BEST COPY

VETERANS ADMINISTRATION

SERVICE DEPARTMENT RECORDS ENVELOPE

LAST NAME -RUST NAME - MIDDLE INITIAL OF VETERAN

[redacted]

glaim no. &?5£VdLLI

C - A

1/C A ·-? 58476

THE ENCLOSED SERVICE RECORDS, PHYSICAL EXAMINATIONS, ETC, LOANED OR FURNISHED THE VETERANS ADMINISTRATION, MUST BE PROTECTED AGAINST MUTILATION, DEFACEMENT OR LOSS.

VA FORM EX1STTNG STOCKS OF VA FORMS 3-4370, APR. 194f

BEST COPY

<2 — . ' -\---7

THIS IS AN IMPORTANT RECORD. SAFEGUARD IT.

PERSONAL DATA

[redacted] Roosevelt [redacted]

ARH? » M - IK? W(P)

j'3festaa 'Z&t&z

p__ T

?»3i <n W 1&> >?>a..K eaa City &?#&*»$

Kansas City

10 U.S.C. 1201 271-Entitlement-Permanent

Pfc 3d Bn 8th Inf 4th Inf Div

MONTGOMERY

{■tows] givate Bel

Kansas City, Missouri

211 Hyroxly Avenue
Kansas City Wyandotte Kansas 66101

11C10 Infantry
Ind Fire Crew-
Ind

VkWrSM

1
0
1
1
0

Vietnam Service Medal
Vietnam Service Medal
Marksman badge (Rifle Bolt & Pistol .45)

Code of Conduct Training Military Leadership Training

Blood Group «S» Separation Report Prepared at
Colorado Per

2520 Wabash Avenue
Kansas City Jackson Missouri 64127

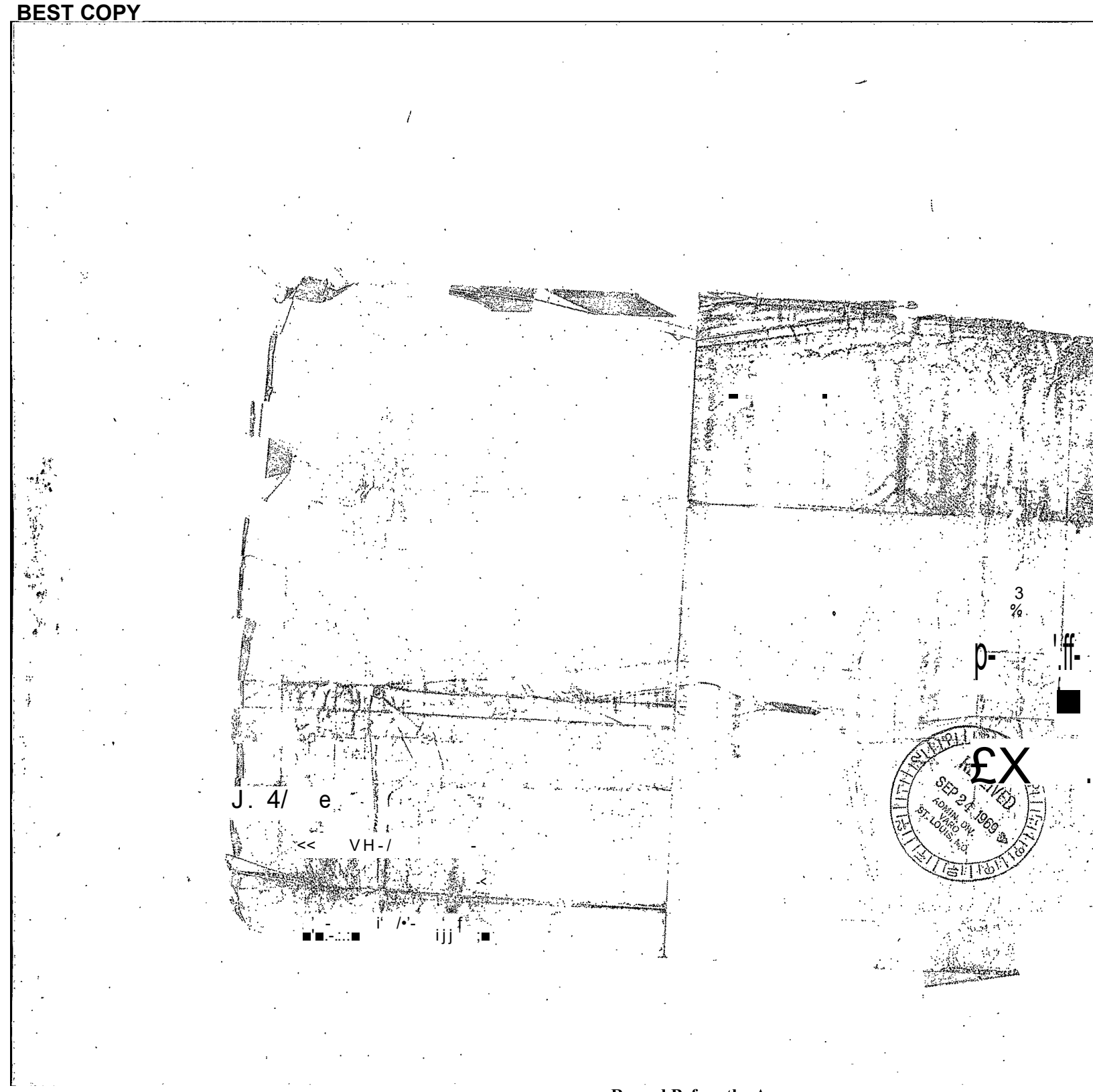
PHILIP P TODD MAJOR
Assistant Adjutant

DD FORM 214

.««;»-: 1H4 O-'»3-stt

RECEIVED

BEST COPY



Record Before the Agency

BEST COPY

HEALTH RECORD - ABSTRACT OF SERVICE

(AR 40-403)

STATION AND ORGANIZATION	SERVICING MEDICAL AND DENTAL ACTIVITY	DATE FROM	DATE TO
USARECSTA FT LEONARD WOOD Mo.	DOTAL CLINIC # 1	12 DEC 1965	
Co A-4-3 Tng Bde, Ft. Polk, La *	Dental Clinic No 4	6 MAR 1961	20 APR 1967
HQ3BN8INF4INFDIV	Disp	21MAY67	

COMPONENT	DATE	BRANCH	DATE	AERO RATING	DATE	IDENTIFICATION NUMBER	DATE
	8 DEC 136<					1695847b	8 DEC 13(x>

LAST NAME-	NAME	DATE OF BIRTH (Day-Mo-Year)	SERVICE OR DEPARTMENT
[redacted]	ROOSEVELT JP		US ARITf

FORM 2650 A 1 *HR 63 taUw W

REPLACES DD FORM 735, 1 AUG 53, EXISTING SUPPLIES OF WHICH WILL 3E ISSUED AND USED UNTIL 1 APR 64 UNLESS SOONER EXHAUSTED.

STATION AND ORGAN! ZATION	SERVICING MEDICAL AND DENTAL ACTIVITY	DATE	
		FROM	TO

U.S. GOVERNMENT PRINTING OFFICE : 1963 0—684005

BEST COPY

Standard Form 603
Rev. November 1953
Promulgated
By Bureau of the Budget
Circular A—32 (Rev.)

HEALTH RECORD — DENTAL

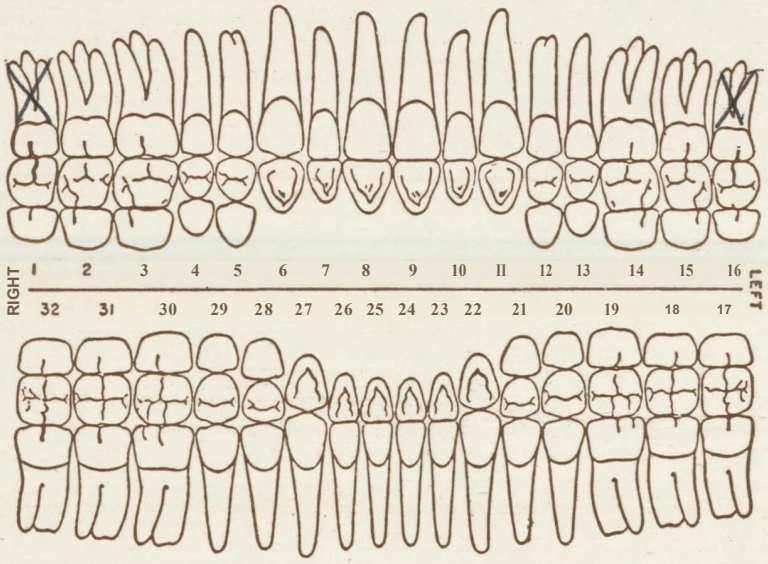
SECTION 1. DENTAL EXAMINATION

1. PURPOSE OF EXAMINATION: | INITIAL | | SEPARATION | | OTHER (Specify)

2. TYPE OF EXJM. i,jt |2|t4i |,

S. P NTAL CLASSIFICATION ''bl bl bl bl !■

4. MISSING TEETH AND EXISTING RESTORATIONS



REMARKS

BLEEDING TENDENCIES ( )
DIEBETIS
DRUG ALLERGIES ( )
HIGH BLOOD PRESURE ( )
REUMATIC FEVER ( )
UNDER PHY'S. CARE ( )
NEGATIVE ( )

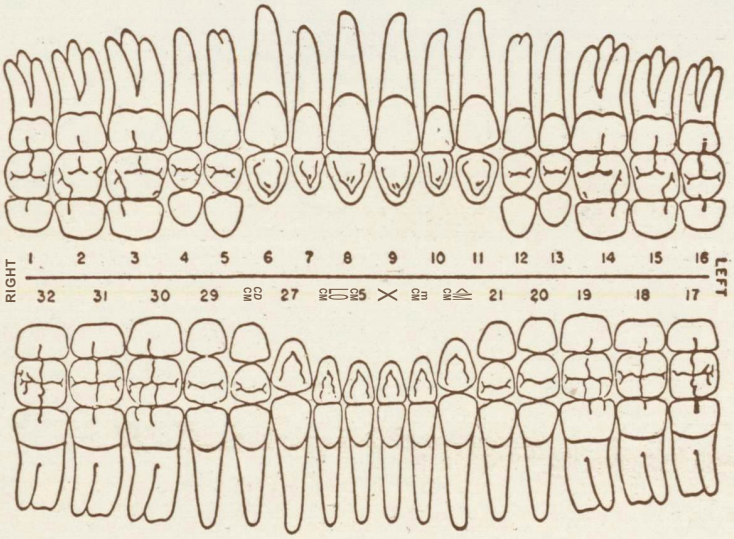
SIGNATURE

PLACE OF EXAMINATION: FT LEONARD WOOD MO.*

DATE: f DEC 196F

SIGNATURE OF DENTIST COMPLETING TH SECTION: George C. Seiler, Cpt. DC

5. DISEASES, ABNORMALITIES, AND X-RAYS



A. CALCULUS
4 /Z | SLIGHT | | MODERATE |] HEAVY

B. PERIODONTOCLASIA
Tocal | [general
Incipient | | moderate]] severe

C. STOMATITIS (Specify)

| GINGIVITIS | | VINCENT'S

D. DENTURES NEEDED
(Include dentures needed after indicated extractions)
FULL | PARTIAL
U | L | U | "I"

ABNORMALITIES OF OCCLUSION— REMARKS

boil Tissue Examination

☐ Positive ☑ Negative

E. INDICATE X-RAYS USED IN THIS EXAMINATION

FULL MOUTH PERIAPICAL	POSTERIOR BITE-WINGS	OTHER (Specj/y)

ir&CBK

PLACE OF EXAMINATION: FT LEONARD WOOD MO.

SIGNATURE OF DENTIST COMPLETING THIS SECTION: GC S George C. Seiler Cpt. DC

SECTION II. PATIENT DATA

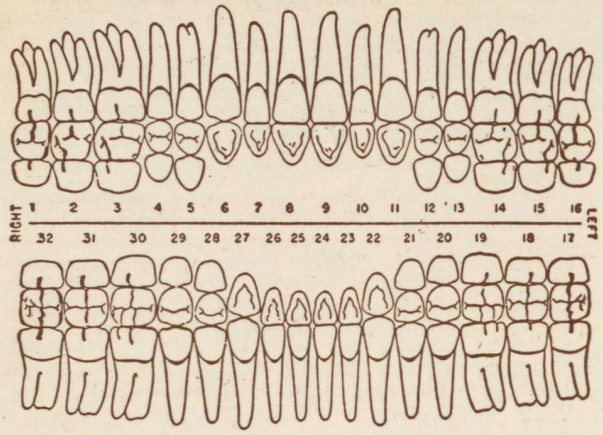
6. SEX	7. RACE	8. GRADE, RATING, OR POSITION	9. ORGANIZATION UNIT	10. COMPONENT OR BRANCH	11. SERVICE, DEPT., OR AGENCY
		PVT		US ARM?	

12. PATIENT'S LAST NAME— FIRST NAME— MIDDLE NAME	13. DATE OF BIRTH (DAY-MONTH-YEAR)	14. IDENTIFICATION NO.
[redacted] ROOSEVELT JF	3 M ari	RA 16 953 476

DENTAL
Standard Form 608
603-102

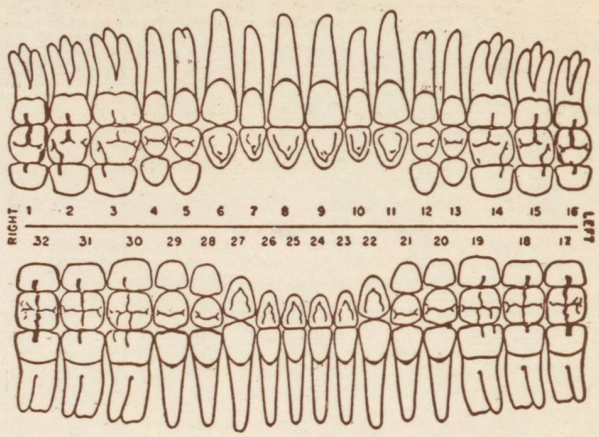
SECTION III. ATTENDANCE RECORD

15. RESTORATIONS AND TREATMENTS (*Completed during service*)



REMARKS

16. SUBSEQUENT DISEASES AND ABNORMALITIES



REMARKS

17. SERVICES RENDERED

DATE	DIAGNOSIS—TREATMENT	CLASS	OPERATOR AND DENTAL FACILITY	INITIALS

PATIENT'S LA 21/2m-il5 3N2m-20 s N2m

* U.S. GOVERNMENT PRINTING OFFICE 1959 : O—528850

FITZSIMONS GENERAL HOSPITAL
U. S. ARMY
DENVER, COLORADO 80240

Forwarded for inclusion with records previously transmitted to your office.

Chief, Medical Records Branch

FL 3609-RDM
10 OCT 63

BEST COPY

DEPARTMENT OF '__E ARMY

IO«TH GEJERaL HOSPITAL
AJO SAI 7KANCISC0 96oOS
HAKVX1 r 'JDLANTER
LTC» MC
cb, ormo. stfc__
OFFICIAL BUSINESS

DENVER, CO
AIR FORCE POSTAL SERVICE
DEC 12
1967
APO

212

POSTAGE AND FEES PAID,.

84-26

T0> Jonunanding Officer
Fitzsimons Gen Hosp
Denver, Colorado

VAHS St Louis Mo

ATTENTION: Registrar

PPRC, Japan

BEST COPY

FACILITY	DATE	REPORT CONTROL SYMBOL
106TH GENERAL HOSPITAL APO SAN FRANCISCO 96503	DEC 7 1967	

INSTRUCTIONS

REQUESTER. Fill in information on this side of card and forward to the facility to which the patient was transferred. If this request is made at the time of transfer, include this card with the medical records being forwarded with the patient. Otherwise address card on reverse side for mailing.

RESPONDER, Upon disposition of patient, forward a copy of SF 502 *(Narrative Summary)* to the requester. If the patient has been further transferred, forward a copy of SF 502 to the requester and forward this card to the facility to which the patient was transferred.

THE PATIENT LISTED BELOW WAS UNDER MY PROFESSIONAL CARE WHILE IN THIS FACILITY, AND I AM INTERESTED IN FOLLOWING THE CLINICAL COURSE.

IT IS REQUESTED THAT UPON DISPOSITION FROM YOUR FACILITY, A COPY OF SF 502 *(Narrative Summary)* BE FORWARDED TO ME.

PATIENT IDENTIFICATION *(For mechanical imprinting or typewriter entry)*

[redacted], ROOSEVELT PFC

REQUESTER (Type Name, Grade and Title)

HARVEY L. FRIEDLANDER
LTC, MC
CH, ORTHO. SVC

SIGNATURE OF REQUESTER

Harvey L. Friedlander

D D - »°R"i 183 PREVIOUS EDITIONS OF FORM ARE OBSOLETE. TM' S

REQUEST FbR CLINICAL FOLLOW-UP INFORMATION

BEST COPY

HEALTH RECORD - ABSTRACT OF SERVICE
(AR 40-403)

STATION AND ORGANIZATION	SERVICING MEDICAL AND DENTAL ACTIVITY	DATE FROM	DATE TO
USARECSTA FT LEONARD WOOD W	0- DISPENSARY # 8	12 DEC 19E6	6 JAN TOR7.
C~l -2 F L]// TVF	DISP# 4	6 JAN 1967	ft 7FEB 1967
A-4-3	D.SP. #8 FT. P °LK, LA.	6 MAR 1967	P 2 196?
/4 3BN 8IN F 4IN F fitu	DISP	21MAY67	

COMPONENT	DATE	BRANCH	DATE	AERO RATING	DATE	IDENTIFICATION NUMBER	DATE
	« DEC 19)6					/4 958432	d DEC 19bu

NAME	NAME	DATE OF BIRTHfDay -MO - yearj	SERVICE OR DEPARTMENT
[redacted]	ROOSEVELT JF	4 MARCH 48	US ARIY

FORM APR 63 2658 — PLACtS DD F .RM '35, t AUG 53, EXISTING SUPPLIES OF WHICH WILL BE ISSUED AND USED UNTiL APR 54 UNLES? >=dNER EXHAUSTED.

BEST COPY

STATION AND ORGANI ZATION	SERVICING MEDICAL AND DENTAL ACTIVITY	DATE	
		FROM	TO

U.S. GOVERNMENT PRINTING OFFICE : 1963 0—684005

Standjid Form 502
Rew August 1954
Bu'eau *ot* the Budget
Circular A—52

U.S. GOVERNMENT PRINTING OFFICEI 628244

CLINICAL RECORD	NARRATIVE SUMMARY	
DATE OF ADMISSION 27 Jul 67	DATE OF DISCHARGE	NUMBER OF CAYS HCSPITA.UIZED

(Sign and date at end of narrative)

MILITARY HISTORY: The patient is a 19-year-old PFC, MOS 11C10, 4th Infantry Division, with one year and two months total time active duty in the Army. He spent two months at Fort Leonard Wood in basic training, then to Fort Polk, Louisiana, for AIT training for two months, then to Republic of Vietnam where he had been on active duty for one month when he was injured.

CHIEF COMPLAINT: Blasting cap injury to right hand.

HISTORY OF PRESENT ILLNESS: The patient is a 19-year-old PFC who on 15 June 1967 sustained a traumatic amputation of the right thumb and index finger and partial amputation of the right long finger, and fracture of the proximal phalanx of the right ring finger when a blasting cap of a Claymore mine exploded in his hand. He was initially treated at the 18th Surgical Hospital on the date of injury where all wounds were debrided. He was then transferred to the 85th Evacuation Hospital and then to the 106th General Hospital for further therapy. Five days after admission to that hospital he was taken to the operating room where debridement and irrigation of the wound was performed. On 6 July 1967 he was again taken to the operating room where debridement of nonviable skin was performed. On 12 July 1967 he was again operated on under general anesthesia and split thickness skin graft was taken from the right thigh to cover all open areas, Skin grafts all took well and he was then transferred to this hospital for definitive care.

PAST MEDICAL HISTORY: The patient had a laparotomy at age four for an unknown reason. Remainder of the past history was noncontributory.

REVIEW OF SYSTEMS: Noncontributory.

PHYSICAL EXAMINATION UPON ADMISSION: The patient presented as a well developed, well nourished Caucasian male in no acute distress. He was alert and oriented. Positive physical findings were limited to the extremities where there was seen to be an amputation of the thumb, index and long fingers of the right hand with absence of the complete thumb and index ray, and partial amputation of the long finger. The tip of the ring finger was also amputated and split thickness skin graft covered the open areas. Sensation was lost on the radial side of the ring finger and over the graft sites. Range of motion of the wrist showed extension was 0 degrees, flexion 25 degrees. On the ring finger, there was no motion at the MP, PIP or DIP joints. The little finger showed MP motion with a range of 40 degrees, a PIP motion range of 75 degrees, and DIP motion normal, A K-wire was present down the shaft of the proximal phalanx of the ring finger to immobilize a fracture of the proximal phalanx.

(Uso additional sheets of this form (.Standard Form 502) if more space is requ irecf)

SKSNATpJJE OF PHYSICIAN	DATE	IDENTIFICATION NO.	ORGANIZATION
bruce Stiller/ m.d; '< "	14 Feb 6E	RA16958476	Medical Holding Co.

