7. This information represents the patient's reasons for seeking medical care in the patient's own words. The coding of these responses was accomplished through the use of a special classification for coding presenting symptoms developed specifically for use in NAMCS. The symptom classification and rationale for its development has been published in a report "The National Ambulatory Medical Care Survey: Symptom Classification," *Vital and Health Statistics*, DHEW Publication No. (HRA) 74-1337, Series 2, No. 63. The 20 most common problems or reasons for visit accounted for 62.4 percent of all office visits.

The duration of the office visit by age is shown as a cumulative percent distribution of all office visits during May 1973-April 1974 in figure 2. Visits lasting between 6-15 minutes accounted for 58 percent of all visits. The duration of visit was 15 minutes or less for 86 percent of all visits made by persons under 15 years of age.

MONTHLY VITAL STATISTICS REPORT

Table 1. Number and percent distribution of office visits to office-based physicians by sex, color, and age of patient, according to physician specialty and type of practice: United States, May 1973-April 1974

Thursday and allow and	Number of	Ì	s		Sex Colo		Age				
Physician specialty and type of practice	visits in thousands	Total	Male	Female	White	All other	Under 15 years	15-24 years	25-44 years	45-64 years	65 years and over
					F	ercent	distributi	.on	-		
All specialties	644,893	100.0	39.3	60.7	89.3	10.7	19.3	15.4	24.7	24.9	15.5
General and family practice	260,310	100.0	40.8	59.2	88.0	12.0	16.6	16.8	23.5	26.4	16.8
Medical specialties	169,316 74,693 53,659 40,964	100.0 100.0 100.0 100.0	39.6 52.9	55.6 60.4 47.1 58.2	88.4 87.3 89.9 88.6	11.6 12.7 10.1 11.4	34.5 2.6 93.5 15.0	11.1 10.6 4.4 20.6	15.7 21.4 * 25.0	22.7 36.1 * 27.0	16.0 29.3 * 12.4
Surgical specialties	183,787 44,846 50,715 88,227	100.0 100.0 100.0 100.0	39.4	68.4 60.6 100.0 54.8	91.1 90.9 87.9 92.9	8.9 9.1 12.1 7.1	10.0 9.3 * 15.5	18.0 13.4 31.6 12.6	32.5 25.7 54.2 23.4	25.4 33.6 11.2 29.4	14.0 18.0 * 19.2
Other specialties	31,481 20,300 11,180	100.0 100.0 100.0	43.8	56.0 56.2 55.7	94.3 95.7 91.7	5.7 * *	16.4 17.8 13.4	12.9 13.9 11.0	38.2 48.0 20.3	20.9 17.6 27.1	11.8 * 28.3
Type of practice					[
SoloOther ¹	386,208 258,685	100.0 100.0		60.9 60.4	88.3 90.8	11.7 9.2	17.2 22.8	15.5 15.4	25.0 24.3	26.2 22.9	16.2 14.6

 $^{^{1}\}mbox{Includes}$ partnership and group practices.

Table 2. Number, percent distribution, and rate per person per year of office visits to office-based physicians by region and metropolitan or nonmetropolitan area, according to age, sex, and color of patient: United States, May 1973-April 1974

	Number of	United		Geograph	ic region				
Age, sex, and color	visits in thousands	States	Northeast	North Central	South	West	Metropolitan area	Nonmetropolitan area	
				Percer	nt distribu	tion			
Total	644,893	100.0	23.8	26.6	31.5	18.1	74.7	25.3	
Age									
Under 15 years	125,077 99,581 159,551 160,435 100,249	100.0 100.0 100.0 100.0	23.9 23.9 24.3 24.4 22.0	27.3 26.9 25.6 26.1 27.7	34.3 31.4 31.2 30.5 30.5	14.6 17.9 18.9 19.1 19.8	70.7 74.1 79.9 76.1 70.0	29.3 25.9 20.1 23.9 30.0	
Sex MaleFemale	253,285 391,608	100.0 100.0	23.9 23.8	26.2 26.8	32.3 31.0	17.7 18.4	73.1 75.8	26.9 24.2	
Color								05.7	
WhiteAll other	575,881 69,013	100.0 100.0	24.8 16.1	27.5 18.4	30.3 42.2	17.5 23.3	74.3 78.2	25.7 21.8	
	Rate per person per year								
All patients	644,893	3.1	3.1	3.0	3.1	3.2	3.4	2.5	

