

PATIENT'S IDENTIFICATION <i>(Use Patient's Recording Card or Ward Plate, if available)</i>		NAME OF HOSPITAL	
		INPATIENT'S WARD NUMBER	
		CLINIC PATIENT'S ORGANIZATION	
APPOINTMENT DATA			
DATE	TIME	TYPE OF TREATMENT <input type="checkbox"/> MEDICAL <input type="checkbox"/> DENTAL	
THE ABOVE APPOINTMENT IS WITH <i>(Individual or Place)</i>			
REMARKS			
If you are unable to keep this appointment, please call for another appointment.			

**DA FORM 3982, 1 DEC 72**

REPLACES DA FORM 8-97  
1 MAR 63 WHICH WILL BE  
USED.

**MEDICAL AND DENTAL APPOINTMENT**  
*(AR 40-3)*

USAPA V1.01