PATIENT'S IDENTIFICATION (For *typed or written entries jive: Nam e—last, first. middle: Ar&de: date; hoipitel er medic*! facility}*	REGISTER NO.	WARD NO.
[redacted], Roosevelt PFC Fitzsimons General Hospital Denver, Colorado 80240	8243026	405

NARRATIVE SUMMARY
Standard Form 602
db $02-107-02

Sta*.'ard Form 502
Rev. Augu« 1954
Bureau of the Budget
Circular A— 12

U.5. GOVERNMENT PRINTING OFFICE! 623244

CLINICAL REtORD	NARRATIVE SUMMARY	
OATH OF ADMISSION	DATE OF DISCHARGE	NUMBER OF DAYS HOSPITALIZED
.27 Jul 67		

)Sign and data at end of narrative (

LABORATORY FINDINGS:[1] Admitting urinalysis showed 50 to 60 WBC's, 20 to 25 epithelial cells and many bacteria. CBC was normal. Malaria smears repeatedly were normal. Repeat urinalysis on 10 October 1967 was normal and again on 16 November 1967. Repeat CBC 16 November 1967 was normal.

X-RAY FINDINGS: #142137. X-ray of the chest on admission was normal. X-ray of the right hand showed the above-described amputations with the third finger amputated at the metacarpal head and a K-wire fixing a fracture of the distal shaft of the fourth proximal phalanx. Repeat examination on 4 August 1967 showed the wire removed and the fracture of the proximal phalanx unchanged in position and alignment 'with new bone formation present. Repeat x-ray of the chest 10 October 1967 was normal. X-ray of the hand 15 November 1967 showed an osteotomy had been performed of the proximal IP joint of the ring finger. On 25 January 1$68, repeat chest film was normal.

CONSULTATIONS: Urology consultation was obtained but is not reported on the chart. Urological abnormalities were apparently cleared up as seen on the laboratory reports. Physical Therapy consultation was obtained for range of motion of the PIP, DIP joints of the remaining fingers.

COURSE IN THE HOSPITAL: On admission the patient showed approximately 95% take of the skin grafts. He received physical therapy and occupational therapy initially. On 3 August 1967 he was taken to the operating room where the K-wire was removed from the ring finger. The PIP joint of the fourth finger did not regain good range of motion. Initial consideration was given to pollicizing the ring finger to act as a thumb, but this was thought to be incompatible with the ankylosis of the PIP joint of the fourth finger. He was then taken to the operating room 11 October 1967 where an osteotomy and arthrodesis at 65 degrees of the PIP joint were performed. This healed well pos toperatively and the hand was felt to be as functional as possible after continued physical therapy post-operatively, and he was felt ready for Medical Board.

PRESENT CONDITION: The patient has limited use of the right hand with amputation of the thumb and first metacarpal, amputation of the index and middle rays, amputation of the tip of the ring finger, and ankylosis of the ring finger PIP joint with 65 degrees of flexion. There is from 0 to 65 degrees of flexion at the ring MP joint. There is full function and range of motion of the small finger. There is normal range of motion of the right wrist. He is able to use the fingers for side-to-side pinch and has tactile sensation. The patient uses a thenar prosthesis to achieve pinch.

(Use additional sheots of this form (.Standard Form 502) if more space is required)

EIGNATCFE OFPJ:IYsic!AN	.DATE	IDENTIFICATION NO.	ORGANIZATION
'BRUCE" Z MfLLERT'M.D.	"14 Feb 68	RA16958476	Medical Holding Co.

PATIENT'S IDENTIFICATION (For typed or written entries give: Name— last, first, middle; grade; date; hospital or medical facility')	REGISTER NO.	WARD NO.
[redacted], Roosevelt PFC Fitzsimons General Hospital Denver, Colorado 80240	8243026	405

NARRATIVE SUMMARY
Standard Form 502
db 502-107-02

BEST COPY

Standard Form 502
Rev. August 1954
Bureau of the Budget
Circular A—52

U. S. GOVERNMENT PRINTING OFFICE: E2B244

CLINICAL RECORD	NARRATIVE SUMMARY	
DATE OF ADMISSION 27 Jul 67	DATE OF DISCHARGE	NUMBER OF DAYS HOSPITALIZED

(Sign and date at end of narrative (

FINAL DIAGNOSES: 1. 8862-486-0447 Amputation, acquired, right thumb, long and index fingers, and partial amputation of ring finger. Al: Approximately 1830 hours, 15 June 1967, three miles from Dragon Mountain, Republic of Vietnam, the patient was injured by a blasting cap Claymore mine detonation. LD:«YasS Unfitting for duty, AR 40-501, Section VII, paragraph 3-12a(l) and (2). Most closely corresponds to VA Code 5132.

A fe

I

LD: No, due to own misconduct

2. 8160-444-0447 Fracture, proximal phalanx of ring finger, right, no artery or nerve involvement. Al as in Diagnosis 1. LD: Not unfitting. /$£ AV dp.l.

OPERATIONS: 1. 20864-03 Removal of K-wire from right ring finger, 3 August 1967, under Xylocaine local anesthesia.

2. 2456-57 Arthrodesis, PIP joint, right ring finger, 11 October 1967, supraclavicular block and Fluothane, nitrous oxide and oxygen anesthesia.

RECOMMENDATIONS: The patient is disqualified for active military duty under provisions of AR >40-501, Chapter 3, Section VII, paragraph 3-12a(l) and (2). It is recommended. that he meet a Physical Evaluation Board.

PROFILE: P U L H E S
1 4 1 1 1 1

(Use additional sheets of this form (.Standard Form 502) if more space is required)

SIGNATURE OF PHYSICIAN	DATE	IDENTIFICATION NO.	ORGANIZATION
BRUCE A. MILLER, M.D.	14 Feb 68	RA16958476	Medical Holding Co.

PATIENT'S IDENTIFICATION (For typed or written entries tive :Name— last .first, middle; trade; date; hospita l or medical facility)

[redacted], Roosevelt PFC
Fitzsimons General Hospital
Denver, Colorado 80240

REGISTER NO. 8243026
WARD NO. 405

NARRATIVE SUMMARY
Standard Form 502
db $02-107-01

3

BEST COPY

CR

PEL

MEDICAL BOARD PROCEEDINGS
(AR 40-3)

I.S TALL ATION + « r'?tzsimons General Hospital Denver, Colorado 80240

DATE: 19 Feb 68

1. LAST NAME - FIRST NAME - MIDDLE INITIAL: [redacted] Roosevelt -

2. GRADE: PFC E3 | 3. SERVICE NUMBER: RA16953476 | 14. COMPON ENT: RA | 5. AGE: 19 | 6. SEX: M

7. HOME ADDR ESS (Include ZIP Code): >11 Waverly, Kansas City, Kansas 66101

8. DEPARTMENT OR SERVICE: Army

9. ORGANIZATION OR UNIT: Medical Holding Company, Fitzsimons General Hospital

10. TOTAL YEARS MILITARY SVC: a- ACTIVE: L 2/12; b. INACTIVE: -

11. DATE ENTERED CURRENT TOUR OF ACTIVE DUTY: 9 December 1966

12. current aero rating: None

13. ON FLYING STATUS AT TIME OF ADMISSION: [ ] YES [X] NO

14. MILITARY OCCUPATIONAL SPECIALTIES

TITLE	CODE	TIME IN EACH
*• Infantry	11C10	1 year
b.		
c.		

15. HOSPITA L RECORD

a. DATE ADMITTED TO THIS INST ALLATION | 27 Jul 67

b. FACILITY TRANSFERRED FROM: 106th General Hospital, APO SF 96503

c. INITIALLY ADMITTED (Facility): 18th Surgical Hospital (MA) PVN APO 96318

d. DATE INITIALLY ADMITTED: 15 Jun 67

ACTION BY THE BOARD

BY DIRECTION OF THE APPOINTING AUTHORITY, THE BOARD CONVENED TO EVALUATE THE PATIENT IDENTIFIED ABOVE

16. THE PATIENT [ ] WAS [ ] WAS NOT PRESENT DURING THE PROCEEDINGS.

17. THE PATIENT [ ] DID [X] D,D NOT PRESENT ANY VIEWS IN HIS OWN BEHALF. (If the patient did prosent views in his own behalf, include a summary of his statement in ••Continuation", or attach additional sheet(s)).

AFTER CAREFUL CONSIDERATION OF CLINICAL RECORDS. LABORATORY FINDINGS. HEALTH RECORDS. AND MEDICAL EXAMINATIONS. THE BOARD FINDS:

18. THE PATIENT IS [ ] MEDICALLY FIT [X] MEDICALLY UNFIT FOR FURTHER MILITARY SERVICE IN ACCORDANCE WITH CURRENT MEDICAL FITNESS STANDARDS.

19. THE PATIENT HAS THE FOLLOWING MEDICAL CONDITIONS AND/OR PHYSICAL DEFECTS: (List all diagnoses , whether or not dis-qualifying. Use Joint Armed Forces standard terminology and diagnostic code.)

1 8862-486-0447 Amputation, acquired, right thumb, long and index fingers, >and partial amputation of ring finger. Al: Approximately 1830[1] hours , 15 June 1967 , three miles from Dragon Mountain, Republic of Vietnam , the patient was injured by a blasting cap Claymore mine detonation . Unfitting for duty, AR 40-501, Section VII, paragraph 3-12a(l) and (2). Most closely corresponds to VA Code 5132.

2. 8160-444-0447 Fracture, proximal phalanx of ring finger, right, no artery or nerve involvement. Al as in Diagnosis 1. Not unfitting.

EXHIBIT G

20. DETAILS OF MEDICAL CONDITIONS AND/OR PHYSICAL DEFECTS LISTED UNDER ITEM 19

LINE OF DUTY	approximate date of origin	CAUSE INCIDENT TO SERVIC E		EXISTED PRIOR TO ENTRY ON ACTIVE DUTY		AGGRAVATED BY ACTIVE DUTY		OPTIMUM HOSP IMPROVEMENT FOR DISPOSI TION PURPOSES		MAXIMUM HOSP BENEFIT REC EI VED	
No, dtfe to own	b	c. YES	d. NO	e. YES	f. NO	g. YES	h. NO	i. YES	j. NO	k. YES	1. NO
(1) misconduct	15 Jun 67	X			X	-	-	X		X	
(2) lt	15 Jun 67	X			X	•	-	X		X	
(31											
(4)											
(5)											

INCI #1

BEST COPY

21. BPItF summary of medical) conditions and physical, defers is in nontechnical language

Amputation of the right thumb, index* and long fingers

22. THE BOARD RECOMMENDS THAT THE PATIENT BE:

Referred to Physical Evaluation Board.

23. THE BOARD RECOMMENDS THE FOLLOWING ASSIGNMENT LIMITATIONS:

Not applicable.

M.

24. THE PATIENT | | DOES | X | DOES NOT DESIRE TO CONTINUE ON ACTIVE DUTY UNDER AR STKXI . *(Complete when patient is found medico Uy unfit.)* 635-40, Chap 10

(Complete Items 25 and 26 when answer to Item 24 is affirmative)

25. THE PATIENT | | IS | | IS NOT MEDICALLY QUALIFIED FOR CONTINUANCE ON ACTIVE DUTY.

26. THE BOARD RECOMMENDS | | CONTINUATION ON ACTIVE DUTY | | PROCESSING FOR SEPARATION.

27. UNANIMOUS DECISION f XI Y 5 | | NO

28. TYPED NAME. GRADE & BRANCH OF BOARD MEMBER *(President)*	SIGNATURE
JOHN B, CHESTER! JR. LT COLONEL. MC	John B Chester
29. TYPED NAME. GRADE & BRANCH OF BOARD MEMBER	SIGNATURE
ROBERT N, THOMPSON, M.D.	Robert N Thompson
30. TYPED NAME. GRADE & BRANCH OF BOARD MEMBER	SIGNATURE
RICHARD A. JOHNSON. CAPTAIN. MC	Richard A Johnson

ACTION BY APPROVING AUTHORITY

31. [XI] THE FINDINGS AND RECOMMENDATIONS OF THE BOARD ARE APPROVED.

32 - | | THE PROCEEDINGS OF THE BOARD ARE RETURNED FOR RECONSIDERATION.

33. f | THE FINDINGS OF THE BOARD ARE DISAPPROVED AND FORWARDED TO THE SURGEON GENERAL. RECOMMENDATIONS ARE ATTACHED AS INCLOSURE NO.

34. TYPED NAME. GRADE & TITLE OF APPROVING AUTHORITY	signature	DATE
ROBERT D. ANDERSON, COLONEL, MC Chief, Professional Services	Robert D. Anderson	23 <&£-■68

ACTION BY PATIENT

35. I HAVE BEEN INFORMED OF THE APPROVED FINDINGS AND RECOMMENDATIONS OF THE BOARD. J ~~OC1.~~ MCLX-A-G P-K.E.WI ~~TH. XHLE~~ ©QA.B.D.'S JLC ILD±I_AJLD_Q.E-SLFLE_rQ. AE EE.LL _ M t L^T J£ '*-*P-P£A L. 4S- A T-T-AC-H-ED-A-S-IN CI—QSL'JXE JUL

35. TYPED NAME. GRADE AND SERVICE NUMBER	[redacted]	[redacted]
ROOSEVELT [redacted], PFC, [redacted]	[redacted]	[redacted]

FURTHER ACTION BY APPROVING AUTHORITY

37. THE APPEAL HAS BEEN CONSIDERED AND THE ORIGINAL BOARD ACTION IS | | CONFIRMED | | RETURNED FOR RECONSIDERATION. *(The Board's further action will be attached as Inclosure No. .)*

33. TYPED NAME, GRADE & TITLE OF APPROVING AUTHORITY	SIGNATURE	DATE

CONTINUATION *) Identify by item number)*

DA FORM 1 OCT 60 8-118 PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE

* U.S. GOVERNMENT PRINTING OFFICE : 1966 0— ZI6-4K

Standard Form 502
Re*. August 1954
Bureau of the Budget
. Circular A-32

U.S. GOV "RNMENT IRINTING OFFICEI 626244

CUBICAL RECORD | **NARRATIVE SUMMARY**

DATE OF ADMISSION	"date Of DISCHARGE	NUMBER OF DAYS HOSPITALIZED
27 Jul 67		

(Sign and data at end of narrative (

MILITARY HISTORY: The patient is a 19-year-old PFC, MOS 11C10, 4th Infantry Division, with one year and two months total time active duty in the Army. He spent two months at Fort Leonard Wood in basic training, then to Fort Polk, Louisiana, for AIT training for two months, then to Republic of Vietnam where he had been on active duty for one month when he was injured.

CHIEF COMPLAINT: Blasting cap injury to right hand.

HISTORY OF PRESENT ILLNESS: The patient is a 19-year-old PFC who on 15 June 1967 sustained a traumatic amputation of the right thumb and index finger and partial amputation of the right long finger, and fracture of the proximal phalanx of the right ring finger when a blasting cap of a Claymore mine exploded in his hand. He was initially treated at the 18th Surgical Hospital on the date of injury where all wounds were debrided. He was then transferred to the 85th Evacuation Hospital and then to the 106th General Hospital for further therapy. Five days after admission to that hospital he was taken to the operating room where debridement and irrigation of the wound was performed. On 6 July 1967 he was again taken to the operating room where debridement of nonviable skin was performed. On 12 July 1967 he was again operated on under general anesthesia and split thickness skin graft was taken from the right thigh to cover all open areas. Skin grafts all took well and he was then transferred to this hospital for definitive care.

PAST MEDICAL HISTORY: The patient had a laparotomy at age four for an unknown reason. Remainder of the past history was noncontributory.

REVIEW OF SYSTEMS: Noncontributory.

PHYSICAL EXAMINATION UPON ADMISSION: The patient presented as a well developed, well nourished Caucasian male in no acute distress. He was alert and oriented. Positive physical findings were limited to the extremities where there was seen to be an amputation of the thumb, index and long fingers of the right hand with absence of the complete thumb and index ray, and partial amputation of the long finger. The tip of the ring finger was also amputated and split thickness skin graft covered the open areas. Sensation was lost on the radial side of the ring finger and over the graft sites. Range of motion of the wrist showed extension was 0 degrees, flexion 25 degrees. On the ring finger, there was no motion at the MP, PIP or DIP joints. The little finger showed MP motion with a range of 40 degrees, a PIP motion range of 75 degrees, and DIP motion normal. A K-wire was present down the shaft of the proximal phalanx of the ring finger to immobilize a fracture of the proximal phalanx.

(Z7so additional sheets of this form (.Standard Form 502) if more space is required)

SIGNATURE OF PHYSICIAN	DATE	IDENTIFICATION NO.	ORGANIZATION
BRUCE A. MILLER, M.D.	14 Feb 66	RA16958476	Medical Holding Co.

PATIENT'S IDENTIFICATION (For typed or written entries give: IVame— last. first, middle; grade; dace; hospital or medical)aci'i ty)	REGISTER NO.	WARD NO.
[redacted], Roosevelt PFC Fitzsimons General Hospital Denver, Colorado 80240	8243026	405

NARRATIVE SUMMARY
Standard Form C02
db 592-107-02

Stan *ard Form 502
Rev. August 1954
Bureau of the Budget
CircuLr A— J2

U. J. GOVERNMENT PRINTING OFFICE: 620244

CLINICAL REtORD	NARRATIVE SUMMARY	
DATE OF ADMISSION	DATE OF DISCHARGE	NUMBER OF DAYS HOSPITALIZED
.27 Jul 67		

(Sign and data at end of narrative (

LABORATORY FINDINGS:' Admitting urinalysis showed 50 to 60 WBC's, 20 to 25 epithelial cells and many bacteria. CBC was normal. Malaria smears repeatedly were normal. Repeat urinalysis on 10 October 1967 was normal and again on 16 November 1967. Repeat CBC 16 November 1967 was normal.

X-RAY FINDINGS: #142137. X-ray of the chest on admission was normal. X-ray of the right hand showed the above-described amputations with the third finger amputated at the metacarpal head and a K-wire fixing a fracture of the distal shaft of the fourth proximal phalanx. Repeat examination on 4 August 1967 showed the wire removed and the fracture of the proximal phalanx unchanged in position and alignment■ with new bone formation present. R.epeat x-ray of the chest 10 October 1967 was normal. X-ray of the hand 15 November 1967 showed an osteotomy ha> been performed of the proximal IP joint of the ring finger. On 25 January 1 68, repeat chest film was normal.

CONSULTATIONS: Urology consultation was obtained but. is not reported on the chart. Urological abnormalities were apparently cleared up as seen on the laboratory reports. Physical Therapy consultation was obtained for range of motion of the PIP, DIP joints of the remaining fingers.

COURSE IN THE HOSPITAL: On admission the patient showed approximately 95% take of the skin grafts. He received physical therapy and occupational therapy initially. On 3 August 1967 he was taken to the operating room where the K-wire was removed from the ring finger. The PIP joint of the fourth finger did not regain good range of motion. Initial consideration was given to pollicizing the ring finger to act as a thumb, but this was thought to be incompatible with the ankylosis of the PIP joint of the fourth finger. He was then taken to the operating room 11 October 1967 where an osteotomy and arthrodesis at 65 degrees of the PIP joint were performed. This healed well postoperatively and the hand was felt to be as functional as possible after continued physical therapy post-operatively, and he was felt ready for Medical Board.

PRESENT CONDITION: The patient has limited use of the right hand with amputation of the thumb and first metacarpal, amputation of the index and middle rays, amputation of the tip of the ring finger, and ankylosis of the ring finger PIP joint with 65 degrees of flexion. There is from 0 to 65 degrees of flexion at the ring MP joint. There is full function and range of motion of the small finger. There is normal range of motion of the right wrist. He is able to use the fingers for side-to-side pinch and has tactile sensation. The patient uses a thenar prosthesis to achieve pinch.

(Uso additional sheets of thia form (Standard Form 502) if more space is required)

EIGSAJ USE OF PH Y SICI AN	DATE	IDENTIFICATION NO.	ORGANIZATION
BRUCE' ZZmILIL Rt'M'.D. ''	"14 Feb 68	RA16958476	Medical Holding Co.

