

Hospital Number

Name

Age ____ Nativity

Married or Single

Residence

Post Office address of }
wife or nearest relative. }

Rank ____ Co. ____ Regiment

When admitted

From what source

Diagnosis: (in surgical cases, state explicitly seat and character of wound or injury.)

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On what occasion wounded

Date

Nature of missile or weapon

On what occasion wounded

Date

Nature of missile or weapon

On what occasion wounded

Date

Nature of missile or weapon

TREATMENT.

HERE NOTE IMPORTANT CHANGES AND MEDICATIONS.

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