

PATIENT'S IDENTIFICATION	PATIENT'S CLEARANCE RECORD For use of this form, see AR 40-400; the proponent agency is OTSG	
	DATE OF DISCHARGE	TIME OF DISCHARGE
	SIGNATURE OF WARD OFFICER	

ACTIVITY CLEARANCE <i>(The final activity with which the patient must clear will be the disposition office.)</i>			
Military	INITIALS*	Non-military	INITIALS*
1. Patient's Trust Fund		1. Patient's Trust Fund	
2. Medical Services Account Officer		2. Medical Services Account Officer	
3. Clothing and Baggage		3. Clothing and Baggage	
4. Medical Holding Unit		4. Postal Service	
a. Supply		5. Change of Address	
b. Pay Section		6. Other <i>(Specify)</i>	
c. Service Records		7.	
d. Insurance and Allotments		8.	
5. Postal Service		9.	
6. Change of Address		10.	
7. Other <i>(Specify)</i>		11.	
8.		12.	
9.		13.	

REMARKS

DATE	SIGNATURE OF PATIENT ADMINISTRATOR
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* INITIALS OF PERSON AUTHORIZING CLEARANCE.