PATIENT'S IDENTIFICATION *(For typed or written entries fn e: Name— last. first. middle; grade; date; hospital or medical facility)*	REGISTER NO.	WARD NO.
[redacted], Roosevelt PFC Fitzsimons General Hospital Denver, Colorado 80240	8243026	405

NARRATIVE SUMMARY

Standard Form 502
db 502-107-02

BEST COPY

D-36

FROM (Medical treatment facility)
ORIGINS (Installation de traitemqit medical)

106TH Gen Hosp APO 87 38503

NAME (Last-— first—-middle initial)
NOM (Nom de famille— premier prenom— Initiate ueuxieme prenom)

[redacted] Roosevelt

SERVICE NUMBER / NUMERO AAATRICULE	RANK/RATING/GRADE / GRADE	CATEGORY OF PERSONNEL (Service ar employer and nationality) / CATEGORIE DE PERSONNEL (Service ou employeur et nationality
tea <6 5 76	PFC	US ARMS'

DIAGNOSIS
DIAGNOSTIC

Amp (R) under, long + thenh

CLASS—CLAISE		DISEASE / MALADIE	BATTLE CASUALTY / BtESSE AU COMBAT	INJURY / BLESSURE
1A	2A		✓	
IB	2B			
1C		CABIN OR COMPARTMENT NO. / NO. CABINE OU COMPARTIMENT		BUNK NUMBER / NUMERO COUCHETTE
3	4			

VSI
TRES GRAV. MAL.
☐ Yet / Oui ☐ No / Non

BAGGAGE TAG NUMBER(S)
NUMEROS ETIQUETTES BAGAGE

SSZ'«S'*<M'S G. U
DENVER, COLORADO

SHIP/AC (Numberftype)
NAVIRE/AVION (Matriculeftype)

TREATMENT RECOMMHIDED EN ROUTE (If | no treat) required a notation to this effect is made)
TRAITEMENT RECOMMANDE EN ROUTE (Indi quer si aucun traitement n'est necessaire)

3

SIGNATURE OF MEDICAL OFFICER
SIGNATURE DU MEDECIty

DATE
DATE
18 July 67

REGULAR DIET
REGIME NORAAAL

SPECIAL DIET (Describe)
RÉGIME SPÉCIAL (Description)

C/WEST

SHIP S RECORD OFFICE TAB— FICHE POUR ARCHIVES TRANSPORTS

BEST COPY

DD 602

REPLACES DD FORM 602, I OCT 51
PREVIOUS EDITIONS ARE OBSOLETE
REMPLACE DO FORM 602. Ier OCTOBRE 1951
us Editions precedents sont caduques

D - 36

PATIENT EVACUATION TAG— FICHE D'E'VACUATION DE PATIENT

(Tie this tag to patient*- Attacher cette fiche au patient)

FROM (SfeJical treatment facility)
ORIGINS (Installation de traitement in edical)
106TH Gen Hosp APO SF 96503

NAME (Last —first"*- jjyddle initial) ,
NOM ([redacted]
Roosevelt

NUMERO MATRICULE	RANK/RATING/GRADE GRADE	CATEGORY OF PERSONNEL (Service or employer anJ nationality) CATÉGORIE DE PERSONNEL (Service ou employeur et nationality
Q A 16458476	PFC	US AliM Y

DIAGNOSIS
DIAGNOSTIC
Amp, R under, long + thigh

CLASS—CLASSE		DISEASE MALADIE	BATTLE CASUALTY BIESSE AU COMBAT	INJURY BLESSURE
1A	2A			
IB ✓	2B		✓	
1C		CABIN OR COMPARTMENT NO. NO. CABINS OU COMPARTIMENT		BUNK HUMBER NUMERO COUCHETTE
3	4			

VSI
TRES GRAV. MAL.
☐ Yes Oui ☐ No Non

BAGGAGE TAG NUMBER(S)
NUMEROS ETIQUETTES BAGAGE

DESTINATION
DESTINATION Fir*s tntoAis GM
DENVER Lclo re ADo

SHIP/AC (Number/type)
NAVIRE/AVION (Matricule/tyfe)

TREATMENT RECOMmAdED EN ROUTE (If no tfeai ment is required a notation to this effect is made)
TRAITEMENT RECOMMANDe'eN ROUTE (Indi ater si aucun traitement n'est necessaire)

SIGNATURE OF MEDICAL OFFICER
SIGNATURE DU MEDECI

DATE
3ATE
18 July 67

REGULAR DIET
REGIME NORMAL

SPECIAL DIET (.Describe)
REGIME SPECIAL (Description)

SHIP'S RECORD OFFICE TAB— FICHE POUR ARCHIVES TRANSPORTS

ABERCROMBIE
C/WEST

BEST COPY

[redacted]

TREATMENT AND,PROGRESS REPORT
TRAITEMENT ET EVOLUTION DE LA CONDITION

JU/_ 9 r ~0th CASUALTY STAGING FL GHT Rec'd @ 1300, Hacco'H.
2 5 1967 APO SAN FfiANCISCO 96323

26 Jul 67 FQ&- cclc

/' 5 2_ - \) a t& h *al - vomitted - Gens.l given
J/S~b "Z - *<54 " **—*— »— a 8 mgm p: &.
Sphony 1/4

2P C S F Travis AFB 7
C? t« o /Qca ' 7

27 July 67 TRAVIS AFB, CALIF → BUCKLEY FIELD, COLO
NO PROBLEMS DURING FLIGHT - Satisfactorily Cpt FN

SIGNATURE
SIGNATURE

DATE
DATE

(DO NOT WRITE BELOW PERFORATION)
(NE PAS ÉCRIRE AU-DESSOUS DE LA PERFORATION)

BEST COPY

Standard Form 502
Rev. August 1954
Bureau of the Budget
Circular A—J2

U.S. GOVERNMENT PRINTING OFFICE: 628244

CLINICAL RECORD | NAR«ATIVE SUFtfl MARY

DATE CF~ADmTsSION	PATE OF DISCHARGE	NUMBER OF DAYS HOSPITALIZED
27 Jul 67		

(Sign and date at end of narrative)

FINAL DIAGNOSES: 1. 8862-486-0447 Amputation, acquired, right thumb, long and index fingers, and partial amputation of ring finger. Al: Approximately 1830 hours, 15 June 1967, three miles from Dragon Mountain, Republic of Vietnam, the patient was injured by a blasting cap Claymore mine detonation. LD:«XasS - Unfitting for duty, AR 40-501, Section VII, paragraph 3-12a(l) and (2). Most closely corresponds to VA Code 5132.
MJ: NO, DUE TO OWN MISCONDUCT

2. 8160-444-0447 Fracture, proximal phalanx of ring finger, right, no artery or nerve involvement. Al as in Diagnosis 1. LD: «Yes.*--. Not unfitting. AS IN dg. 1.

OPERATIONS: 1. 20864-03 Removal of K-wire from right ring finger, 3 August 1967, under Xylocaine local anesthesia.

2. 2456-57 Arthrodesis, PIP joint, right ring finger, 11 October 1967, supraclavicular block and Fluothane, nitrous oxide and oxygen anesthesia.

RECOMMENDATIONS: The patient is disqualified for active military duty under provisions of AR 40-501, Chapter 3, Section VII, paragraph 3-12a(l) and (2). It is recommended that he meet a Physical Evaluation Board.

PROFILE: P U L H E S
1 4 1 1 1 1

(Use additional sheets of this form (.Standard Form 502) if more space is required)

SIGNATURE OF PHYSICIAN	DATE	IDENTIFICATION NO.	OR GAN I4ATION
BRUCE A. MILLER, M.D.	14 Feb 68]	RA16958476	Medical Holding Co.

PATIENT'S IDENTIFICATION (For typed or written entries give :Name- last . first, middle; grade; date; hospital or medical facility)	REGISTER NO.	ward no.
[redacted], Roosevelt PFC Fitzsimons General Hospital Denver, Colorado 80240	8243026	405

NAP.RATiVE SUMMARY
fet.vidArd Form 502
db 502-107-02

3

BEST COPY

Standard Form 88
- (Rev. Juty 1956)
Bureau of the Budget
Circular A-32 (Rev.)

REPORT OF MEDICAL EXAMINATION

88-109-01

1. LAST NAME—FIRST NAME—MIDDLE NAME	2. GRADE AND COMPONENT OR POSITION	3. IDENTIFICATION NO.
[redacted], Roosevelt -	PFC E3	RAI 6958476

4. I0ME ADDRESS (.Vumte:, street or RFD, city or town, zone and State)	5. PURPOSE OF EXAMINATION	6. DATE OF EXAMINATION
211 Waverly Kansas City, Kansas 66101	PEB	25 Jan 68

7. SEX	RACE	9. TOTAL YEARS GOVERNMENT SERVICE	10. AGENCY	It. ORGANIZATION UNIT
Male	Neg	MILITARY 2/12 C1V,UAN -	DA	Medical Holding Company Fitzsimons General Hospit al

12. DATE OF BIRTH	13. PLACE OF BIRTH	14. NAME. RELATIONSHIP. AND ADDRESS OF NEXT OF KIN
4 Mar 48 (199	Waskom, Texas	Glendia [redacted] (wife) 211 Waverly, Kansas City, Kansas 66101

15. EXAMINING FACILITY OR EXAMINER. AND ADDRESS	16. OTHER INFORMATION
Fitzsimons General Hospital, Denver, Colo. 80240	-

17. RATING OR SPECIALTY[1]	TIME IN THIS CAPACITY (Total)	LAST SIX MONTHS
11C1O Infantry	I I yr	Patient

CUHICAL EVALUATION

NORMAL	(Check each item in appropriate column; enter "NE" it not evaluated (	ABNORMAL
X	18. HEAD. FACE. NECK. AND SCALP	
X	1$. NOSE	
X	20. SINUSES	
X	21. mouth ako Throat	
X	22. EARS—GENERAL * "f . canals) Murf Mev acuity unaor items 70 ana 71)	
X	23. DRUMS (Perforation)	
X	24. EYES—GENERAL (Visual acuity and refraction undtir items bu and bI)	
X	25. OPHTHALMOSCOPIC	
X	26. PUPILS (Equality and reaction)	
X	27. OCULAR MOTILITY (Associated parallel movements, nystagmus)	
X	28. LUNGS ANO CHEST (Include breasts)	
X	29. HEAP.T (Thrust, size, rhythm, sounds)	
X	30. VASCULAR SYSTEM)Varicosities, etc 3	
X	31. ABDOMEN AND VISCERA (Include hernia)	
X	32. ANUS AND RECTUM (Hemorrhoids, fistulae) (Prostate, if indicated)	
X	33. ENDOCRINE SYSTEM	
X	34. G-U SYSTEM	
	35. UPPER EXTREMITIES (Strength, ranc " of motion)	X
X	36. FEET	
X	37. LO'AIEREXTREMIT ,ES) » X%./ ,~Y.e,,>	
X	38. SPINE. OTHER MUSCULOSKELETAL	
X	39 IDENTIFYING BODY MARKS. SCARS. TATTOOS	
X	40. SKIN. LYMPHATICS	
X	41. NEUROLOGIC (Equilibrium te&tq wider item 7£)	
X	42. PSYCHIATRIC (Specify any pertonnlity dev intian Y	
NA	43. PELVIC (Females only) (Check how done) Q VAGINAL O RECTAL	

NOTES. (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)

35 Right hand with thumb, index and long fingers missing, along with metacarpals. Has ring finger with partial amputation at distal end, and good little finger. Some hypesthesia of ring finger. He can write 'fairly well with the hand, and hold glass, coffee cup, etc.

{Continue in item 73)

44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively.)

O—Restorable teeth. I—Nonrestorable teeth X— Missing teeth XXX— Replaced by dentures (6 Xd)— Fixed bridge, brackets to include abutments

RIGHT	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	LEFT
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	

REMARKS ANO ADDITIONAL DENTAL DEFECTS AND DISEASES

Acceptable
Class 1

MIGRATORY FINDINGS

45. URINALYSIS: A. SPECIFIC GRAVITY 1.025
B. ALBUMIN Neg
C. sugar Neg
d. microscopic few muc. threads few epith cells- ILf amt amorp, n mat Lot,- fUi-WIX-

46. CHEST X-RAY (Place, date, film number and result)
Fitzsimons General Hospital, 24 Jan 68 #142137 "Other than calcific changes HPE OF GRANULOMATOUS DISEASE OF THE left no other abnormality is seen"

47. SEROLOGY (Specify test used end result)
Cardiol ipin
Microflocculation
Negative

48. EKG
-

49. BLOOD TYPE AND RH FACTOR
-

50. other tests
WBC 8000 Hematocrit 48

INCl #2

BEST COPY

MEASUREMENTS AND'OMER FINDINGS

51. HEIGHT	52. WEIGHT	53. COLOR HAIR	54. COLOR EYES	55. BUILD: (Check one)	SLENDER	MEDIUM	HEAVY	OBESE	56. TEMPERATURE
7i L	140	Black	Brown		x				98.6

57. BLOOD PRESSURE (Arm at heart level)			56. PULSE (Arm at heart leiel)			
SITT	SYS HZ j. B SYS. - RECUM-	C. SYS. _ * SITTING STANDING ~	B. AFTER EXERCISE	C. 2 MIN. AFTER	D. RECUMBENT	E. AFTER STANDING 3 MIN.
	DI *S- 8 b BENT DIAS- —	(3 min.) DIAS. - 88	—	—	—	—

59. DISTANT VISION	60. REFRACTION	61. NEAR VISION
RIGH w 20 CORR. TO 20/	BY S. ex	J-I CORR. TO BY
LEFT 20/ 20 CORR. TO 20/	BY S. ex	J-I CORR. TO BY

62. HETEROPHORIA (Specify dista nee) —

ES* EX* R. H. L. H. PRISM DIV. PRISM CONV. CT PC PD

63. ACCOMMODATION	64. COLOR VISION (Test used and result)	65. DEPTH PERCEPTION (Test used and score)	UNCORRECTED —
RIGHt) _ LEFT —	PIC 14/14	—	CORRECTED —
66. FI :ld of vision —	67. NIGHT VISION (Test used and score) —	63. RED LENS TEST —	69. INTRAOCULAR TENSION —

70. HEARING

RIGHT WV — /15 SV — /15

LEFT WV — /15 SV — /15

71. AUDIOMETER

	250 136	500 bit	1000 ton	2000 tO48	3000	40C-0 40iO	eooo 61U	8000 8192
RIGHT	0	0	0	0	-	10	-	35
LEFT	0	0	0	0	-	10	-	0

72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score) —

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

(Use additional sheets if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

35. Amputation of right thumb, long and index fingers, and partial amputation of ring finger.

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

76. A. PHYSIC AL PROFI I £

P	U	L	H	E	S
1	4	1	1	1	1

77. EXAMINEE (Check)

k. ☐ IS QUALIFIED FOR

B. (3 IS NOT ouaufied FOR military duty

B. PHYSICAL CATEGORY

A	B	C	E

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

35.

79. TYPED OR PRINTED NAME OF PHYSICIAN: BRUCE A. MILLER, M.D.

SIGNATURE: Bruce A. Miller MD

80. TYPED OR PRINTED NAME OF PHYSICIAN

SIGNATURE

11. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which): E. F. SWINTAK, MAJOR, DC

SIGNATURE: /s/ E. F. Swintak

62. TYPED OR PRINTED NAME Of REVIEWING OFFICER OR APPROVING AUTHORITY

SIGNATURE

NUMBER OF ATTACHED SHEETS

* U.S. GOVERNMENT PRINTING OFFICE UGS O— 766-7JZ

BEST COPY

Standard Form 504
Rev. August 1954
Bureau of the Budget
Circular A-32

* U.S. GOVERNMENT PRINTING OFFICE : 1961 0—602127

CLINICAL RECORD	HISTORY—Part I

NATURE AND DURATION OF COMPLAINTS (*Include circumstance of admission*)

Amputation (R) thumb & index fingers & long fingers

Admitted for evaluation & rehabilitation (R) hand

HISTORY OF PRESENT ILLNESSES

This 19 yo a/m AD USA PFC sustained traumatic amputation of above manual fingers 15 June 67 subsequent to explosion in hand of a Claymore mine blasting cap. Debridement & partial closure of wounds done on day of injury.

27 June - debridement & irrigation (R) hand wound.

12 July. 5 to 6 to (R) hand

Hospital course uneventful.

(Continue on *reverse side*)

PATIENT'S IDENTIFICATION (For *typed or written entries give: Name— last, first, middle, grade; date; hospital or medical facility*)	REGISTER NO.	WARD NO.
[redacted] ROOSEVELT pf 6213J26 RA15 953476		

HISTORY—Part 1
Standard Form 504
504-105

FITZSIMONS GH
WARD 5 WEST *

i 7 ■?-6T

BEST COPY

Standard Form 505
Rev, Apgust 1957
Bureau of the Budget
Circular A—32 (Rev.)

CLINICAL RECORD | HISTORY—Part 2

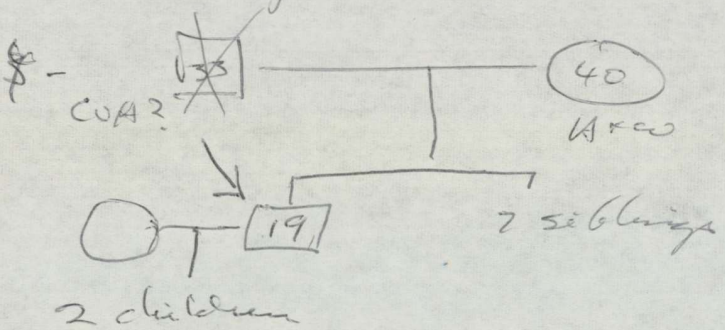
PAST HISTORY

INSTRUCTIONS.—*Include (1) OCCUPATION (Civilian and military), (2) MILITARY HISTORY (Include geographic locations and dates), (3) HABITS (Alcohol, tobacco, and drugs), (4) FAMILY HISTORY, (5) CHILDHOOD ILLNESSES, (6) ADULT ILLNESSES, (7) OPERATIONS, (8) INJURIES, and (9) DRUG SENSITIVITIES AND ALLERGIC REACTIONS.*

1- Mortar

2- USA Dec 66 → present
RVN - 21 May 67 →

3- Alcohol - none
tobacco - 1/2 pack/day
drugs - none

4- 

no heart disease, TB
diabetes, hypertension

5- ccHD

6- none

7- Lapaotomy age 4 reason?

8- see HPI

9- none

(Continue on reverse side)

PATIENT'S IDENTIFICATION (Typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)

REGISTER NO. | WARD NO.

3243326 SA15)53476

1

•JUZSIMONS G(JX

WARD 5 i»tST *

7 27 67

HISTORY (Parts 2 and 3)
Standard Form 505
505-105

.aufr a -y. L HISTORY— Part 3

SYSTEM REVIEW

INSTRUCTIONS.—*Include* (1) *GENERAL,* (2) *HEAD [Including* (3) *EYE,* (4) *EAR,* (5) *NOSE and* (6) *THROAT],* (7) *NECK,* (8) *RESPIRATORY,* (9) *CARDIOVASCULAR,* (10) *GASTROINTESTINAL,* (11) *GENITO-URINARY [and* (12) *GYNECOLOGICAL],* (13) *HEMOPOIETIC,* (14) *LYMPHATIC,* (15) *MUSCULOSKELETAL and* (16) *NEURO PSYCHIATRIC SYSTEMS.*

1 - appetite good. Feels well.

2 - 7 neg. hx

8 - no cough, hemoptysis

9 - no hx of Rheumatic fever

10 - no jaundice, melena, N.V. C.D

11 - 0

13 -
14 - } 0

15 - see HPI

16 - no convulsions, seizure disorder.

SIGNATURE OF PHYSICIAN: William H. Martin Capt USA

DATE: 22 July 69

U.S. GOVERNMENT PRINTING OFFICE 1961 O—590584

BEST COPY

Standard Form 506
Revised August 1954
Bureau of the Budget
Circular A-32 (Rev.)

CLINICAL RECORD — PHYSICAL EXAMINATION

DATE OF EXAM.	HEIGHT	WEIGHT AVERAGE	WEIGHT MAXIMUM	WEIGHT PRESENT	TEMPERATURE	PULSE	BLOOD PRESSURE
27 July 67	5'7"			145		76	126/70

INSTRUCTIONS. —Describe (1) General Appearance and Mental Status; (2) Head and Neck (General); (3) Eyes; (4) Ears; (5) Nose; (6) Mouth; (7) Throat; (8) Teeth; (9) Chest (General); (10) Lungs; (11) Cardiovascular; (12) Abdomen; (13) Hernia; (14) Genitalia; (15) Rectum; (16) Prostate; (17) Back; (18) Extremities; (19) Neurological; (20) Skin; (21) Lymphatics.

Gen Here is a w/d w/m in no acute distress. Alert & oriented x3

Integument good hydration. no lesion

HEENT normocephalic

PERRL EOMs intact Fundi WNL

Tm's & injection

Pharynx & injection. Teeth good hygiene

neck no masses. supple

Chest no asymmetry. lungs clear

PP & A

CVS S1 S2 physiologic. no murmur or rub. reg. rhythm

ABD soft. scaphoid. no masses

LKQS } 0 < tenderness

BS. normal

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)

[redacted] R003SVSLT Pf
8243J26 RAL5953470

REGISTER NO.

WARD NO.

PHYSICAL EXAMINATION
Standard Form 506
506-104

•flli.' LIONS Oii'i
■ WARD 5 w'EST

7 27 f>7

PHYSICAL EXAMINATION

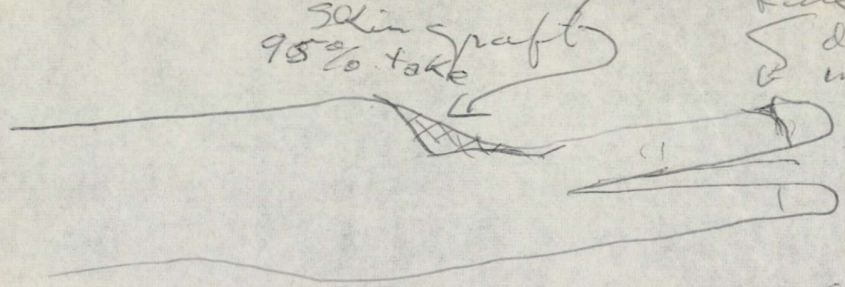
G4 normal circumcised ♂ adult.

testes ↓↓ 5 mons

Rectal prostate no abnormalities

Back ROM good

Ext Amputation of thumb, index & long finger c̄ absence of the complete thumb & index ray.



Sensation normal over all but radial side of ring finger & scarred & graft sites.

ROM's wrist - ext 0°
flexion 25°

Ring finger - no motion at MP, ⅓ PIP on flex; ⅓
joints
little finger - MP 40°
PIP - 25°
DIP - normal.

Dr Mock

Neuro normal
neurological

INITIAL IMPRESSION

Imp traumatic Amputation thumb, index & long fingers

SIGNATURE OF PHYSICIAN

W. H. Newton cpt MC

U.S. GOVERNMENT PRINTING OFFICE: 1966-0 —210-140

Standard Form 509,
(Rev. Atigirst 1954')
Bureau of the Budget
Circular A-32

CLINICAL RECORD | DOCTOR'S PROGRESS NOTES
(Sign all notes')

DATE

28 July 67 Admission Note:

19 yr old. sustained a transverse loss of thumb, Index & long fingers at hand. The wounds were debrided & closed. He now has sensation however stiffness of the ring because of a K-wire down the shaft of the prox phalanx.

Plan - to remove the pin & start him on an aggressive P.T program.

[illegible]

29 July 67. Staff Conference

Pt presented to the monthly staff Conference. opinion was to remove the pin from the ring finger & begin them on Rom both active, passive & ¯ splints to get the fingers moving.

Once motion is achieved then fashioning some type of post

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility) | REGISTER NO. | WARD NO.