Table 3. Number and percent distribution of office visits to office-based physicians by sex, color, and age of patient, according to principal diagnosis: United States, May 1973-April 1974

[Diagnostic groupings and code number inclusions are based on the Eighth Revision, International Classification of Diseases, Adapted for Use in the United States, 1965]

	Number of		Se	ex	Cold	or			Age		
Principal diagnosis classified by ICDA group	visits in thousands	Total	Male	Female	White	All other		15-24 years		45-64 years	65 years and over
		'		Perce	nt dist	ribution	1				
All diagnoses	644,893	100.0	39.3	60.7	89.3	10.7	19.3	15.4	24.7	24.9	15.5
I. Infective and parasitic diseases000-136 II. Neoplasms140-239 III.Endocrine, nutritional and	25,233 12,713	100.0 100.0	43.6 36.2	56.4 63.8	88.6 90.5	11.4 9.5	34.5	20.9		15.6 39.0	31.4
metabolić diseases240-279 V. Mental disorders290-315	26,099 29,064	100.0	26.8 35.8	73.2 64.2	87.1 91.5	12.9 8.5	5.2	9.4 12.4	30.5 45.0	37.7 29.7	18.9 7.7
VI. Diseases of nervous system and sense organs320-389	50,841	100.0	44.3	55.7	92.9	7.1	27.6	9.7	15.9	26.4	20.4
VII.Diseases of circulatory system390-458	59,240	100.0	42.1	57.9	88.5	11.5	0.8	1.8	11.0	41.6	44.7
VIII.Diseases of respiratory system	97,383 23,826	100.0		54.2 53.5		11.3 11.3	36.9 7.7	14.0 9.9	20.3 26.4	19.9 34.9	9.0 21.2
X. Diseases of genitourinary system580-629	37,744	100.0	18.0	82.0	88.6	11.4	3.5	17.9	37.4	28.8	12.5
XII.Diseases of skin and subcutaneous tissue	34,099	100.0	43.3	56.7	89.7	10.3	23.4	27.3	21.9	17.0	10.3
XIII. Diseases of musculoskeletal system710-738	34,370	100.0	36.8	63.2	89.2	10.8	5.9	8.1	19.0	39.7	1
XVI. Symptoms and ill-defined conditions780-796	34,251	100.0	36.9	63.1	90.4	9.6	20.2	17.3	31.9	21.0	9.6
XVIII.Accidents, poisoning, and violence800-999	47,609	100.0	57.4	42.6	87.6	12.4	19.6	21.3	26.9	22.7	9.4
Special conditions and examinations without sickness	110,203 8,630 8,019 5,569	100.0	34.1 36.7	65.9 63.3	91.7 92.5	*	28.5	24.7	22.5 23.7	13.4 19.5 15.2 23.8	17.6

¹IV. Diseases of the blood and blood-forming organs, 280-289; XI. Complications of pregnancy, childbirth, and the puerperium; XIV. Congenital anomalies; XV. Certain causes of perinatal morbidity and mortality.

²Includes blank, noncodeable, and illegible diagnoses.

Table 4. Number, percent, and cumulative percent of office visits to office-based physicians by the 15 most frequent principal diagnosis classified by ICDA category: United States, May 1973-April 1974

[Diagnostic groupings and code number inclusions are based on the Eighth Revision, International Classification of Diseases, Adapted for Use in the United States, 1965]

Rank	Principal diagnosis classified by ICDA category	Number of visits in thousands	Percent of visits	Cumulative percent
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15	Other eczema and dermatitis692	15,893 15,487 12,166 10,523 10,415 10,136 9,175 9,152	3.9 3.3 2.5 2.4 1.6 1.6 1.4	11.2 15.1 18.6 22.0 24.5 27.0 29.4 31.3 32.9 34.5 36.1 37.5 40.3

Table 5. Number and percent of office visits to office-based physicians by treatments and services ordered or provided, physician's specialty, and type of practice: United States, May 1973-April 1974