[redacted] ROOSEVELT Pi
d213J2b RA159 347b

DOCTOR'S PROGRESS NOTES
Standard Form 509
509-106

•flTZi lMONS GIT*
WARD 5 wEST *
< 7 27 67

DOCTOR'S PROGRESS NOTES
(Sign all notes')

DATE

for a thumb will be necessary.

[illegible]

31 July — Off Service note

19 yo USN c amputation of thumb, index & long fingers (R) hand subsequent to explosion of detonator cap of Claymore mine 18 June 67. All wounds closed. Has good sensation (R) hand & remaining fingers. Stiffness at wrist MP & PIP joints because of K wire fixation. Plan is removal of fixation pin & test for stability of Fx of prox phalanx. If not stable crossed K wires exclusive of the joints are to be used. Needs intensive PT & OT to gain useful motion of fingers. W/U 4 months off duty

1 Aug 67 — Pin to be removed in Surgery
Parsons

BEST COPY

Standard Form 509
(Rev. August 1954)
Bureau of the Budget
Circular A-32

CLINICAL RECORD	DOCTOR'S PROGRESS NOTES (Sign *all notes*)
DATE	
2 Aug 67	Pre Op - Note 19 y/o who sustained amputation of (R) thumb, index & long fingers 2° to claymore mine on 15 June 67. Has a k-wire present in the ring digit which we plan to remove tomorrow. Urine, blood + chest OK for surgery.
8 Aug 67	Hand Conf: Has MP motion now. Going to PT + OT for ROM of MP joint. Parsons
15 Aug 67	Sutures removed this AM wound looks good.
15 Aug 67	Hand Conference: Hand has good sensation. Increased ROM of PIP joint. Patient happy c̄ result so far. Parsons

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name- last, first, middle, pital or medical facility)

RC Ro,Br5_ MOOSEm T "
3 AA15955476

REGISTER NO.

WARD NO.

DOCTOR'S PROGRESS NOTES
Standard Form 509
509-106

.nss lavas vox
W WARD 5 WEST H 2 8 67

BEST COPY

MED 2 DETM
ROOSEVELT BLD

DOCTOR'S PROGRESS NOTES
(Sign all notes')

DATE [redacted]

22 Aug — Hand Conference:

H? joint motion is most important. Prehension has been discussed c̄ the ring finger by pollicesizing it. A glove c̄ prosthetic thumb post for prehension c̄ little finger.

ROM of MP joint ring finger = S/ 35

Good sensation in both digits

Parsons

24 Aug 47 — Hand Conf. Note.

4th finger is quite stiff which raises question of ever using it pollicesation. c̄ to go on leave

R A Jol Capt MC

3 Oct 47 — Hand Conf

Recommended arthrodesis

4th finger - PIP joint. M. Johnson Capt MC

10 Oct — Hand Conf

Same recommendation as 3 Oct

M. Johnson Capt MC

U.S. GOVERNMtW PRINTING OFFICE : 1961 O—582SS2

DOCTOR'S PROGRESS NOTES
Standard Form 509
(Reverse)

Standard Form 509
(Rev. August 19,54)
Bureau of the* Budget
*Circular A-32

CLINICAL RECORD | DOCTOR'S PROGRESS NOTES
(Sign all notes)

DATE

10 Oct 67 Pre op note:
19 y/o male sustained
mine wound to R hand June 67
c̄ traumatic amp of thumb
lAa fad' + long fingers. Has thumb
prosthesis. Has ankylosis of
PIP of ring finger in poor position
for opposition. Scheduled for
repositioning arthrodesis.
No other problems.
Steinberg

[itkh'i Op Note:
(Si p: Osteotomy + arthrodesis 650
of £12 ring finger
Surg Col Brown
Trimble
Steinberg
Anesth - Gen
K wires - (3)
Steinberg

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name —last, first, middle; grade; date; hospital or medical facility)

REGISTER NO.

WARD NO. 5 WEST

DOCTOR'S PROGRESS NOTES
Standard Form 509
509-106

[redacted] ROOSE¥£LT 171
3243026 DA [ROC D *76

BEST COPY

DOCTOR'S PROGRESS NOTES
(.Sign all notes)

DATE

Hand <1&J

1 G Otl&L 1 wk post op from 12° osteotomy. Doing

[xxXt ____; ____ V ____ /

W B Wallington

30 Oct 67 Hand Conf
Good results c the arthrodesis
M Johnson Capt MC

6 Nov 67 ~~Hand Conf~~ 4 wks post op -
active ROM 0/50 - to wrist cuff c
hook & rubber band to ↑ ROM

O Brown

13 Nov 67 Hand Conf
due for discharge.

O Brown Capt USAF

20 Nov Ready for board. Stanley

3 Dec 67 Home for convalescent leave
Mills

15 Jan 68 Awaiting completion of board.
Mills

U.S. GOVERNMENT PRINTING OFFICE : 1961 0—582552

DOCTOR'S PROGRESS NOTES
Standard Form 509
(Reverse)

Standard Form 509-
(Rev. August 1954)
Bureau of the Budget
Circular A-32

CLINICAL RECORD

DOCTOR'S PROGRESS NOTES
(Sign all notes')

DATE	
22 Jan 68	Continues to regain strength. [illegible]
30 Jan 68	Still awaiting board. [illegible]
7 Feb 68	No change. [illegible]
14 Feb 68	Board dictated in presence of the patient. B. [illegible] MD

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For *typed or written entries give: Name—last, first, middle; rade; date; hospital or medical facility)*

[redacted] ROOSEVEL? PFCf

8Z4JU26 RA15958476

FITZSIMONS GH
WARD 5 WEST

REGISTER NO.

WARD NO.

DOCTOR'S PROGRESS NOTES
Standard Form 509
509-106

DOCTOR'S PROGRESS NOTES

(Sign all notes')

DATE	

U.S. GOVERNMENT PRINTING OFFICE : 1961 0—582552

DOCTOR'S PROGRESS NOTES
Standard Form 509
(Reverse)

BEST COPY

Standard- Form 511
Rev. August 1956
Bureau of the Budget
• Circular A-32

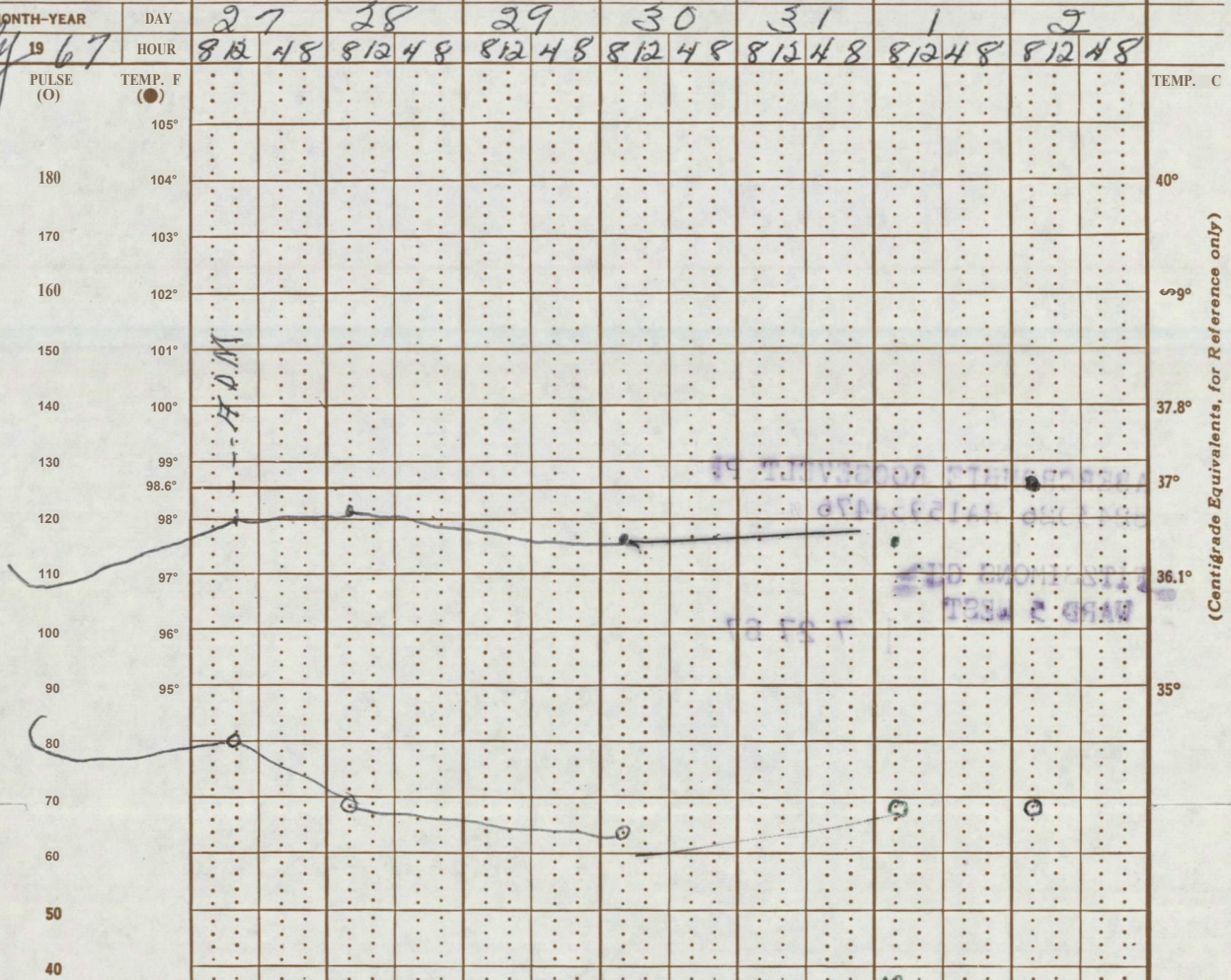
U.S. GOVERNMENT PRINTING OFFICE : 1961 0—614284

CLINICAL RECORD

TEMPERATURE—PULSE—RESPIRATION
FAHRENHEIT

HOSPITAL DAY	adm		1		2		3		4		5		6	
POST- DAY														
MONTH-YEAR / DAY	July 19 67 / 27		28		29		30		31		1		2	
HOUR	8 12	4 8	8 12	4 8	8 12	4 8	8 12	4 8	8 12	4 8	8 12	4 8	8 12	4 8

PULSE (O) — TEMP. F (●)



RESPIRATION RECORD	18		16				16				18		18	
BLOOD PRESSURE	124/90													
HEIGHT: 5'11" WEIGHTS	150													

Record special data only when so ordered

PATIENT S IDENTIFICATION (For *typed* or *written* entries give; *Name —last, first, middle; &rade; date; hospital or medical facility*)

REGISTER NO. 8243026

WARD NO. 5W

[redacted] ROOSEVELT Pf
6243J26 3A15953476

gjJJJ lMQNS GUV
WARD 5 WEST

7 27 67

TEMPERATURE— PULSE— RESPIRATION
FAHRENHEIT
Standard Form 511
511-108-01

BEST COPY

j A SA Gj

Sf TJ.S2IWOM2 G1Tx

[redacted] .J.u b:

7 27 67

*■ J.S3M t KJHVM '
XflD ENONIrWf*

9tV?^c tSTVV; 93CSV2P
id iT2A2£00U 2I0WOHDU36V

BEST COPY

Standard Form 511
Rev. August.195G
Bureau of the Budget
Circular A—32

U.S. GOVERNMENT PRINTING OFFICE : 1961 0—614284

CLINICAL RECORD

TEMPERATURE—PULSE—RESPIRATION
FAHRENHEIT

HOSPITAL DAY	7	8	9	10	11	12	is
POST- DAY	Pos.						
MONTH-YEAR / DAY	3	4	5	6	7	8	9
Aug 19 67 / HOUR	8 12	8 12	8 12	8 12			

PULSE (O) / TEMP. F (●): 105°, 104°, 103°, 102°, 101°, 100°, 99°, 98.6', 98°, 97°, 96°, 95'

PULSE: 180, 170, 160, 150, 140, 130, 120, 110, 100, 90, 80, 70, 60, 50, 40

TEMP. C: 40°, 38.9°, 37.8°, 37°, 36.1°, 35°

(Centigrade Equivalents, for Reference only)

RESPIRATION RECORD: 16 16 16 18 16

Record special data only when so ordered

BLOOD PRESSURE

HEIGHT: WEIGHT-}

PATIENT'S IDENTIFICATION (For typed or written entries give: Name —last, first, middle; grade; date; hospital or medical facility)

REGISTER NO. 82 y 302c

WARD NO. <5 st

TEMPERATURE—PULSE—RESPIRATION
FAHRENHEIT
Standard Form 511
511-108-01

[redacted] ROOSSVBLT PPO
243J26 TA15?jJ476

4/1TZSIM0N3 GII
V HARD 5 ST *
29 7 67

BEST COPY

BEST COPY

Standard Form 511
Rev. August 1956
Bureau of the Budget
Circular A—32

U.S. GOVERNMENT PRINTING OFFICE : 1961 0—614284

CLINICAL RECORD

TEMPERATURE—PULSE—RESPIRATION
FAHRENHEIT

77
T27

HOSPITAL DAY	45	46	47	48	49	50	
POST- DAY		DOS	1	2	3	4	5
MONTH-YEAR / DAY	Oct 19 67 / 10	11	12	13	14	15	
HOUR	8 12 4	8 12 4	8 12 4	8 12 4	8 12 4	8 12 4	

PULSE (O) — TEMP. F (•)

105° 104° 103° 102° 101° 100° 99° 98.6° 98° 97* 96° 95°

180 170 160 150 140 130 120 110 100 90 80 70 60 50 40

TEMP. C 40 39 38 37 36 (Centigrade Equivalents, for Reference only)

RESPIRATION RECORD: 16 18 18 24 24 32 32 28 20 18 18 18 18

Record special data only when so ordered

BLOOD PRESSURE

HEIGHT: | WEIGHT-*

PATIENT'S IDENTIFICATION (For typed or written entries give: Name— last, first, middle: grade; date; hospital or medical facility)

REGISTER NO.

WARD NO. 5 WEST

TEMPERATURE— PULSE— RESPIRATION
FAHRENHEIT
Standard Form 511
511-108-01

[redacted] ROOSEVELT TF(
1 4 t o DATCnenA

BEST COPY

Disc fS' Mar 68

Standard Form 511
Rev. August 19.56
Bureau of the Budget
Circular A—32

U.S. GOVERNMENT PRINTING OFFICE : 1961 0—614284

CLINICAL RECORD

TEMPERATURE— PULSE—RESPIRATION
FAHRENHEIT

HOSPITAL DAY	52	53	54	55	56	57	58	59	60
POST- DAY	-V-	7	8	9	10	11	12	13	14
MONTH-YEAR / DAY	-L4-	18	19	20	21	22	23	24	25
Oct 1967 / HOUR	8	8	8	8	8	8	8	8	8

PULSE (O) — TEMP. F (•) — TEMP. C

105° 104° 103° 102° 101° 100° 99° 98.6° 98° 97° 96° 95°

180 170 160 150 140 130 120 110 100 90 80 70 60 50 40

40° 38.9° 37.8° 37° 36.1° 35°

(Centigrade Equivalents, for Reference only)

RESPIRATION RECORD: 8 18 18 20 19

Record special data only when so ordered

BLOOD PRESSURE

HEIGHT: WEIGHT-i

[redacted] (If typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)

REGISTER NO.

WARD NO. 5 WEST

TEMPERATURE—PULSE—RESPIRATION
FAHRENHEIT

Standard Form 511
511-108-01

8474

ROOSEVELT FP!

3243026 NA150FP

FILE SIMONS GH
WARD 5 WEST

id in »«

BEST COPY

P

Standard Form 513
Rev. August 1954
Bureau of the Budget
Circular A—32

U. S. GOVERNMENT PRINTING OFFICE : 1966 O - 226-405

CLINICAL RECORD — CONSULTATION SHEET

REQUEST

TO: PT

FROM: (Requesting ward, unit, or activity) 5 West Y-----

DATE OF REQUEST 10 Aug

REASON FOR REQUEST (Complaints and findings)

/IP , ?/p , active and active assistive for both remaining digits

PROVISIONAL DIAGNOSIS

Amp thumb, 2nd + 3rd fingers (R) hand

DOCTOR'S SIGNATURE D. Parsons

APPROVED

PLACE OF CONSULTATION Qbedside Qoncall

[7] EMERGENCY ☐ ROUTINE ✓

CONSULTATION REPORT

10 Aug. 67: Active and Active assistive ex to all joints of remaining digits, rt hand.

1340
Capt Castellow

DOP

(W)

(Continued on reverse side)

SIGNATURE AND TITLE [illegible], Lt Col

DATE

IDENTIFICATION NO.

ORGANIZATION

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)

[redacted]

A[redacted] ROOSEVELT PFO

RA15953476

REGISTER NO.

WARD NO.

CONSULTATION SHEET

[redacted]

513-104

I' a. * SIMONS c.2

WARD 405

8 in 6"J

B___

BEST COPY

Standard Form 514
Rev. August 1954
Bikreau of the Budget
Circular A-32 (Rev.)

U.S GOVERNMENT PRINTING OFFICE : 1963 0-712-660

CLINICAL RECORD | LABORATORY REPORTS

ATTACH 3D REPORT ALONG HERE AND SUCCEEDING ONES ON ABOVE LINES

ATTACH 2□ S 3□ SITH TOP AT THIS LINE ↑

A VC 1ST PEN AT ALONG M VAUN WITH TOP AT THIS LINE ↑

ATTACHING MARGIN

ATTACH ALL TEST REPORTS TO THIS SHEET

PATIENT'S IDENTIFICATION (For typed or written entries give: Name —last, first. middle; grade; date; hospital or medical facility)

REGISTER NO.

WARD NO.

[redacted] ROOSEVELT Pt
B243J26 RA15?dd47b

LABORATORY REPORTS
Standard Form 514
514-106

ITZ.'L'iQuS GH
WARD 5 wEST *

7 27 67

BEST COPY

BEST COPY

[redacted], ROOSEVELT FPC

82 3026 xkx RA15958476

REGISTER OR UNIT NO. | WARCL O. 4U5 | BED PATIENT / AMBULATORY

aaajiFSjTra by AND DATE | DATE COLLECTED

JtSxeinberg C tyMC 15 Nov 67

CLINICAL DATA

FOR PEB

PATIENT'S LAST NAME -----FIRST NAME -----MIDDLE NAME

W.B.C.	8000	R.B.C.		
DIFFEWENTIAL COUNT		HEMATOCRIT	48	
NEUTROPHILES	• dT/	HEMOGLOBIN		
BLASTS		BLEEDING TIME		
MYELOCYTES		COAGULATION TIME.		
BANDS		BLOOD MORPHOLOGY; REMARKS		
LYMPHOCYTES	0			
MONOCYTES				
EOS1NOPH1LES	/			
BASOPHILES				
PLATELETS				
SEDIMENTATION RATE				
C.S.R.				

DATE OF REPORT 16 NOV 67 | signature (Specify Lab. if not part of requesting facility)

NAME OF MEDICAL FACILITY

Fitzsimons GH, Denver, Colo

Standard Form 514-B—Rev. June 1959.
Bureau of the Budget Circular A-32

C58—16—56274-6

HEMATOLOGY

ntwiMiULUUi

514-308

BEST COPY

[redacted], ROOSEVELT FPC

82 3026 RA15958476

Fitzsimons GH, Denver, Colo

REGISTER OR UNIT NO.

WARD NO. 405

☐ BED PATIENT

☐ AMBULATORY

REQUESTED BY S. Steinberg, Capt, MC

DATE OF REQUEST 15 Nov 67

DATE, TIME, AND METHOD OF COLLECTION

Fo K P*tb

PATIENTS LAST NAME-FIRST NAME-MIDDLE NAME

COLOR-APPEARANCE	Yellow hazy
REACTION	ACID
SPECIFIC GRAVITY	1.025
ALBUMIN	NEG
SUGAR	NEG
ACETONE	NEG
BILE	

MICROSCOPIC REMARKS

It amt muc threads
few epith cells
0 - 2 WBC's HPF
It amt amorph matter

DATE OF REPORT Nov 16, 67

SIGNATURE (Specify Lab. if not part of requesting facility)

NAME OF MEDICAL FACILITY

514-208

Standard Form 514-A—Rev. June 1959.
Bureau of the Budget Circular A-32

GPO c58 16—56268-6

URINALYSIS

BEST COPY

[redacted] ROOSEVELT FPC

8243026 RA15958U76

REGISTER OR UNIT NO.

WARD NO. Z05 I—[BED PATIENT Q AMBULATORY

REQUESTED BY 4NE JZVE S. Steinberg

S.Steinberg, C>t,MC

DATE COLLECTED 15 Nov 67

CLINICAL DATA

FOR FEB

PATIENT'S LAST NAME -----FIRST NAME -----MIDDLE NAME

Qroutine FLOCCULATION Q ROUTINE COMPLEMENT FIXATION Q OTHER (Specify)

REPORT

CAnDIC MICRO FLOCC

HON-REACTIVE

»OHN G POPOVICH CAPT H

t UTp ' CLINICAL PATH

DATE OF REPORT signature (Specify Lab. if not part o. re- requesting facility)

NAME OF MEDICAL FACILITY

* I 24 t>8 Fitzsimons GH, Denver, Colo

Standard Form 514—C—Rev. June 1959.
Bureau of the Budget Circular A-32

GFOs 1961 -----579672

S.T.S.

514-406

BEST COPY

Aber

Pre-op

[redacted] ROOSEVELT FFf

J243026 RA159584 "6

REGISTER OR UNIT NO.

WARD NO. Q BED PATIENT

5 4<j4k30 AMBULATORY

REQUESTED BY ND DATE

Dr. Steinberg 10 oct

DATE COLLKCTE1

CL NICAL DATA

PAT1EN LAST NAME FIRST NAME MIDDLE NAME

W.B.C.	9,600	R.B.C.			
Differential Count		HEMATOCRIT	47 %	RA	
NEUTROPHILES	49	HEMOGLOBIN			
BLASTS		BLEEDING TIME			
MYELOCYTES		Coagulation Time			
BANDS		BLOOD MORPHOLOGY; REMARKS			
LYMPHOCYTES	48				
MONOCYTES					
EOSINOPHILES	3				
BASOPHILES					
PLATELETS					
Sedimentation Rate					
C.S.R.					

WARD 405 10 OCT

1967 OCT 10 AM 58

OCLIOfo oSFtiW

signature (Specify Lab. if not part of

NAME OF MED! CO[illegible]IL IT

Capt Clinical Pathology

Chief,

Standard Form 514-B—Rev. June 1959.
Bureau of the Budget Circular A-32

☆ U. S. GOVERNMENT PRINTING OFFICE: 1964—721-130

HEMATOLOGY

514-308

5

BEST COPY

i [redacted] ROOSEVELT IFC

<243026 RA159S£4?6

Pre-op

REGISTER OR UNIT NO. | WARD NO. 5W | ☐ BED PATIENT ☐ AMBULATORY

REQUESTED BY Dr. Steinberg MA | DATE OF REQUEST 10 Oct

DATE, TIME, AND METHOD OF COLLECTION

FITZSIMONS GH
WARD 405
10 10 67

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME

COLOR-APPEARANCE	yellow clear
REACTION	acid
SPECIFIC GRAVITY	1028
ALBUMIN	neg
SUGAR	neg
ACETONE	neg
BILE	neg

MICROSCOPIC: REMARKS

light mucous

JOHU vr. PUPOWICH

DATE OF REPORT OCT 10 1967 | SIGNATURE (Specify lab. Mnlf part of given) Clinical Pathology

NAME OF MEDICAL FACILITY

Standard Form 514-A—Rev. June 1959.
Bureau of the Budget Circular A-32

GPO c58--16—56268-6

URINALYSIS

BEST COPY

[redacted] HOOSeVSLT
. C1243J26 U15953476

FITZSIMONS GH

FNAW « BEST , 7 27 8 7

#1

REGISTER OR UNIT NO.	WARD NO.	☐ BED PATIENT ☐ AMBULATORY
	SW	

REQUESTED BY AND DATE	DATE & TIME COLLECTED
B. Martin	2130 29 July 67

CLINICAL DATA
Viet nam
amg ⊗ 1st 3 fingers

PATIENT'S LAST NAME-FIRST NAME-MIDDLE NAME

APPEARANCE			
CONSISTENCY			
BLOOD-GROSS			
OCCULT			
PUS			
MUCUS			
BILE			
✓ OVA AND PARASITES			

REMARKS
wt m

?? OVA OR PARASITES SEO IN CONCENTRATION OR DIRECT SMEAR OF SPECIMEN RECEIVED.

DATE OF REPORT	SIGNATURE (Specify Lab. if not part of requesting facility)
JUL 28 1967	JOHN G. POPOWICH

NAME OF MEDICAL FACILITY MC

S&iaf a uliiical Potholes?-

Standard Form 514-G - Rev. June 1959.
Bureau of the Budgo' Circ vlor A—32

GPO C58 - 16 - 56912 - 6

FECES

BEST COPY

#1

[redacted] R003EVEL?
££41386 15933476

FITZSIMONS GH
WARD 5 WEST
7 27 67

REGISTER OR UNIT NO.

WARD NO. 5W

☐ BED PATIENT
☐ AMBULATORY

REQUESTED BY AND DATE
Dr. Martin

DATE AND TIME COLLECTED
28 July 67

CLINICAL DATA
Viet Nam
amp (R) 1st 3 fingers

PATIENT'S LAST NAME–FIRST NAME–MIDDLE NAME

SPECIMEN AND SOURCE
Blood

EXAMINATION REQUESTED
Malaria Smear

RESULT
No Malarial Parasites Found

1967 JUL 23 AM 10 20

JOHN G. POPOWICH
Capt
MC
Clinical Pathology

DATE OF REPORT
JUL 28 1967

SIGNATURE (Specify lab. if MC part of hospital, or other)

NAME OF MEDICAL FACILITY

514-140

Standard Form 514 —M—Rev. June 1959.
Bureau of the Budget Circular A-32

GPO

MISCELLANEOUS

[redacted]

BEST COPY

[redacted] R0032VSLT *Pf*

8243026 RA15958476

FITZSIMONS GH

WARD 5 wEST

PATIENT'S LAST NAME—FIRST Kame-7io *XI* 67 NAME

REGISTER OR UNIT NO.	WARD NO.	Q BED PATIENT ☑ AMBULATORY
8243026	5W	

REQUESTED BY AND DATE	DATK COLLECTED
Dr. Martin 27 JULY	27 JULY

CLINICAL DATA

amp (R) 3 fingers

☑ ROUTINE FLOCCULATION 0 ROUTINE COMPLEMENT FIXATION Q OTHER (Speci/y)

REPORT

CXPDIO MICRO FLOCC
NUN-REACTIVE
JOHN G POPAVTnW CP K
CHIEF CLINICAL PATH

1967 JUL 27 PM 12 59

< 7 28 t

DATE OF REPORT	SIGNATURE (Specify Lab. if not part of requesting facility)

NAME OF MEDICAL FACILITY

781

514-408

Standard Form 514 —C—Rev. June 1959.
Bureau ol the Budget Circular A-32

gfo c58 —16 —56267-6

S.T.S.

BEST COPY

[redacted] ROOSEVELT
e£!43J26 R.U5933476

iJLTWWOM Gil*
4 WARD 5 WEST
* 7 27 67 M

#3

REGISTER OR UNIT NO. | WARD NO. SW | ☐ BED PATIENT ☐ AMBULATORY

REQUESTED BY AND DATE: Dr. Martin

DATE AND TIME COLLECTED: Aug 67

CLINICAL DATA: Viet Nam aug (12) 1st 3 fevers

PATIENT S LAST NAME-FIRST NAME-MIDDLE NAME

SPECIMEN AND SOURCE: Blood

EXAMINATION REQUESTED: Malaria Smear

RESULT: None Seen

1967 JUL 1 AM 7 8

JOHN G. POPOWICH
MC
Capt
Chief, Clinical Pathology

DATE OF REPORT: AUG 1 1967

SIGNATURE (Specify Lab, if not the requesting facility)

NAME OF MEDICAL FACILITY

Standard Form 514—M—Rev. June 1959.
Bureau of the Budget Circular A-32

GPO

MISCELLANEOUS

514-1406

BEST COPY

■JU41Z1

[redacted] RO03EVSLT P»

$243086 ftAL5?>a4?6

REGISTER OR UNIT NO.	WARD NO.	S bed patient / ambulatory
824302	w	☒

REQUESTED BY AND DATE	DATE AND TIME COLLECTED
=Ur. 30 Jul	

CLINICAL DATA

PATIENT'S LAST NAME—FIRST NAME-MIDDLE NAME

EXAMINATION REQUESTED: WARD 5 WEST

REPORT: Cxs + Colony Count

SPECIMEN AND SOURCE: Clean voided (1st) 7 67

ANTIBACTERIAL THERAPY: none

PRINE CULTURE NEGATIVE

AUG 1 1967

DATE OF REPORT

SIGNATURE (Specify Lab if ... of requesting ...)

JOHN G. POPOWTSH*
Capt MC
(Kief, Clinical Pathol

NAME OF MEDICAL FA...

Standard Form 514-K—Itev. June 1959.
Bureau of the Budget Circular A-32

BACTERIOLOGY

514-1210

* U.S. GOVERNMENT PRINTING OFFICE : 1965 •

BEST COPY

#2

[redacted] ROOSEVELT

6245.326 rt A15953476

REGISTER or unit no. ward nJ. q bed patient

ambulatory

FITZSIMONS GU
WARD 5 WEST
7 27 67

REQUESTED BY AND DATE
B. Martin

DATE AND TIME COLLECTED
31 July 67

CLINICAL DATA
Vrch nam
amp Orst 3 fingers

PATIENT'S LAST NAME–FIRST NAME–MIDDLE NAME

SPECIMEN AND SOURCE
Blood

EXAMINATION REQUESTED
malaria Smear

RESULT
None Seen

JUL 31 1967
7 39

DATE COMPLETED
JUL 31 1967

SIGNATURE (Specif Lab. if not part of reqi fQing tacilw 7)
POWICH
JOBS
Capt
Chief, Clinical Pathology

NAME OF MEDICAL FACILITY

514-1408

Standard Form 514—M—Rev. June 1959.
Bureau of the Budget Circular A-32

GPO

MISCELLANEOUS

BEST COPY

[redacted] R003IV2LT Pt
0845086 RA15?3d476

FITZSIMONS GU
WARD 5 WEST

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME

COLOR APPEARANCE	YELLOW-CLEAR
REACTION	ACID
SPECIFIC GRAVITY	1.025
ALBUMIN	0
SUGAR	0
ACETONE	0
BILE	

514-210

REGISTER OR UNIT NO. 8R43026
WARD NO. 5W
PATIENT: Ambulatory
REQUESTED BY Dr. Martin
DATE OF REQUEST 27 JULY
DATE, TIME, AND METHOD OF COLLECTION

MICROSCOPIC; REMARKS
Am/ Pte Tests
20-25 Epi. Cells
50-tf>W' 9c

JOE G1 POPOWICH MG
Capt JL\ F3
Chief Clinical Pathology

DATE OF REPORT M 27 gkF"
SIGNATURE (Specialty Dec. if not part of requesting) iOgJ U1
NAME OF MEDICAL FACILITY

1967 JUL 27 PM

Standard Form 514-A—Rev. June 1959.
Bureau of the Budget Circular A-32

URINALYSIS

BEST COPY

[redacted] ROOSEVELT Pt
S24 3J26 1A15953476

••jm-unotis guk *
WARD 9 i®T

REGISTER OR UNIT NO.	WARD NO.	☐ BED PATIENT ☑ AMBULATORY
8243026	5W	

REQUESTED BY AND DATE: Dr. Martin 27 JUL 4
DATE COLLECTED: 27 JUL 4
CLINICAL DATA: Amp (R) 3 fingers RUN

PATIENT'S LAST NAME -----FIRST NWeZ DMC NAME

W.B.C.	8,400	R.B.C.	
DIFFERENTIAL COUNT		HEMATOCRIT	42
NEUTROPHILES	55	HEMOGLOBIN	
BLASTS		BLEEDING TIME	
MYELOCYTES		COAGULATION TIME	
BANDS		BLOOD MORPHOLOGY; REMARKS	
LYMPHOCYTES	41		
MONOCYTES	4		
EOSINOPHILES			
BASOPHILES			
PLATELETS			
SEDIMENTATION RATE			
C.S.R.			

JOHN A. POPO MICH MG
DATE OF REPORT: JUL 27 1967
SIGNATURE (Specify Lab. if not part of reporting facility): Capt. Chief, Clinical Pathology
NAME OF MEDICAL FACILITY: 12 PM
tn

514-308

Standard Form 514-B---Rev. June 1959.
Bureau of the Budget Circular A-32

GPO 058-16—56274-6

HEMATOLOGY

[redacted]

BEST COPY

Standard Form 514
Rev. August 1954
Bureau of the Budget
Circular A-32 (Rev.)

U.S. GOVERNMENT PRINTING OFFICE ; 1963 0—712-660

CLINICAL RECORD | LABORATORY REPORTS

ATTACH 3D REPORT ALONG HERE AND SUCCEEDING ONES ON ABOVE LINES

ATTACH 2D REPORT WITH TOP AT THIS LINE ↑

ATTACH 1ST REPORT ALONG LEFT WITH TOP AT THIS LINE ↑

ATTACHING MARGIN

ATTACH All TEST REPORTS TO THIS SHEET

PATIENT'S IDENTIFICATION (For typed or written entries give: Name —last, first, middle; grade; date; hospital or medical facility)

WCROtfBTB BOOSRmT pro

-3026 HAl> o4?b

REGISTER NO.

WARD NO.

LABORATORY REPORTS
Standard Form 514
514-106

FITZSIMONS GU

bAftfr 5 WEST

2 R 67

BEST COPY

[redacted]

1243026 B

RETURN TO 5-W(FOR PEB)

REGISTER OR UNIT NO.	WARD NO.	☐ BED PATIENT ☐ AMBULATORY
	A05)	

REQUESTED BY AND DATE	DATE COLLECTED
S. Steinberg,Capt,MC 15 Nov 67	

JAMP WS Iji i-

FOR PEB

PATIENT'S LAST NAME ---FIRST NAME ---MIDDLE NAME

W.B.C.	8,000	R.B.C.		
differential amount		X HEMATOCRIT	48 vol %	
neutrophiles	51	HEMOGLOBIN		
BLASTS		BLEEDING TIME		
MYELOCYTES		COAGULATION TIME		
BANDS		BLOOD MORPHOLOGY; REMARKS		
LYMPHOCYTES	48			
MONOCYTES				
EOSINOPHILES	1			
BASOPHILES				
PLATELETS				
SEDIMENTATION RATE				

1967 NOV 16

JOHN G. POPOWICH
Cant MC

Specialty Lab, if not part of Clinical Pathology

wwgp?
NAME OF MEDICAL FACILITY

VI

zm 514-B—Rev. June 1959.
x the Budget Circular A-32

gpo C58—16—56274-6

HEMATOLOGY

BEST COPY

[redacted] ROOSSVELT FF(

RETURN TO 5-W(F0R FEB)

REGISTER OR UNIT NO. | WARD NO. | BED PATIENT | ambulatory

(405)

S. Steinberg mm

S. Steinberg,Capt,MC | DATE OF RtOUHT 15 Nov 6?

DATE, TIME, AND METHOD OF COLLECTION

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME

WARD 409

X	COLOR, APPEARANCE	yellow hazy
X	REACTION	Acid
X	SPECIFIC GRAVITY	1.025
X	ALBUMIN	neg
X	SUGAR	neg
X	ACETONE	neg
	BILE	

MICROSCOPIC: REMARKS

lt cnt muc threads
few epith cells
0-2 WBCs HPF -1
lt cnt amorph. matter JCB

JOHN V POPOWICH
Capt.

ho

DATE OF REPORT | SIGNATURE (specify requesting facility)

NOV 16 1967

NAME OF MEDICAL FACILITY

4
ka

Standard Form 514-A —Rev. June 1959.
Bureau of the Budget Circular A-32

GPO c58--16—56268-fi

URINALYSIS

BEST COPY

[redacted] ROOSEVELT PF(

3243026 [redacted]

RETURN TO -W(FOR PEB)

REGISTER OR UNIT NO.	WARD NO.	0 bed patient (AMBULATORY
	(H05	

r uejhw-by and date NOV & S. Steinberg. Capt.MC

DATE COLLECTED

CLINICAL DATA

FOR PEB

PATIENT'S L ME-RIRST NIAMEj-MIDoll LNAME

R1 routine flocculation ☐ routine complement fixation Q other (Specify)

REPORT

CA>c:c MICRO flocc

NON-RE aCI .VS r-

.'O'?; G FO7.WICH CAPT J(C

c',:::cal p.v;h

1967 NOV 6 AM

DATE OF REPORT sign tuX'e (Specify Lab. it not part of requesting facility)

NAME OF MEDICAL FAC yjT'

II f 7 07

Standard Form 514~-C---Rev. June 1959.
Bureau of the Budget Circular A-32

203 C58-16— 56267-6 S.T.S.

BEST COPY

Standard Form 516 - 4r 4b
Rev. Augui*. 1054
Bureau of the Budget
Circular A—32

☆ U. S. GOVERNMENT PRINTING OFFICE: 195S O—208-899

CLINICAL RECORD | OPERATION REPORT

PREOPERATIVE DIAGNOSIS

Traumatic injury, left hand

SURGEON	FIRST ASSISTANT	SECOND ASSISTANT
J. L. MORRIS, CPT, MC	DR CARTER	

ANESTHETIST	ANESTHETIC	TIME BEGAN / TIME ENDED
DR MORRIS	Xylocaine	1355

SURGICAL NURSE	INSTRUMENT NURSE	TIME OPERATION BEGAN	TIME OPERATION COMPLETED
Marshal 1	Blansett	1400	

OPERATIVE DIAGNOSES	drains (A'inrf and number)	SPONGE COUNT VERIFIED
Same	None	

MATERIAL FORWARDED TO LABORATORY FOR EXAMINATION

None

OPERATION PERFORMED

20864-03 Removal of K wire from right ring finger

DESCRIPTION of OPERATION (Tgpels) of suture used, gross findings, etc.)	MAJOR	MINOR	DATE OF OPERATION
Clean		X	3 Aug 67

Under local 2% Xylocaine injection and following a routine pHisoHex prep, a small incision was made over the proximal interphal angeal joint of the right ring finger. A small portion of bone was found and this was excised, showing the head of the proximal phalanx. The Kwire at this point was in evidence, however, was too far embedded in the bone, and could not be extracted properly. Attention was then turned to the dorsum of the distal portion of the 4th metacarpal, where an incision was made. This dissection was carried down onto the metacarpal, whereupon the K wire was found. The Kwire was pushed distally and then extracted at the region of the previous, initial incision over the proximal interphal angeal joint. The skin was then closed with interrupted 5"0 nylon and a compression dressing was applied. The patient was then returned to the ward in satisfactory condition.

SIGNATURE OF SURGEON: J. L. Morris / [illegible] JERRY L. MORRIS, CPT, MC

DATE

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)

[redacted], Roosevelt PFC
Fitzsimons General Hospital
Denver, Colorado

REGISTER NO. 824 3026

WARD NO. 5W Orthopedics

#49 dh/P

OPERATION REPORT
Standard Form 516
516-104-02

Standard Form 516
Rev. August 1954
Bureau of the Budget
Circular A—32

☆ U. S. GOVERNMENT PRINTING OFFICE: 1966 O—208-899

CLINICAL RECORD — OPERATION REPORT

PREOPERATIVE DIAGNOSIS

Ankylosis, PIP joint, right ring finger

SURGEON	FIRST ASSISTANT	SECOND ASSISTANT
P. W. BROW, COL, MC	S. R. STEIN.BERG, OPT, MG	F. O. TRIMBLE, MD

ANESTHETIST	anesthetic	TIME BEGAN / TIME ENDED
Dr. Bissonnette	Supraclavicular block; Fluo-thane; N20+02; Semi-closed/Nksk	0920 / 1010

SURGICAL NURSE	INSTRUMENT NURSE	TIME OPERATION BEGAN	TIME OPERATION COMPLETED
Mrs* Fowler		0935	1005

OPERATIVE DIAGNOSES	DRAINS (Kind and number)	SPONGE COUNT VERIFIED
Same	None	

MATERIAL FORWARDED TO LABORATORY FOR EXAMINATION

None

OPERATION PERFORMED

2456-57 Arthrodesis, PIP joint, right ring finger

DESCRIPTION OF OPERATION (Type(s) of suture used, gross findings, etc.)	MAJOR	MINOR	DATE OF OPERATION
CLEAN		X	11 Oct 67

Under routine pHisoHex prep and drape and tourniquet ischemia, a longitudinal dorsal incision -was made over PIP joint of the right ring finger and the underlying extensor mechanism split longitudinally* The collateral ligaments were excised from the joint and the joint resected with a reciprocating saw. Preoperatively, the joint was fixed at 75 degrees. After resection of the joint, the position was then 62 degrees. The joint was transfixed with three nonparallel Kirschner wires after the middle phalanx was rotated approximately 10 degrees in a radial direction. A dorsal slot was cut across the joint and this was packed with chips of cancellous bone which had been removed with the joint resection. The extensor mechanism was closed with interrupted 4-0 plain catgut sutures. The skin was closed with interrupted 4-0 nylon sutures. The wound was covered with Zerofoam gauze and a dry pressure dressing applied and the tourniquet removed from the extremity.

SIGNATURE OF SURGEON	DATE
PAUL W. BROWN, COL,/fi	18 Oct 67

PATIENT'S IDENTIFICATION (or type or kjjften entries give :/Name —last, first, ri iddj r grade , date; hospital or qnedical facility)	REGISTER NO.	WARD NO.
[redacted] Roosevelt PFC [redacted]	8243026	5W (Ortho)
Fitzsimons General Hospital, Denver, Colorado 80240	djd #105	

OPERATION REPORT
Standard Form 516
5! 6 104-02

Standard Form 517
Rev. July 11)59
Bureau of the Budget
Circular A—32 (Rev.)

CLINICAL RECORD — ANESTHESIA

Jd 3o

ANESTHETIC(S1) 845 0900 CW /rt-eo HOUR HQ0

INDUCTION ✓
SATIS
UNSATIS AND WHY.

FLUOTHANE %2-4-15
N_2O L3-2
OXYGEN L3-2
CO2 ABSORP. on

LEVEL OF ANAL-ANES. 4-L 4-i 4-i 4-4 1-1. 4-1 4-4

CODE
• PULSE
O RESP.
X -
X ANES.
© OPER.
T TOURN.

FLUIDS
B BLOOD
N SALINE
G 5% G/W
DX EXPAND.