				Tre	atments	and servi	ces ordered	or provid	ed		
Physician specialty and type of practice	Number of visits in thousands	None	General history or exam	Lab pro- cedure or test	X-rays	Injec- tion or immuni- zation	Office surgical treatment	Drug therapy ¹	Psycho- therapy or thera- peutic listening	Medical counsel- ing or advice	Other
						Pe	rcent ²				
All specialties	644,893	5.3	35.9	19.6	7.1	18.6	8.9	49.4	4.3	19.7	8.8
General and family practice	260,310	4.7	36.3	17.4	5.3	24.8	8.2	58.8	1.8	13.7	5.9
Medical specialties	169,316	3.7	41.1	25.7	9.7	23.9	5.4	52.0	2.9	24.6	4.8
Internal medicine Pediatrics Other	74,693 53,659 40,964	2.7 5.2 3.6	43.7 49.8 25.1	35.1 19.5 16.8	15.4 3.0 8.1	14.6 29.7 33.4	2.5 3.6 13.0	57.8 45.2 50.2	5.3 0.7 1.4	26.7 26.4 18.6	4.5 1.0 10.3
Surgical specialties	183,787	8.0	33.0	19.2	8.2	6.1	13.9	34.6	1.5	24.0	16.9
General surgery	44,846	7.4	28.7	13.0	7.8	10.6	23.3	29.7	1.2	16.3	11.8
Obstetrics and gynecologyOther	50,715 88,227	8.2 8.3	43.6 29.0	41.5 9.5	1.7	4.0 5.1	4.2 14.6	41.4 33.2	2.1 1.3	23.6 28.1	11.1 22.9
Other specialties	31,481	3.2	22.7	7.9	*	11.6	5.3	44.1	48.6	17.4	6.8
PsychiatryOther	20,300 11,180	*	11.1 43.8	16.0	*	10.3 14.0	10.8	36.6 57.6	71.9 6.3	14.3 22.9	3.8 12.1
Type of practice				ĺ				1			
SoloOther3	386,208 258,685	5.3 5.4	34.2 38.6	17.7 22.5	5.1 10.1	19.4 17.4	7.9 10.4	52.3 45.1	5.2 2.9	18.4 21.6	8.7 9.0

¹Includes prescription and nonprescription drugs.

The sum of percentages by treatments and services ordered or provided may be greater than 100.0 percent, since one office visit may require the provision of more than one treatment or service.

³Includes partnership and group practices.

Table 6. Number and percent of office visits to office-based physicians by disposition of visit, physician's specialty, and type of practice: United States, May 1973-April 1974

Thurst stan amost all two and	Number of	Disposition of visit						
Physician specialty and type of practice	visits in thousands	No followup planned	Return at specified time	Return if needed	Other ¹			
			Percent ²					
All specialties	644,893	12.7	61.2	21.4	9.4			
General and family practice	260,310	16.1	54.8	25.8	6.6			
Medical specialties	169,316	10.8	63.4	20.7	12.1			
Internal medicinePediatricsOther	74,693 53,659 40,964	10.0 13.9 8.4	67.0 48.1 77.0	17.7 32.5 10.9	14.1 12.4 8.4			
Surgical specialties	183,787	10.6	65.3	17.2	11.2			
General surgery Obstetrics and gynecology Other	44,846 50,715 88,227	11.2 4.6 13.7	61.9 76.1 60.9	17.1 14.4 18.9	13.9 . 9.8 10.8			
Other specialties	31,481	6.3	76.9	12.0	7.9			
PsychiatryOther	20,300 11,180	4.9 *	84.3 63.5	7.1 20.9	* 14.3			
Type of practice								
SoloOther ³	386,208 258,685	13.1 12.1	60.5 62.1	22.0 20.4	9.0 10.4			

¹Includes: telephone followup planned, referred to other physician, returned to referring physician, admit to hospital, and all other dispositions.

²The sum of percentages by disposition of visit may be greater than 100.0 percent, since one office visit may have more than one disposition.

³Includes partnership and group practices.