220 200 180 160 140 120 100 80 60 40 20

To Recovery Ward in good condition tr. to stretcher ? shaking
B.P. 132/118
P. 96
R. 20

NUMBERS FOR REMARKS: X P ⊗ T↑ ⊙ ⊗

IV FLUIDS: 1000 G5W

POSITION: Supine

REMARKS
X - Block in
P - Surg Prep
⊗ atropine 2 mgm IM + N
⊗ - Start Genl Anesth.
T↑ 0926
⊙ Incision
11' 1001
Tourn X 42 min
⊗ End Surg
App. of Dressing

Pre Op meds
Demerol 50 mgm IM @ 0750

AGENTS AND TECHNIC?
Xylocaine 1.5% c̄ 1:200,000 epinephrine 30 cc
Supra Clavicular block
Sodium Pentothal 250 mgm
$N_2O + O_2$ + Fluothane S.C./mask

ENDOTRACHEAL: SIZE ____ BLADE ____ ORO ____ NASO N/A CUFF ____ PACK ____
REMARKS:

RECOVERY
REFLEX IN O.R.
EMESIS
ASPIR.
EXCITEMENT
HYPOTENSION
OTHERS

OPERATION PERFORMED: Arthrodesis of ⊗ ring PIP joint

TOTAL FLUIDS: D5U 450 cc in O.R. IC d.

NAME(S) OF SURGEON(S): Drs: Brown, Steinberg, Trumbell

Bissonnette Capt MC
Signature of Anesthetist.

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)

REGISTER NO. I? 14 3 021 WARD NO. 5 WEST DATE //Qc-T 6,7

A [redacted] ROOSEVELT FF<
">Od noP Dat rnrq3 a

FITZSIMONS GEN HOSP
DENVER, COLO. 80240

ANESTHESIA
Standard Form 517
517-107

BEST COPY

' P'fttAMtSTHETPIC SUMMARY

OPERATION PROPOSED	AGE	WEIGHT (LBS.)	SPECIAL INFORMATION
Arthrodesis PIP joint (4) hand	19	138	

PHYSIC AL STATUS

Cl/ 2 3 4 5 6 7

URIfJALYSIS	HEMATOLOGY	BLOOD CHEMISTRY
normai U rX7. ---------- abnormal and why?	HGB RBC .... Hfr-Z C/ ... OTHER	

RESPIRATORY SYSTEM	CIRCULATORY SYSTEM	CENTRAL NERVOUS SYSTEM	OTHER SYSTEMS
(X-RAY. ASTHMA. OTHER PATHOLOGY) C ?i~ f.lm-nl Le —\s d to BTA	w 1.40/1/8 puls § ? : . V C ECG (IF PERTINENT) A) 5 $ C None «1	(Cerebrovascular, polio, neurological) 'fk &K/S cL sease	(ALLERGIES) None known ~~allergies~~

PREVIOUS ANESTHETICS AND COMPLICATIONS	PRESENT DRUG THERAPY; E.G.. STEROIDS. TRANQUILIZERS
/ / 6 Complicat -T'.. '/	• / K — - ■ > \ vA i L •/ \iV

PREOPERATIVE DIAGNOSIS	PREMEDICATION

SIGNATURE OF EVALUATING PHYSICIAN	DATE
M. Johnson Jr. MD	10 Jr 6.7

POSTANESTHETIC VISITS X ■

RECORD ALL PERTINENT COMPLICATIONS

// Qcf' k1 Hart. VS Stable. May return to wd.

Y. Fountaine / fine

♦»**, rJ'*- J —.....

* U.S. GOVERNMENT PRINTING OFFICE : 1961 0—587867

BEST COPY

'Standard Form 519
Rev. August 1954 •
Bureau of the
Budget Circular A-32

U.S. GOVERNMENT PRINTING OFFICE 1964 0-716-468

CLINICAL RECORD	RADIOGRAPHIC REPORTS

ATTACH 3D REPORT ALONG HERE AND SUCCEEDING ONES ON ABOVE LINES

ATTACH 2D REPORT WITH TOP AT THIS LINE ajv

ATTACH 1ST REPORT ALONG LEFT MARGIN WITH TOP AT THIS LINE ajv

ATTACHING MARGIN

PATIENT'S IDENTIFICATION)For typed or written entries give : Name— last, first, middle; grade; date; hospital or medical facility)

[redacted]

[redacted]

[redacted]

Standard Form 519
519-106

[redacted]

7 27 67

BEST COPY

OL

RETURN TO TO 405 (FOR PEB)

[redacted]

REGISTER NO.	WARDNO.
	U05

AGE	SEX	(Check one)
19	M	BEDSIDE. WHEELCHAIR. OR STRETCHER / AMBULATORY

EXAMINATION REQUESTED

PA OF CHEST

REQU JiY, Bruce Miller

Dr. Miller

DATE OF REQUEST

24 &TAn 68

1968 JAN 24 p/w / 5g

) A ce jl j honical imprinting, if ise d).

PERTINENT CLINICAL HISTORY. OPtRATIOWS. R ?IC?W?MNDINGS, AND PROVISIONAL DIAGNOSIS

FOR PEB (Amp. rt thumb & tip of index & middle finger

FILM no. 2137 mlh

DATE OF REPORT

RADIOGRAPHIC REPORT

25 Jan 68

CHEST: Other than calcific changes of granulomatous, disease on the left no other abnormality is seen.

L. M. HURWITZ, CRT, MC

SIGNATURE: (Specify location of laboratory if not part of requesting facility/

"EITZ GEN HOSP'

NAME OF HOSPITAL OR OTHER MEDICAL FACILITY

Standard Form 519A (Rev. Aug. 1954)
Promulgated by Bureau of the Budget
Circular A-32 (Rev.)

RADIOGRAPHIC REPORT
519-206

[redacted]

BEST COPY

Films

RETURN TO 5-W (FOR PEB)

PATIENT'S LAST NAME FIRST NAME MIDDLE NAME

[redacted]

REGISTER NO.

WARDNO. (E05)

AGE 19 | SEX M | (Check one) [ ] BEDSIDE, WHEELCHAIR, OR STRETCHER [ ] BED PATIENT [X] AMBULATORY

EXAMINATION REQUESTED

AP & LATERAL, RIGHT HAND

REQUESTED BY S. Steinberg, Oapt,MC

DATE OF REQUEST 15 Nov 6?

1967 NOV 15 PM 3 DO

WARD 405

(Use space for mechanical imprinting, if used)

PERTINENT CLINICAL HISTORY, OPERATIONS, PHYSICAL FINDINGS, AND PROVISIONAL DIAGNOSIS

FOR PEB

Traumatic amputation, thumb & long finger, rt. hand

FILM NO. 142137

DATE OF REPORT

RADIOGRAPHIC REPORT

Surgical amputations as previous. 3 Metallic pins are seen across the prox I-P joint of the Ring finger. There is false motion at the osteotomy site of the distal shaft of the prox. phalanx

SIGNATURE (Specify location of laboratory if not part of requesting facility)

"FITZ GEN HOSP"

NAME OF HOSPITAL OR OTHER MEDICAL FACILITY

"WEI READING"

Standard Form 519A (Rev. Aug. 1954)
Promulgated by Bureau of the Budget
Circular A-32 (Rev.)

RADIOGRAPHIC REPORT
519-205

BEST COPY

READING"

A Bercombie

PATIENT'S LAST NAME — FIRST NAME — MIDDLE NAME

[redacted]

REGISTER NO. OR in AM

WARD NO. 5-West

AGE 19 | SEX M | (Check one) BEDSIDE, WHEELCHAIR, OR STRETCHER | BED PATIENT | AMBULATORY

EXAMINATION REQUESTED P A of Chest

REQUESTED BY Dr. Steinberg | DATE OF REQUEST 10 Oct.

V c£ 10 PM |2 59

(Above spacebar mechanical imprinting, abused)

ihi hiili MiCI Oi . OPERATION , Pp|t$ICAL$FuJdiN*Si*AND PROVISIONAL DIAGNOSIS 07

Amp. (R) thumb & tip of index & middle fingers.

flI V 7 /3 7 rmt

RADIOGRAPHIC REPORT

DATE OF REPORT

10-10-67

CHEST: Normal.

W. C. HUMMEL, CPT, MC

SIGNATURE: (Specify lo Hfl^P lfifaor«t»y<f BAftort, of requesting facility)

"FITZ GEN HOSP"

NAME OF HOSPITAL OR OTHER MEDICAL FACILITY

"WET READ

Standard Form 519A (Rev. Aug. 1954)
Promulgated by Bureau of the Budget
CirculsKA-32 (Rev.)

RADIOGRAPHIC REPORT

519-206

10

BEST COPY

PATIENT'S LAST NAME - FIRST NAME - MIDDLE NAME

[redacted]

REGISTER NO. A? > -2 4

WARD NO. 5 West

AGE /f

SEX M

(Check one) BEDSIDE. WHEELCHAIR. OR STRETCHER | BED PATIENT | AMBULATORY

EXAMINATION REQUESTED X-ray AP & Lateral R. Hand

jthzswons Hi

ttAftt $ WEST

1967 AUG 4 AA1 9 52T £S,ede 4

(At w space for mechanical imprintin g, if used) 8 67

Dr. Mack

DATE OF REQUEST 4 Aug 67

PERTINENT CLINICAL HISTORY. OPERATIONS, PHYSICAL FINDINGS. AND PROVISIONAL DIAGNOSIS

Post-op - Amp R. I Thumb - pin pulled in long finger

FILM NO. 142137 hb

DATE OF REPORT

RADIOGRAPHIC REPORT

RIGHT HAF^H(

Progress .xagination compared with 7-28-6? again reveal the deformity due to partia surgical amputation. Since the earlier examination the metallic pin through the troximal phalanx of the 3rd finger has been removed. The fracture cf the distal shaft <of his phalanx remains unchanged in position and alignment and new bone formation is not seen.

W. C. HUMMEL,CAPT, MC

SIGNATURE: (Specify location of laboratory if not part of requesting facility)

yiTZ GWl

NAME Of HOSPITAL OR OTHER MEDICA L tACILITY

Standard Form 519A (Rev. Aug. 1954)
Promulgated by Bureau of the Budget
.Circular A-32 (Rev.)
RADIOGRAPHIC REPORT
519-205

4

BEST COPY

[redacted]

BEST COPY

Wet Reading

PATIENT'S LAST NAME - FIRST NAME - MIDDLE NAME

[redacted]

REGISTER NO.

WARD NO. SW

AGE 19 SEX M

(Check one) BEDSIDE, WHEELCHAIR, OR STRETCHER | BED PATIENT | AMBULATORY

EXAMINATION REQUESTED

AP & Lat @ wrist & hand

FITZSIMONS GH WARD WEST

* 5 * 7 27 67 1967 JUL 28 AM E 22

REQUESTED BY B. Martin

DATE OF REQUEST W -7 67

(Above space for mechanical imprinting, if used)

PERTINENT CLINICAL HISTORY. OPERATIONS. PHYSICAL FINDINGS. AND PROVISIONAL DIAGNOSIS

amp @ 1st 3 fingers

RADIOGRAPHIC REPORT NO. 142137

DATE OF REPORT

ga

28 qrul 67

RIGHT HAND: The first two fingers have been amputated at the base of their metacarpals. The third finger has been amputated at the metacarpal head. Itiere is a Kay wire fixing a fracture of the distal shaft of the fourth proximal phalanx. There is considerable osteoporosis of both the hand and wrist.

T, B, GLKM7FINTNG . CART, MG

SIGNATURE: (Specify location of laboratory if not part of requesting facility)

Standard Form 519A (Rev. Aug. 1954)
Promulgated by Bureau of the Budget

Itzges hob?

NAME OF HOSPITAL OR OTHER MEDICAL FACILITY

WET READIM i rlphicjeport

BEST COPY

PATIENT'S LAST NAME - FIRST NAME - MIDDLE NAME

[redacted]

REGISTER NO. 8243026

WARD NO. 5W

AGE 19 SEX ♂

(Check one) ☐ BEOSIDE. WHEELCHAIR. OR STRETCHER ☐ BED PATIENT ☑ AMBULATORY

EXAMINATION REQUESTED Routine chest

REQUESTED BY Dr. Martin

DATE OF REQUEST 27 JULY

FITZSIMONS GH
WARD 5 WEST
1967 JUL 27 PM 1 16
7-27-67

(Above space for mechanical imprinting, if used)

PERTINENT CLINICAL HISTORY, OPERATIONS, PHYSICAL FINDINGS, AND PROVISIONAL DIAGNOSIS

amp (R) 3 fingers

FILM NO. 142137

DATE OF REPORT

RADIOGRAPHIC REPORT

27 Jul 67

CHEST: Normal.

W. G. HUMMEL, GAFT, MG

SIGNATURE: (Specify location of laboratory if not part of requesting facility)

NAME OF HOSPITAL OR OTHER MEDICAL FACILITY

Standard Form 519A (Rev. Aug. If 54)
Promulgated by Bureau of the Budget
Circular A-32 (Rev.)

RADIOGRAPHIC REPORT
519-205

BEST COPY

Standard Form 522
Rev. June 1961
Bureau of the Budget
Circular A-32 (Rev.)

U.S. GOVERNMENT PRINTING OFFICE : I9« 1 0—<00392

CLINICAL RECORD

AUTHJQAIZATION for administration of anesthesia AND FOR PERFORMANCE OF OPERATIONS AND OTHER PROCEDURES

Name of Medical Facility: 7GH.

Date: 3 Aug 67

1. I hereby consent to the performance upon myself or (name of patient) Roosevel/Z Abercrombie

of D.I. Pl, ning Fires
r (State nature of operation or procedure aa: "an/>peration to remove appendix")

and of such additional operations or procedures as are considered necessary or desirable in the judgment of the medical staff of the above-named medical facility.

2. The nature and purpose of the operation, the risks involved, and the possibility of complications have been explained to me. I acknowledge that no guarantee or assurance has been made as to the results that may be obtained.

3. I further consent to the administration of such anesthesia as may be considered necessary or desirable in the judgment of the medical staff of the above-named medical facility, with the exception of

Name
(State "None," or name anesthetic)

4. I also consent to the disposal by authorities of the above-named medical facility of any tissues or parts which it may be necessary to remove.

5. For the purpose of advancing medical knowledge, I consent to the admittance of medical students and other observers, in accordance with ordinary practices of this medical facility, to the use of closed-circuit television, the taking of photographs (including motion pictures), and the preparation of drawings and similar illustrative graphic material, and I also consent to the use of such photographs and other materials for scientific purposes.

(Cross out paragraphs above which are not appropriate.) r\ a \ H q (\ '

Signature of patient Roosevel Z Abercrombie

When patient is incompetent to affix signature:

Signature of person authorized to consent for patient _____

Address _____

Authority to consent _____

Witness: Signature [illegible]

Address 7GH-5 Ward

City and State Denver, Colorado

[redacted]

REGISTER NO.	WARD NO.
824 3076	5W

AUTHORIZATION FOR ANESTHESIA, OPERATIONS, ETC.
Standard Form 522
522-104

FITZSIMONS GU
r bAM> 5 WEST ' ;
1 2 A 67

UP par 5b, AR 40-3, patient and/or sponsor has been advised of the nature and expected results of the contemplated procedure.

(Signature) Donald A Parsons Capt MC DC

BEST COPY

Standard Form 522
Rev June 1961
Bureau of the Budget
Circular A-32 (Rev.)

U.S. GOVERNMENT PRINTING OFFICE : I«*I O—(OO3SZ

CLINICAL RECORD

AUTHORIZATION FOR ADMINISTRATION OF ANESTHESIA AND FOR PERFORMANCE OF OPERATIONS AND OTHER PROCEDURES

Name of Medical Facility: FITZ GET HOSP. DHHT7R, COLO. 80240

Date: ID Oct 67

1. I hereby consent to the performance upon myself or (name of patient) Roosevelt Macromee

of A/?774 /w DESIS PiP JOINT, u/rr HAND
(State nature of operation or procedure as: "an operation to remove appendix")
and of such additional operations or procedures as are considered necessary or desirable in the judgment of the medical staff of the above-named medical facility.

2. The nature and purpose of the operation, the risks involved, and the possibility of complications have been explained to me. I acknowledge that no guarantee or assurance has been made as to the results that may be obtained.

3. I further consent to the administration of such anesthesia as may be considered necessary or desirable in the judgment of the medical staff of the above-named medical facility, with the exception of None
(Stat "None," or name anesthetic)

4. I also consent to the disposal by authorities of the above-named medical facility of any tissues or parts which it may be necessary to remove.

5. For the purpose of advancing medical knowledge, I consent to the admittance of medical students and other observers, in accordance with ordinary practices of this medical facility, to the use of closed-circuit television, the taking of photographs (including motion pictures), and the preparation of drawings and similar illustrative graphic material, and I also consent to the use of such photographs and other materials for scientific purposes.

(Cross out paragraphs above which are not appropriate.)

Signature of patient Roosevelt Macromee

When patient is incompetent to affix signature:

Signature of person authorized to consent for patient

Address

Authority to consent

Witness: Signatured Frank B. Hackett Dac.

Address FTm rm imp.
DEN77R, COLO. 80240

City and State

PATIENT'S IDENTIFICATION (For *typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility*)

REGISTER NO. 82V-30 76

WARD NO. fU/isr

AUTHORIZATION FOR ANESTHESIA, OPERATIONS, ETC.
Standard Form 522
522-104

[redacted] ROOSEVELT FF4
50J 0o£

*UP par 5b, AR 40*3, patient and/or sponsor has been advised of the nature and effected results of the contemplated procedure.*

(Signa ture) Hirenberg AfC DC

BEST COPY

[redacted]

DA		DATE	8
11 Oct.	0830 to O.R. via stretcher. C Overbay	0830	IV pole. B/P 110/76 TPR 98-72-18 Am. can't bright red drainage on dressing. Dg. diet - tolerated well. Wyle WO AM
	1015 Received on R.R. - Dressing on Rt hand dry. Not Reacting. Skin warm and dry P. 96 - 20 - B/P 152/98 C. Franklin		3-11 voiding - circ good. H Barnes No increase in drainage
	1035 Reacting.		0730 Codeine 32 mgm IM pain. Circulation in fingers good. hand elevated to heart does not move left fingers. E Shearer
	1300 - Fully reacted - Cleared by Anesthesia and returned to Ward 5-West. G Rogers RN		
	1315 - Returned from Recovery Rm. (R) arm elevated and		

ecr 12 >967

M¥BD ? MEJ

[redacted]

INSTRUCTIONS:
1. This form overrides doctor's orders DD Form 728.
2. Patient's name must be Inserted under columns (1) and (5) for identification.

3. Fold on this scoring and crease firmly.

DD FORM 1 APR 55 640 REPLACES DD FORM 640 1 MAY 52, WHICH MAY BE USED

NURSING NOTES

4. Fold back on thia scoring aid crease firmly

DATE	1	DATE	2
27 Jul 67	Ward No. 5-W Time Adm./J2-4--£-	27 Jul 67	admitted ambulatory c̄ no c/o pain. Only wears (R) splint off t; injured in RVN 65 Gene 67 by Claymore mine; came to Ft Lewis from 96TH Gen. Hosp; alert & cooperative; to lab & X-ray. S. Wright
	Adm: Ambulatory Wheelchair Litter		
	Diagnosis: amp (R) pt 3 fingers		
	Age 19 Weight 150 Height 5'11"		
	B P 124/90 TPR 98-80-18 Rel: (P) C J		
	Allergies: none		
	X-Rays: no Health Record:		
	Dr. Notified:		
	Glasses: no Dentures: no		JUL 28 1967
	Appearance :		JUL 29 W<i lift only fair Burkhart
	Complaints: Wan 27 splint ''ff		no complaints C. Nichols RPC
			11-7 No complaints Burkhart

Ihil si'ls

NAME [redacted]

REGISTER NUMBER 8243026

BEST COPY

DATE	3	DATE	4
JUL 31 196?	Uop' U/ c hi 0 c done Burkhart	2200	Has voided. No c/p gain nic good M. Layle
	3-//. P feS but 5 eems de in a	AUG	W 11-7 no complaints
AUG 1 1967	1 ttt- better spirits. M. Layle v 7 no complaints Burkhart		arm elev - Slept well Burkhart
AUG 2 1967	"2. Slept well Burkhart		Origin warm Burkhart
11 «U 3 1967	11-7 physiby bath NPO 2400 Burkhart		Prog. chg. this pm. wd appear free of inflamation. Adaptic & P.S.P. applied. 20 x ray
	1300 - Demerol 50 mg im per pre-op orders — R Brooks pm 4 NC		found [CzIZzo • 20 A] Urology clinic for consult. Hughes cotose
	1310 - To OR — R k-c/eX- pm 4 NC		1900 Transfer to 405. Hughes Cot NC
	z*C7>i ~ √> .<*">£/ : from Rec 984 52-16		
	104/6 dressing dry & z 223LxxZZ1		
	d'A'/l'T''' a)O <*~2xTm9. SP/4 Ray		

[redacted]

FITZSIMONS GH
WARD 5 WEST
7 27 67

DATE	S	DATE	6
4 Aug	1450 - Rec'd on Stand hs from 5 - Test. Mg Bauendistel RN		Received 5 West M. Layle Pre-op workup done. Shaved. To OK in AM. M. Layle
7 Aug 67	Doing well, no complaint Jerry H Brust W-1 ans		3-11 Sup for Surg dfo left 5 West for Army Surgery Gunn Ward NPO 2400 Slept well
1 Sept	0400 - Went on convalescent leave. T Brannen RN	OCT 11 1967	0500 physiby shower Burkhart.
1 Oct.	Returned from leave		
4 Oct	11-7 Slept well. S Brannen RN		
6 Oct	3-11 Weekend pass Greenfield RN		
10 Oct	1200 - Trans to 5-West Pre-op kjsG- £ /zi ?y done. J Hughes, LPN		&T\j£ O Demerol 50 mg. i.m. given filA raXftr fc C Overbay

NAME [redacted]

REGISTER NUMBER Z7 430x«j

*JIT7.sTmo;js guy

BEST COPY

[redacted]

THIS SIDE UP WHEN PLACING IN CLINICAL RECORDS FOLDER.

MICROFILM THIS SIDE FIRST

USE IMPRINT FROM ADDRESS PLATE OR MIMEOGRAPH.

[redacted]

FITZSIMONS GH

WARP a WEST

(D) DAY. (E) EVENING. (N) NIGHT

YEAR 19 67

OCT <7r ?s7 8J5 DERS

ORIGINAL ORDERS SIGNED BY DOCTOR. WHEN COPIED. NURSE SIGNS DOCTOR'S AND OWN NAME.

DATE DISC.	DATE 27			28			29			30			31			1			2		
DOCTOR'S INITIALS	SHIFT			SHIFT			SHIFT			SHIFT			SHIFT			SHIFT			SHIFT		
	D	E	N	D	E	N	D	E	N	D	E	N	D	E	N	D	E	N	D	E	N

27 JULY

1) Regular diet

2) routine lab + chest X-ray

3) up ad lib 1800 Baine

4) stools for O + P x 3 X 2-3 1800 Baine

5) malaria smears x 3 1800 Baine — Aug 1

6) c-8 prophylaxis q 1-0-day x 6 St. 31 aug Lp. 4 Sept 1800 Baine X-2-3-4-5-6

7) X-Ray AB + L (R) hand + wrist in Ass. 1800 Baine — JG July; JG July; JG July

W.H. Martin Capt MC

DD FORM 1 JUL 53 TOO / XO

REPLACES DD FORM 639, 1 MAY 32: DD FORM 641, 1 MAY 52: AND DD FORM 642, 1 MAY 52. WHICH ARE OBSOLETE.

BEST COPY

YEAR 196 'L

DOCTOR'S ORDERS (Con't) July

ORIGINAL ORDERS SIGNED BY DOCTOR. WHEN COPIED. NURSE SIGNS DOCTOR'S AND OWN NAME.

DATE DISC. | DOCTOR'S INITIALS | DATE 30 | 31 | Aug 1 | 2 | 3 | 4 | 5 | SHIFT D E N

30 July 15⁰⁰ morning ~~clean~~ voided urine for culture, colony count + sensitivity 1015 hrs
W. H. Martin

1967 aug 2 3 4 5 6 7 8

77

3/aug Pre Op orders:
1) NPO after breakfast
2) 50 mg Demoral IM on call
Parsons

3 Aug 67 Post Op Orders 5 4 5 6 7 8 9

1. Regular diet 1500 Keys Cpt ANC
2. Elevate (R) hand in sling at bed side 1500 Keys Cpt ANC
3. Demerol 50 mg Compl po q4h prn pain 1500 Keys Cpt ANC
4. May be out of bed c̄ hand elevated. 1500 Keys Cpt ANC
Jones

4 Aug 67 1) Urology Consult 4 Aug
2) Post-op x-ray r. hand. 4 Aug
v.o. Dr. Mack / R Bowlyer LT ANC

Aug Transfer to 405 0900 Keys Cpt ANC v.o. Dr Mack/gc

SERVICE NO. AA 15958476 | WARD 5W | AT THE END OF EACH SHIFT, NURSE WHO COMPLETED ORDERS WILL PLACE OWN INITIALS IN PROPER COLUMN. | W | OK-3 aug

NAME [redacted] ROOSEVELT Pi | GRADE | REGISTER NO. | AGE /F | DATE OF ADM. 27 JUL 1967 | DIAGNOSIS ADMIT (R) 1/3 DIST. INDEX + LONG FING.

BEST COPY

[redacted]

THIS SIDE UP WHEN PLACING IN CLINICAL RECORDS FOLDER.

MICROFILM THIS SIDE FIRST

USE IMPRINT FROM ADDRESS PLATE OR MIMEOGRAPH.

[redacted] ROOSEVELT
0 430 6 [redacted]

PATIENT'S CH
WARD 405

A m 67

YEAR 19 6 7

DOCTOR'S ORDERS

DATE

DOCTORS INITIALS

WHEN — ORIGINAL ORDERS SIGNED BY DOCTOR. COPIED. NURSE SIGNS DOCTOR'S AND OWN NAME.

Orders copied

Aug 1) Resume Diet

2) ~ 65 P.O. 94h

3) Man

Dr. Mack / E. Wilson

Aug 2 Orders Recopied

Regular diet

Patient OOB to bed elevated.

Mack / W

DD FORM 1 JUL 53 700 Z JfaO REPLACES DD FORM 639, 1 MAY 32: DO FORM 641. 1 MAY 52: AND DD FORM 642, 1 MAY 52. WHICH ARE OBSOLETE.

BEST COPY

YEAR 1967

DOCTOR'S ORDERS (Con't)

ORIGINAL ORDERS SIGNED BY DOCTOR. WHEN COPIED, NURSE SIGNS DOCTOR'S AND OWN NAME.

DATE DISC. / DOCTOR'S INITIALS

DATE: 24 (SHIFT D E N), 25 (SHIFT D E N), 26 (SHIFT D E N), 27 (SHIFT D E N), 28 (SHIFT D E N), 27 (SHIFT D E N), 30 (SHIFT D E N)

24 July — Dr's orders accepted

27 July — Regular diet
Darvon Comp 65 mg q 4 hrs prn
Maybe OOB c head elevated
Dr Mark / Schmenfeldt RN

31 — 1 — 2 — 3 — 4 — 5 — 6

27 July — Regular diet
Darvon comp'd 65 mgm q 4° prn
fo" ayber Qt> O c head elevated
dfo. fo t*'C'l>£— / Inman Aa- RN

TH

2 Oct — Recopied jfOonfoj o £).rders — October — 2 — 3 — y — jr — / — 7 — 8

27 July — Regular diet
Darvon comp'd 65 mgm q. * &4»)
Maybe (£>£>& c head elevated.
Dr Mark / Inman RN.

4

M-. "'RccpfW- Vocfyajc tf/ LiZ) nd — 9 — £> — 11 — 12 — 13 — /< — 15

27 July — Regular diet
(Ofr-t l'jfht. 2pd 6s~z>- -. q4 prn
OOB c head elevated
pU fU Juc y | Mace Mme

10 Oct 67 — Pre op orders — nr.
1) NPO after 2400 hrs — ?z
2) Demerol 50 mg IM on call — O\oQ n @ 0758 fox; C. Overbay
Bessonnette, Capt MC

SERVICE NO. | WARD | AT THE END OF EACH SHIFT, NURSE WHO COMPLETED ORDERS WILL PLACE OWN INITIALS IN PROPER COLUMN.

NAME [redacted] | GRADE | REGISTER NO. 8243026 | AGE 19 | DATE OF ADM. 27 July 67 | Amp ® thumb-Index & Tip Long finger

BEST COPY

[redacted]

THIS SIDE UP WHEN PLACING IN CLINICAL RECORDS FOLDER.

MICROFILM THIS SIDE FIRST

USE IMPRINT FROM ADDRESS PLATE OR MIMEOGRAPH.

XTSASSOOtf SIHKOHOMSGV

Post op. Orders

(D) DAY, (E) EVENING, (N) NIGHT

DOCTOR'S ORDERS Oct

ORIGINAL ORDERS SIGNED BY DOCTOR. WHEN COPIED, NURSE SIGNS DOCTOR'S AND OWN NAME.

DATE DISC. | DOCTOR'S INITIALS | DATE 11 | 12 | 13 | 14 | 15 | 16 | 17 | SHIFT D E N

11 Oct 1) V.S. routine 1030 - a [illegible]

2) Diet as tolerated

3) D/C IV when awake 1030 a [illegible]

4) Up ad lib in AM

5) Codeine 32 mg IM q 4h PRN

1967 Orders recopied Steinberg Oct. 17 18 19 20 21 22 23

11 Oct. Diet as tolerated

Routine v/s

~~Up~~ ad ~~lib~~

Dr. Steinberg / S. Burkett BN

REPLACES DD FORM 639, 1 MAY 52; DD FORM 641, 1 MAY 52; AND DD FORM 642, 1 MAY 52. WHICH ARE OBSOLETE.

DD. .728

BEST COPY

YEAR 19 67

DOCTOR'S ORDERS (Con't)

ORIGINAL ORDERS SIGNED BY DOCTOR. WHEN COPIED. NURSE SIGNS DOCTOR S AND OWN NAME.

DATE DISC. | DATE 4/ | SHIFT | shTft | SHIFT | SHIFT | SHIFT | SHIFT | SHIFT

DOCTOR'S INITIALS | D E N | D E N | D E N | D E N | D E N | D E N | D E N

21 October Remove sutures, ⊗ hand
V.O. A. Steinberg / Joh WO, Ant

Copiu tn bro iCaMt

24 25 26 27 28 29 30

11 Oct 1 Diet as tolerated
Routine VS
up ad lib

fiOh. Steinberg / S-Pa/m 4Lx/

31 Oct 67 Recopied IOo<dtaPn <9xd DOCT IKOO

31 1 2 3 4 5 6

Diet as tolerated
Routine V.S.
up ad lib.
Dr. Steinberg / Moore WT Ame

Recopied Orders / Dr Steinberg / Tapia

7 8 9 10 11 12 13

11 Oct Diet as Tolerated
Routine VS
Up ad lib

Oct COPIED ORDERS NOO.

14 15 16 17 18 19 20

11 Oct DIET AS TOLERATED
ROUTINE V.S.
UP & LIB
Dr. Steinberg / As Gisin A N

Recopied Orders / Dr Steinberg / Tapia

21 22 23 24 25 26 27

11 Oct Diet as Tolerated
Routine VS
Up ad lib

Oct. Arthrodesis P.I.P. Joint R Hand

SERVICE NO. | WARD 5 WEST | AT THE END OF EACH SHIFT. NURSE WHO COMPLETED ORDERS WILL PLACE OWN INITIALS IN PROPER COLUMN.

[redacted] | DATE OF ADM. Jf GLe/-.(f [| DIAGNOSIS

27 July 67 | arthrodesis P.I.P. Joint R Hand

BEST COPY

[redacted]

THIS SIDE UP WHEN PLACING IN CLINICAL RECORDS FOLDER.

MICROFILM THIS SIDE FIRST

USE IMPRINT FROM ADDRESS PLATE OR MIMEOGRAPH.

€0* CSV*

3243026 RA1595847 6

).U 1T3 ASSOOE 3ISH0H0H3QV

(D) DAY. (E) EVENING. (N) NIGHT

YEAR 19/7

DOCTOR'S ORDERS

ORIGINAL ORDERS SIGNED BY DOCTOR. WHEN COPIED. NURSE SIGNS DOCTORS AND OWN NAME.

DOCTOR'S INITIALS

DATE: 7 | J | ? | SZ | " | 12 | 13

SHIFT: D E N | D E N | D E N | D E N | D E N | D E N | D E N

7 Dec 67 Rangoid

11 Oct 67 Diet as Tolerated

Rectal c.s

Up ad lib

11 Oct 69 Rangoid order

11 Oct 67 Diet as tolerated

Rectal V.S.

up ad lib

/S Bukowska

DD FORM 1 JUL 53 728

REPLACES DD FORM 639. 1 MAY 92: DD FORM 941, 1 MAY 52: AND DD FORM 642, 1 MAY 52. WHICH ARE OBSOLETE.

BEST COPY

YEAR 1968

DOCTOR'S ORDERS (Con't)

ORIGINAL ORDERS SIGNED BY DOCTOR.
WHEN COPIED, NURSE SIGNS DOCTOR'S AND OWN NAME.

DATE DISC. | DOCTOR'S INITIALS | DATE 18 | 19 | 20 | 21 | 22 | 23 | 24 | SHIFT D E N

18 Jan
Diet as tolerated
Routine V.S.
up ad lib
copied order [illegible]

18 Jan Copied Orders Jan
Diet as Tolerated
Routine VS.
up ad lib
[illegible]

1 Feb 68 Original Order
Diet as tolerated
Routine VS
up ad lib
[illegible]

Feb Copied Orders
Diet as tolerated
Routine V.S.
Up ad lib
[illegible]

15 Feb Recopied Orders
11 Oct 67 Diet as tolerated
Up ad lib
[illegible]

22 Feb Recopied orders
11 Oct 67 Diet as tolerated
Up ad lib. [illegible]

SERVICE NO. | WARD | AT THE END OF EACH SHIFT. NURSE WHO COMPLETED ORDERS WILL PLACE OWN INITIALS IN PROPER COLUMN.

NAME	GRADE	REGISTER NO.	AGE	DATE OF ADM.	DIAGNOSIS
26 [redacted]			19	27 July 67	AMP Thumb, Index & Middle

8 March 1968

I am right handed and always have been.

[redacted]

ROOSEVELT [redacted], JR
Pfc E-3, RA 160(· ft476

BEST COPY

Standard Form NN
.•Xev June* 19 6)
Bureau of the Budget
Circular A-32 (Rev.)

REPORT OF MEDICAL EXAMINAT ION

88-109

1. LAST NAME—FIRST NAME—MIDDLE NAME	2. GRADE AND COMPONENT OR POSITION	3. IDENTIFICATION NO.
[redacted], ROOSEVELT, JR.		

4. HOME ADDRESS (Number, street or RED, city or town, tone and State)	5. PURPOSE OF EXAMINATION	6. DATE OF EXAMINATION
2532 BALES ECHO	PRE-IHSUCT RA	23 NOV 66

7. SEX	I. RACE	9. TOTAL YEARS GOVERNMENT SERVICE	10. AGENCY	11. organization unit
MALE	Ne<s>,	MILITARY | CIVILIAN Q		

12. DATE OF BIRTH	13. PLACE OF BIRTH	14. NAME, RELIWNSHIP. AND ADDRESS OF, NEXT OF KIN
09 MAR 98 18	WASKOM, TEX. U.S.A.	Archie Lee Abercrombie-Mother 3006 East 20th Street K.C. MO.

15. EXAMINING FACILITY OR EXAMINER. AND ADDRESS	16. OTHER INFORMATION	7. RATING OR SPECIALTY	TIME IN THIS CAPACITY (Total')	LAST SIX MONTHS
AFEES, KANSAS CITY. HO.	SS//25 050 98 0159 (J C A. 50.			

CLINICAL EVALUATION

NORMAL	(Check each item in appropriate column; enter "NE" it nof evaluated (	ABNORMAL
	18. HEAD: FACE. NECK AND SCALP	
	19. NOSE	
	20. SINUSES	
	21. MOUTH AND tHROAT	
	22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71)	
	23. DRUMS (Perforation)	
	24. EYES—GENERAL (Visual acuity and refraction under items 59, 60 and 67)	
	25. OPHTHALMOSCOPIC	
	26. PUPILS (Equality and reaction)	
	27. OCULAR MOTILITY (Aitociated parallel movements, nystagmus)	
	28. LUNGS AND CHEST (Include breasts)	
	29. HEART (Thrust, size, rhythm, rounds)	
	30. VASCJJLAR SYSTEM)I'flricoMtieA. etc.)	
	31. ABDOMEN AND VISCERA (Include hernia)	
	32. Iftus AND RECTUM (Hemorrhoids, fistulae) (Prostate, if indicated)	
	316M5OCRINE SYSTEM	
	34. G-U SYSTEM	
	35. UPPER EXTREMITIES (Strength, range of motion)	
	36. FEET	
	37. LOWER EXTREMIT.ES /XXa 0/ .0.,,	
	38. SPINE. OTHER MUSCULOSKELETAL	
	39. IDENTIFYING BODY MARKS SCARS. TATTOOS	
	40. SKIN. LYMPHATICS	
	41. NEUROLOGIC (Equilibrium tests under item 72)	
	42. PSYCHIATRIC (Specify any personality deviation)	
	43. PELVIC (Females only) (Check how done) ☐ VAGINAL ☐ RECTAL	

NOTES (Describe event abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary .)

(Continue in item 73)

44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively.)

O— Restorable teeth
I—Nonrestorable teeth
X— Missing teeth
XXX— Replaced by dentures
(6 X 8) —Fized bridge, brackets to include abutments

RIGHT	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	LEFT
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

LABORATORY FINDINGS

45. URINALYSIS A PeCTTTC GRAVITY			46, CHEST X W (Place, date, film number and result)
B. ALBUM irf S C. SUGAR	D MICROSCOPIC		240 KC JMo. Netwtive, Daiv « above AFEES KANSAS CITY, MO.
47. SEROLOGY (bjgfgsfy test used en 3 result) BPS-Non REACTIVE	48. EKG	49. BLOOD TYPE AND RH FACTOR	50. OTHER TEsfs'

BEST COPY

MEASUREMENTS AND OTHER FINDINGS

SI. H|7hT	53. COLOR HAIR	54. COLOR EYES	55. BUILD: (Check one)	SLENDER	MEDIUM	HEAVY	OBESE	56. TEMPERATURE
69½ 73/	Black	Brown		✓				

57. BLOODPRESSURE (Arm at heart level) | 58. PULSE (Arm at heart level)

A. si nihoj	B SYS.	C. SYS.	* SITTING	B. AFTER EXERCISE	C. 2 MIN. AFTER	D. RECUMBENT	E AFTER STANDING 3 MIN.
DIAS. 4	M RECUM- BENT 1 DIAS.	(3 min.) DIAS.	12				

sb. rnsfxNT vision	60. REFRACTION	61. NEAR VISION
RIGHT az 20 CORR. TO a/	BY S. CX	J 1 CORR TO BY
LEFT a/ 20 CORR TO a/	BY S. CX	.1 CORR. TO BY

62 HETEROPHORIA (Speeifi dutance)

ES' EX*' R. H. L. H. PRISM DIV. PRISM CONV. CT PC PD

63. ACCOMMODATION	64. COLOR VISION (Test used and result)	65. DEPTH PERCEPTION (That tued and wore)	UNCORRECTED
RIGHT LEFT	DVO. 1/14		CORRECTED

66. FIELD OF VISION	67. NIGHT VISION (Tat med a| ecore)	68 RED LENS TEST	6B. INTRAOCULAR TENSION
	1		

70. NEARING

RIGHT WV 15 /15 SV Z15

LEFT WV 15 /15 SV /IS

71. AUDIOMETER

	250 956	500 519	1000 1094	2000 9046	3000 9996	4000 4096	GOOO 6144	8000 9199
RIGHT		f? xs	10	10j		/ y		
LEFT		25	/o	13		<25		

72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tem need and ecore)

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

DEC 196S

8C-17-IV

GT82

Inspection Data

No additional defects discovered

Nondisqualifying defects discovered

Disqualifying defects discovered

(Fit) (Unfit) for military service

Medical Officer

(Use additional sheets if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (Litt diafnoeee with item number!)

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

76. A. PHYSICAL PROFILE

P	U	L	H	E	S
1	1	1	1	1	1

B. PHYSICAL CATEGORY

A	B	C	E
X			

77. EXAMINEE (Check)

A. ☐ IS QUALIFIED FOR

B. IS NOT QUALIFIED FOR

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

79. TYPED OR PRINTED NAME OF PHYSICIAN MERLE A. SLIER MD | SIGNATURE

80. TYPED OR PRINTED NAME OF PHYSICIAN | SIGNATURE

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which) | SIGNATURE

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY RICHARD L. JOHNSON, LT., M.C. USNR | SIGNATURE | NUMBER OF ATTACHED SHEETS

U.S. GOVERNMENT PRINTING OFFICE: 1963—O-711-368

BEST COPY

Standard Form 89
(Rev March 1965)
Blrlai of the Buiaqbt
Circular A-32

REPORT OF MEDICAL HISTORY

THIS INFORMATION IS FOR OFFICIAL USE ONLY AMO WILL NOT IE RELEASED TO UNAUTHORIZED FEISOMS

89-105-01

1 LAST HMM—FUST NAME -MIDDLE NAME [redacted], ROOSEVELT, JR.	2 GUOE MO CUMPONHT Ot POSITION	j. iDHinfiunoa m
4 HO [redacted]	S rwost Of UMINATIM PRE-H4MJCT-* {£/	4 DATE Of EXAMINATION 23 NOV 66
7 SC hale //	1 NAC1 / ♦ TOTAL TUB COVEtNMENT SEtVICE MILITARY 1 CIVILIAN	io agency / n. oKMUAiioa unit
i2 dati of airrw 0*1 MAR 8 / 18	" u puce of mtm WASKOM, TEX. / < (S} t	14 NAME KLAHONSHIP. ANO ADOtESS Of NEXT Of (IN Archie Lee Abercrombie - Mother 5006 East 20th Street /cce/nt'
IS EXAMINING FACILITY ON EXAMINE!, ANO ADPWSS AFEES, KANSAS CITY, MO.		14 OTHEt IKOtMATION SS*2J 050 48 0159 5 O

17 STATEMENT OF EXAMUEE S PtESEHI HfACTH It own W0I3S *(Folleu by description of past history, if complaint exists)*

II FAMILY HISTOtV					h HAS 01 HUSIANO M	irr ttooo WIFE	tfIAIION *(Parent, brother, sister, other (*	
ILLATION	AGE	STATE Of HEALTH	IF DEAD CAUSE Of MATH	AGE AT DEATH	ns	NO	*(Check each item (*	(EUTIONES)
FATHEI	35	Deceased	Heart trouble	T? 6		✓	HAD TUKKUIOSIS	
MCTHfI	ML	Good				✓	HAD SYPHILIS	
SPOUSE	12	Good				✓	HAO DIAtETES	
ttOTHEfS	21	Good				✓	HAD LAKH	
	20	Good				V	HAO (IMfY TtOUILE	
ANO						—	HAD HEAtT TtWtLE	
SISTEtS	Us	Good				--	HAO STOMACH TtOUILE	
	15	Good				✓	HAD tHFUMATISM *(Arthritis)*	
CH1LMW						I/	HAD ASTHMA, HAY FEVH. HIVES	
							HAO EPILEPSY *(Fits)*	
							COMMITTED SUICIDE	
							SEEN INSANE	