Table 7. Number, percent, and cumulative percent of office visits to office-based physicians by the twenty most common patient problems, complaints, or symptoms: United States, May 1973-April 1974

[Symptomatic groupings and code number inclusions are based on a symptom classification developed for use in the NAMCS]

Rank	Twenty most common patient problems, complaints, or symptoms	Number of visits in thousands	Percent of visits	Cumulative percent
1	Progress visits980,985	75,673	11.7	11.7
2	Other problems, NEC990	37,126	5.8	17.5
3	Physical exam900,901	26,117	4.0	21.5
4	Pain, etclower extremity400	25,944	4.0	25.6
5	Pregnancy exam905	25,942	4.0	29.6
6	Throat soreness520	20,726	3.2	32.8
7	Pain, etcupper extremity405	18,956	2.9	35.7
8	Pain, etcback region415	18,824	2.9	38.7
9	Cough311	18,347	2.8	41.5
10	Abdominal pain540	16,418	2.5	44.0
11	Cold312	13,460	2.1	46.1
12	Gynecological exam904	13,154	2.0	48.2
13	Visit for medication910	13,103	2.0	50.2
14	None997	13,043	2.0	52.2
15	Headache056	12,314	1.9	54.1
16	Fatigue004	11,768	1.8	56.0
17	Pain in chest322	11,350	1.8	57.7
18	Well baby exam906	10,699	1.7	59.4
19	Fever002	9,822	1.5	60.9
20	Allergic skin reaction112	9,458	1.5	62.4
	All other symptoms	242,650	37.6	100.0

TECHNICAL NOTES

SOURCE OF DATA. Through the National Ambulatory Medical Care Survey, data are collected on office visits to office-based physicians. A national sample of approximately 1,700 "office-based, patient care" physicians was selected from the American Medical Association and American Osteopathic Association master files and randomly distributed over the 52, 1-week periods from May 1973 through April 1974. These physicians were requested to complete Patient Records (figure 3) concerning office visits taking place within their practice during assigned weekly reporting periods. The physicians participating in the survey complete Patient Records for approximately 30 randomly selected office visits during the reporting period. While all of the Patient Record data items are not presented in this report, they will be presented in future publications. Additional information concerning physician practice characteristics, e.g., primary specialty, office location, etc., are

gathered from an induction interview and from the AMA and AOA master files, and this information will also be included in future data analysis.

RELEASE OF DATA. NAMCS results in the form of summary statistical tabulations of national and regional estimates for the number of office visits, percent distributions, and rates will be published as soon as possible after each annual cycle is complete. The first of these reports covering the period May 1973 to April 1974 will be available by the fall of 1975. More detailed tabulations and analyses will follow which present visit characteristics by major physician and patient subgroups, e.g., an analysis of visits to surgical specialists, or an analysis of ambulatory utilization by specific age, sex, or color groups. Because the NAMCS is a continuous survey, future analysis will also include the investigation of notable utilization trends in ambulatory care.

a prac	ndual, i for er purposo.	A 121207			
1. DATE OF VISIT	NA	PATIENT RECO		RE SURVEY	
2. DATE OF BIRTH Mo Doy Yr 3. SEX FEMALE MALE	4. COLOR OR RACE WHITE REGRO/BLACK COTHER UNKNOWN	5. PATIENT'S PRINCIPAL PROBLEM(S) COMPLAINT(S), OR SYMPTOM(S) THIS VISI (In patient's own words) 3. MOST IMPORTANT b. OTHER	ī	6. SERIOUSNESS OF PROBLEM IN ITEM 5a (Check one) URRY SERIOUS SERIOUS SLIGHTLY SERIOUS NOT SERIOUS	7. HAVE YOU EVER SEEN THIS PATIENT BEFORE? YES 2 NO If YES, for the problem indicated in ITEM 5a? YES 2 NO
8. MAJOR REASON(S) FOI 1 ACUTE PROBLEM, 12 ACUTE PROBLEM, 13 CHRONIC PROBLE 14 CHRONIC PROBLE 15 PRENATAL CARE 16 POSTNATAL CARE 17 POSTOPERATIVE C	FOLLOW-UP EM, ROUTINE EM, FLARE-UP CARE	## COUNSELING/ADVICE	8. D	SICIAN'S PRINCIPAL DIAGNOSIS DIAGNOSIS ASSOCIATED WITH THER SIGNIFICANT CURRENT TO order of importance)	ITEM 5g ENTRY
NONE ORDERED/P GENERAL HISTORY LAB PROCEDURE/ LAS ANAY INJECTION/IMMUI	ORDERED OR PROVIDED PROVIDED TEST ORDERED OR PROVIDED ORDERED OR ORDERED OR ORDERED OR ORDERED OR	THIS VISIT (Check all that apply) PRESCRIPTION DRUG NON-PRESCRIPTION DRUG PSYCHOTHERAPY, THERAPETUIC LISTENING MEDICAL COUNSELING, ADVICE OTHER (Specify)	(Ch.	SPOSITION THIS VISIT CONTROL OF PLANNED DEFORM THE PLANNED DEFORM TO PLANNED THURN AT SPECIFIED TIME STURN IF NEEDED, P.R.N. LEPHONE FOLLOW-UP PLANN SERRED TO OTHER PHYSICIAN/AGENCY STURNED TO REFERRING PHYSICIAN MIT TO HOSPITAL THER (Specify)	12. DURATION OF THIS VISIT (Time actually spont with physician) HEDMINUTES

SAMPLING ERRORS. Since the estimates for this report are based on a sample rather than the entire universe. they are subject to sampling variability. The standard error is primarily a measure of sampling variability, that is, the variations that might occur by chance because only a sample of the universe is surveyed. The chances are about 68 out of 100 that the value obtained in a complete enumeration is contained within the interval represented by the estimate plus or minus one Table I. Approximate relative standard errors of standard error of the estimate, 95 out of 100 for two standard errors, and 99 out of 100 for 2½ standard errors.

The relative standard error of an estimate is obtained by dividing the standard error of the estimate by the estimate itself, and is expressed as a percent of the estimate. Relative standard errors of aggregates shown in this report are presented in table I. The standard errors appropriate for the estimated percentage of office visits are shown in table II.

ROUNDING. Aggregate estimates of office visits presented in the tables are rounded to the nearest thousand. The rates and percents, however, were calculated on 100.0 percent.

DEFINITIONS. An ambulatory patient is an individual presenting himself for personal health services, and being neither bed-ridden nor currently admitted to any health care institution on the premises.

estimated number of office visits

Estimate in thousands	Relative stand- ard error in percentage points
2,000 5,000 10,000 90,000 200,000 400,000 650,000	23.4 15.1 11.0 6.0 5.1 4.4 4.1 4.0

the basis of original, unrounded figures. Due to rounding of percents, the sum of percentages may not equal 4.3 percent or a standard error of 100.0 percents. (4.3 percent of 250,000,000).

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Table II. Approximate standard errors of percentages for estimated number of office visits

Base of percentage number of visits			Estimated 1	percentage		
in thousands	1 or 99	5 or 95	10 or 90	20 or 80	30 or 70	50
1,000 2,000	3.3 2.3 1.0 0.6 0.5 0.3	7.1 5.0 3.2 2.3 1.3 1.0 0.7	9.8 6.9 4.4 3.1 1.8 1.4 1.0	13.1 9.3 5.9 4.1 2.4 1.9 1.3 0.8	15.0 10.6 6.7 4.7 2.7 2.1 1.5	16.4 11.6 7.3 5.2 3.0 2.3 1.6

Example of use of table: An estimate of 30 percent based on an estimate of 75,000,000 has a standard error of 1.8 percent. The relative standard error of 30 percent in percentage points is equal to 1.8 percent $\div 30$ percent, or 6.0 percent.

Offices are premises which the physician identifies as a location for his ambulatory practice. Responsibility over time for patient care and professional services rendered there resides with the individual physician, rather than an institution.

A *visit* is a direct personal exchange between an ambulatory patient and the physician or a staff member working under the physician's supervision for the purpose of seeking care and rendering health services.

A physician is a duly licensed Doctor of Medicine (M.D.) or Doctor of Osteopathy (D.O.) currently in practice who spends time in caring for ambulatory patients at an office location with the following exceptions: physicians who specialize in anesthesiology, pathology, radiology, physicians in military service, physicians who treat only institutionalized patients, physicians employed full time by an institution, and physicians who spend no time seeing ambulatory patients.

To receive the Monthly Vital Statistics Report regularly, contact the National Center for Health Statistics by calling 301-443-NCHS.

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