2« NAVE VW fVEt HAO Ot HAVE TOO NOW *(Place check at left of each Hem (*

yes	NO	*)Check each item (*	ViS	NO	*(Check each item)*	Vs	NO	*)Check each Hem (*	YES	K	*)Check each item (*
	tr-	SCMLET fEVf«, FtVSIKiAS		Iz"	GOfTEI		Z	TUMM. GIOWTH. CYST. CANCEI		O	mat otiocraotfE
		DIP1HEIIA		t?	'natKuuKis			tUFTUtE 'HEINiA		V	FOOT TtOHtLE
	f/	■CIEUMATKFIVE!			SOAKING SAFEATS *(Night sueah)*			trrwotciTis			NEUtITIS
	tr	-SWOLLEN 01 PAINFUL JOINTS			*tsvttui*			KIES M tfCTM DISEASE		Iz	PA1MYSIS *)Inc. infantile)*
	Jr	MUMPS			SHOkTNESS Of MfATH			FtEWaiT 0* fANWI UtINATION		V	EPILEPSY Ot FLYS
		■COUNT41!HONES;		I	VAIN 0* MESSUIE IN CHEST			IIMMT STONE Ot HOOD IN IMINE		t	CM. T1AIN, SU. Ot AIt SICHESS
		FtEQUEWT 01 SEVEtE HEADACHE			(HNONK COUGH		V	SUGA* Ot AItUMIN IN MIK		V'	EKOUENT TtOUtli SLEWING
	I/	DITZINfSS 01 FAULTING SPELLS			YACHTA'iQN 01 FOUNDING HEalT			10 ILS		•J	ftEQUENT Ot TEMUfYHK NIGHTMAtES
		eye nowtf			high m cow hood ntssutt			'VD- SYPHIIIS. GONOMHEA ETC		V	0ERESSI0N Ot EXCESSIVE WOttl
		(At. NOSE 0* TMMMT TtOUILE		I/	CIAMVS IN rout LEGS			■ tECENT GAIN Ot LOSS Of WEIGHT		V	LOSS Of MEMOtY Ot AMNESIA
	cd'	IUHNIhG EAIS			ftIOUENI HfCIGCSTIGN		S_	' AITHtITIS Ot EHEUMAtISM		V	MD WETTING
		HEAIING LOSS		1/	' STOMACH LHfEt Ot INTESTINAC TIWU.E			- KM JOINT Ot OTHft DEFOtMITY		V	NEtVOVS TtOUBU Of MY SMI
		"CHtOwIC 0* TUOBENT (OLDS		V	GALI ILADOft TtOUICE 0* GAU STONES			LAMFMSS		V	ANY DtUG Ot NAtCOTK HMIT
		SEVEtE TOOTH 0* GUM TIOUBLE			JAMOia			/IOSS Of AIM. EEG, FINGEi Ot TOE		V	EXCESSIVE DtINIING HMIT
		SINUSITIS		V	ANY IEACTI0N TO SEtUM DtUG Of NEDICIK			/FAINFUI Ot TtICt SHOVIDft Ot EIKW		X	HOMOSEXUAL TENDENCIES
		HAY FEVEt		v	HISTONT Of MOAEN tONES		v	IEUIMENT BACK FAIN			PfIIODS *Of* UKONSCIOUSNESS
	-r'	HISTOtY Of HEAD MJUtV									
		SUN DISEASES									
21 NAVE YOU EVE* *(Check each item (*						72	FEMALES ONLY A HAYE YOU EVE1-		1 COMPLETE THE FOLLOWING		
		WON* GLASSES —ONIACT IE®			"('HMrTfD SUICIDE			tEEN FtEGNANT			AGE AT ONSET Of MENSTWATION
		'won AN AIT>fK.IAL ETC			NW A UEEF WtULEV			HAD A VAGINAL DISCHAfGE			INTEtVAL IETWEEN WOOS
		W0M HEAPING AIDS			HIVED WITH ANYONE IVHO HAO TUIftLULOSIS			IEEN Iff ATEO FOt A FEMALE OLSL'tOEt			DUtATION Of PEtIOOS
		'STUTYHffI CI STAMME1ED			'((WGMO UFILOOD-			HAD FAIWUL MENSTtUATION			OAU Of LAST PEI100
		won a male m *mi sitnw*			. rtIED EXCESSIVELY AHE» HJvtVM L² ' IOCTH miALTIM			HAD IttEGUIM MENSTtUATION	QUANTIT		☐ NOtMAI Q EXCESSIVE ☐ SCANTY
23 HM PAS	MAH I TH*	JOt' hay' YOU HAO IN THE EE YCAtS'	24		WHAT IS THE LONGEST WOO YOU NEED AN* Of THESE JONS? MONTHS	25	WHAT IS rout USOAt OCCUPATION'		1	u	AtE YOU *)Check one (* n tIGHT HANDED f~| LEFT MANOfp

BEST COPY

YES	NO	CHECK EACH ITEM ns Ot NG EVENT ITEM >HELLED Vfs MUST IE WILT EXPLAINED IN ILANA SPACE ON tIGHT
	✓	17 HAVE YOU IEFN AEFUSED EMPLOYMENT Gt IE» 3NAM.E 10 HOID A 101 IECAUSF Of A SmiTIVITY TO CHEAIKALS, DUST SUNLIGHT (K
	✓	1 INAIHITT TO fltfONM CEITAIli MOTIONS
	✓	C. IMAMt'O 10 ASSUME CEtTAIH POSITIONS
	✓	0 OTnE! MEDICAL KASONS *(If yes, give reasons)*
	✓	' Jt HAVE YOU EVEI WCttFD Win* iAOIOAHV' SUKTANCE?
	✓	7» DID YOU HAVE OTrFICULTV WITH SCHOOL STUDIES Ot TEACWtS' *)If yes, give details)*
	✓	JO havi TOO EVEI ttit WN'EP IIfE INSNUNCP *(If yes, stut' reason and gise details)*
	✓	JI. NAH VOL' HAO 01 "Art VOL' BEEN ADVISCU TO HAVE, ANT CPEA AHCUTS' *)J/ yes, describe and give age a> which occurred)*
	✓	31 NAVE TOO EVEt AIEN A PATIENT *(committed or voluntary)* IN A MENTAL HOSVITA! 0> SAN1T0AIUM? *(If yet. specify uhen, where why. and name of doctor and complete address of hospital or clinic t*
	✓	IFnAVE '« t 'C£ HAO AIT ILLNESS 0» INWtT OTHEI IHAM 'THOSE AIIEACY NQTFO[1] *(If yes, specify when, where, and gist details)*
	✓	' I IM~ HAvT YOU CONSUL"En'cFIt IN TIE AnT»FTIINi L5. 1 PHYSICIANS HEALEYS Gt OIHtI PAACTITIOMEtS WITHIN) TIE FAST 5 TIANS? *(If yes. give complete address of doctor, hospital, clinic, and* i *details* [1]
	✓	T 15 HAVE YVO TIEATEJ Y5OTSFLF F0« ILLNESSES O'HEI THAN MINOT LOUTS? *(If yes, which illnesses)*
	✓	34 HAVE TvIl £W» MEN UJECTE9 EOt MUITAAT iftVICE UCAUSt OF PHYSICAL. MENTAL, 01 OTHEt MASONS? *(If yes. give date and reason for rejection)*
	✓	37 HAVE '00 EVEN JETH OFSCHAIGED Ito* MIir'AtT SfIVICE Mt AUSE OF mTSICAI, MENTAL. 01 OTHEt IEASONS? *)If yes. give date, reason, and type of discharge: whether honorable, other than honorable, for unfitneS' or un suitability)*
	✓	M KAVE YON EVEI i(CEIVEI), IS IHEtf PENDING. 01 HAVE TOO AH'.ILL FOt PENSION O* COMPENSATION FOt EXISTING WSMIEITTV *(if yes. specify what kind, granted by uhom. and what amount, a hen. why (*

WAttIWC A FALSE ON OtiMONCSI AMSAMt TO ANT *Of* THE OUESTIOMS OH THS 'OTM MAT IE RMtSHED IT FINE Ot iMPtISJMWAT III U SC 1001 (

I CMTIFY THAT I HAV» ItVIEWED IMF FOtFCjUKj IUFUtiAATKM SUPPLIED It M AMO THAI IT IS TIW AMO COMPUT! TO THE JEST OF MV INOWLEOW
I AUTHOAIIE ANT OF I* OTXTOtS IIOSMTMS Ot CLIN'CS MENTIbWEO MOVE TO FUNJHSM THE GOVEInNENT A COMPUTE TAANSCtIPT OF MT MEDKA1 NECOtD FOI WtPOSES OF FNOCESSIK MV APPLICATION KM THIS EMPLOYMENT *Ot* SEIVIQ.

TYPE* 0« PJINTEO NAME *OF* UAMINEE [redacted] T S [redacted]

Ro (f$ eJr/ S' [redacted] J.Q I [redacted] Junior

n PMT>ltiANS -uMMAn AND ELAIONA'IGN OF AU PSITiNW. DATA *(Physician shall comment on all positive answers tn items 20 thru)8 (*

TYPED OR PRINTED [redacted] MD NOV 2 3 1999 SIGNATURE [redacted] NIIMIEI OF ATTACHED SHEETS

» u S &OVEHHMVNT PRINTING OrrtCA ■ 19«S O—7«A-'Pt

BEST COPY

Standard Form 514
Rev. August 1954
Bureau of the Budget
Circular A-32 (Rev.)

U.S. GOVERNMENT PRINTING OFFICE : 1963 0-712-660

CLINICAL RECORD | LABORATORY REPORTS

ATTACH 3D REPORT ALONG HERE AND SUCCEEDING ONES ON ABOVE LINES

ATTACH 2D REPORT WITH TOP AT THIS LINE ↑

ATTACH 1ST REPORT ALONG LEFT MARGIN WITH TOP AT THIS LINE ↑

ATTACHING MARGIN

ATTACH ALL TEST REPORTS TO THIS SHEET

PATIENT'S IDENTIFICATION (For typed or written entries five Name— last, first, middle; trade; date; hospital or medical facility)	REGISTER NO.	WARD NO.
[redacted] ROOSEVELT JI RA 16 958 476		

LABORATORY REPORTS
Standard Form 514
514-106

BEST COPY

Standard Form 519
Rev. August 1954
Bureau of the
Budget Circular A-32

U.S. GOVERNMENT PRINTING OFFICE : 1964 0-718-468

CLINICAL RECORD	RADIOGRAPHIC REPORTS

ATTACH 3D REPORT ALONG HERE AND SUCCEEDING ONES ON ABOVE LINES

ATTACH 2D REPORT WITH TOP AT THIS LINE ↑

ATTACH 1ST REPORT ALONG LEFT MARGIN WITH TOP AT THIS LINE ↑

ATTACHING MARGIN

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name— last, first, middle; grade; date; hospital or medical facility)*

REGISTER NO.

WARD NO.

[redacted] ROOSEVELT JI

RA 16 958 476

RADIOGRAPHIC REPORTS

Standard Form 519
519-106

BEST COPY

CLINICAL RECORD COVER SHEET

(AR 40-400)

1. ADMISSION NOTES	2. WARD	3. TYPE OF CASE	4. LAST NAME-FIRST NAME-MIDDLE INITIAL
1155 No evid of A or U	7	☐ DIS aINJ ☐ BC	[redacted] Roosevelt NMI

5. SEX	6. RELIGION	7. PREV. ADM.	8. REGISTER NO.	0. SERVICE NO.	10. GRADE
ii	P	☐ yes ☒ NO	26316	?..16 L78	PFC

11. RATING OR DSGN	12. DEPARTMENT	13. ORGANIZATION AND BRANCH OF SERVICE	14. FLYING STATUS
-	Army	Co B 3/8 Inf 4	ND

15. NAME ANO ADDRESS OF EMERGENCY ADDRESSEE	16. AGE	17. RACE	18. LENGTH OF SERVICE	10. DATE OF ADMISSION
Glenda/W 211 Waverly St. Kansas City, Kan.	10	Neg	7/12	17 Jun 67

20. SOURCE OF ADMISSION: Trf fr 18 Surg Hosp

NOTE: Enter flying status for AF Military Personnel only. For Civilians, etc., show type *(Dep. of EM, etc.)* in space 13.

21. ADMITTING OFFICER: .ins, ci.'?, ic

22. CONTINUATION OF ITEMS 13 AND 20: (1,3) APG 9u262, ..11010

23. diagnoses *(See instructions for recording as shown on reverse side. Include all required related data)*

Pg: 1. Traumatic amputation (R) thumb and index finger and partial third digit, treated
AI: Claymore mine detonation 3 miles from Dragon Mt., 1S30 hrs, 15 Jun 6?.
IX©: Yes, CO and surgeon agree

24. operations and special therapeutic procedures *(Show date for each; show anesthetic for each operation)*

25. selected administrative data *(Show nature of and dates for board proceedings; show fact of and dates for leave, AWOL, subsisting elsewhere, detached service, etc.)*

Patient ilnced on ..piously Ill 1135 bra, 17 Jun Cfcdte /' UlK.

26. PHYSICAL PROFILE

TYPE	SERIAL						SUFFIX					
	P	U	L	H	E	S	R	T	D	O	N	
PREVIOUS												☐ profile is Unchanged
REVISED												

27. DAYS DURATION THIS FACILITY

ALL rr IN HOSPITAL OR INFIRMARY SUBSISTING ELSEWHERE QUARTERS OR DISPENSARY LEAVE OTHER

28. naturT OF DISPOSITION: Transferred to 95th GSP for evacuation to: 106 Gen Hosp

29. DATE OF DISPOSITION: bm 69

30s' SIGNATURE OF ATTENDING PHYSICIAN: f AT -TV :. BOARD -Y uc /o/

31. SIGNATURE OF WrCfy MAR OR MJPTtAL EC S O ICER: Kent W Cronan
KENT W CRONAN, 1LT, MSC, ASST REGISTRAR

32. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY: 95th Evac Hosp (OMEL) APO 96290

*33. REGISTER NUMBER: 26316

DA 1 JUIlz 8-275-3 *(4 PART)* W,LL be ISSUED AND USED UNTIL 1 JUL 63 UNLESS SOONER EXHAUSTED.

34. additional remarks *(Show item number to which extended entry applies. Group all continuations of a particular item,)*

INSTRUCTIONS FOR ITEM 23: Enter primary cause of admission first, followed by additional diagnoses present in order of importance; then by later diagnoses in chronological order preceded by dates made. Number diagnoses in order. Record fully — including causative agent, how, when, where, doing what, for injuries — in accordance with separate directives. For all diagnoses established by pathological findings, so state. Each chronic condition must be indicated as either "PR" (previously recorded) or "Not PR." Similarly, any other conditions which has been recorded in a previous admission will be so indicated, showing the previous diagnosis. In all cases designated as previously recorded, show place, date, and register number of previous admissions. Every condition that existed prior to service will be indicated as "EPTS." Diagnoses of veneral disease and malaria will be characterized either as "EPTS" or as "Not EPTS." In the case of diagnosis from which recovery occurs prior to disposition of the case, a date will be shown, thus: "Recovered 11 May 1951." For each diagnosis line-of-duty status must be shown in accordance with separate directives, thus "LD, No, EPTS," "LD, No, Misconduct," "LD, Yes, EPTS, Aggravated by Service," etc.

35. CAUSE OF DEATH			
(Do not enter more than one cause per tine for items la, b and c)	THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC., IT MEANS THE *DISEASE, INJURY, or COMPLICATIONS* WHICH CAUSED DEATH.	la. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES	*b.* due to *(Or as the consequence of)*	
	MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE *(Item la)* STATING THE UNDERLYING CAUSE LAST.	c. due to *(Or as the consequence of)*	
	THIS MEANS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITIONS CAUSING DEATH.	II. other significant conditions	

36. AUTOPSY PERFORMED *(if "YES," indicate date and place)*	37. HOUR and date of death
38. EXACT PLACE OF DEATH	39. SIGNATURE OF PHYSICIAN

☆U.S. GOVERNMENT PRINTING OFFICE: 1965-777-756

Standard Form 502
Rev. August 1954
Bureau of the Budget
Circular A—32

U.S. GOVERNMENT PRINTING OFFICE: 628244

CLINICAL RECORD	NARRATIVE SUMMARY	
DATE OF ADMISSION 22 June 1967	DATE OF DISCHARGE	NUMBER OF DAYS HOSPITALIZED

(Si An and date at end of narrative)

Chief Complaint: Traumatic anputaction of light thumb and index finger with partial amputation of right long finger and fracture of proximal phalanx on right rings finger, 15 June 1967.

history of Present Hines: The patient is a 19-yeai>-old PFC who, on 15 June *67 sustained the above injuries by a Claymore mine detonation. 416 patient was taken to the 18th Surg Hosp on his date of injury where all wounds were debrided. He was placed in a partially closed palmar wound. The patient was transferred to the 85th Evac and then to the 106th Gen Hosp for further therapy and disposition,

r ast History: Unremarkable .

Review of Systems: Hon-contributory.

Physical Examination: Vital signs within normal limits. Positive findings were confined to extremities. Right upper extremity; bulky dressing involving the right forearm and hand, dressing not disturbed.

Impression on Admission:

1(Traumatic amputation, right thumb, index and tip of long finger.

2) fracture proximal phalanx, right ring finger.

Operations : (1) 27 June, axillary anesthesia, debridement and irrigation, right handuwound. (2) 12 July, general anesthesia, split thickness skin gr ft, right thigh to right hand.

Laboratory Data: 27 June 1967, culture and sensitivity of right hand, heavy growth of Aero bacter cloaca. Otherwise within normal limits.

Consultations : PT.

Course in Hospital: Five days following his admission, after base line studies had been obtained, the patient was taken to the operating room where, under axillary anesthesia, debridement and irrigation of his light hand was performed. At the time of this surgery, it was noted that the long finger was also amputated. The wound at this time appeared quite clean with the exception of a dead space over the thenar eminence and probable non-viable skin from the dorsal skin border of the closure. Fost-operatively, the patient remained afebrile. On 6 July, he was returned to the operating room where, under general anesthesia, debridement of the non-viable skin margin was performed with no infection found at this surgery. Fost-operatively, he again did very well. On 12 July, after re-dressing on the ward had hown a clean granular base, he was taken to the operating room where, under general anesthesia, a split thickness skin graft was placed on the right thi i to the rigit hand, covering all open areas Fost-operatively, again the patient has done well and the graft appears to be 100% take at this time.

Because Jthe protracted rehabilitative course is anticipated and the patient's conditionals now stable, he will be air-evacuated back to CONUS for further therapy.

/ (; I (Use additional sheets of this form (Standard Form 502) if more apace is required)

SI NATyreOF PHYSICIAN	1 DATE	IDENTIFICATION NO.	I ORGANIZATION
ClareZe Funaki. Cpt. MC	17 July'67	8A16958476	B/3/8 Inf 4 Inf Div MO 9626i

PATIENT'S IDENTIFICATION (For Typed or written entries give: Name —last, first, middle; trade; date: hospital or medical facility)	REGISTER NO.	WARD NO.
[redacted], Roosevelt PFC RA 16 953 476 106th Gen Hosp APO 96503	07055	G-1

NARRATIVE SUMMARY
Standard Form 502
502-107-02

BEST COPY

Standard Form 502
Rev. August 1954
Bureau of the Budget
Circular A—52

U.S. GOVERNMENT PRINTING OFFICE: 628244

CLINICAL RECORD	NARRATIVE SUMMARY	
DATE OF ADMISSION 22 June 1967	DATE OF DISCHARGE	NUMBER OF DAYS HOSPITALIZED

(Sign and date at end of narrative)

Diagnosis : 1 . YO-39 •— STATUS POST OP AMBUTATION OF RIGHT LONG, INDEX AND THIMB.

Disposition: Air evac •

Prognosis « Pair .

Medications : None.

(Use additional sheets of this form (.Standard Form 502) if more space is required)

SIGNATURE OF PHYSICIAN | DATE | IDENTIFICATION NO. | ORGANIZATION

17 July'67 | BA16958TZ6 | B/V8 Inf 4 Inf Div A O 96262

PATIENT'S IDENTIFICATION (If typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)

Clarenea Fuftaki-,-• Cpt, MC

REGISTER NO. O7Q55 | WARD NO. G-1

[redacted], Roosevelt [PFC
RA 16 953 476
106th Gen Hosp APO 96503

NARRATIVE SUMMARY
Standard Form 502
502-107-02

BEST COPY

CLiliiCAL RECORD COVER SHEET
(OT.SG *Admini strati ve Letter 40—20)*

1. REGISTER NO.	2. PREVIOUS ADMISSION	3. LAST NAME - FIRST NAME - MIDDLE INITIAL	4. GRADE
3242626	NJ	[redacted] ROOSEVELT	P?C

5. SERVICE NUMBER	6. ORGANIZATION - DUTY STATION
RA15936476	CO B 3 B-j 8 INF 4 DIV APO SF 96282

aVaro	FTYFE	9. BRANCH OF SVC	10. MOS	SEX	12 RELIGION	13 FLYING STATUS	14 RATING DESIGNATION
[illegible]	:a,e hb		iwid	f			

IsTeNcfiror SEP VICE	16. DEPARTMENT	17. AGE	18. SOURCE OF ADMISSION
K		P3	W8 GM APO SF 96503

19. NAME AND ADDRESS OF EMERGENCY ADDRESSEE

- ... 4 aberc* wi£/ /2H . •■.''' si Kansas cm Katos g

20. NAME ANO ADDRESS OF SPONSOR

21. HEALTH RECORD	22. INITIAL HOSPITAL DATE	23. Initial hospital CODE	24. ETS	25. Sex	26. Yob	27. RACE
TEt.	?5/08/67	8201	09/12/69	Y	4	NEG

28. PERS CODE	29. PAY GRADE	30. DATE Or AOMISCION	31. TIME	32. ADMITTING OFFICER
[illegible]	[illegible]	27/07/67	1130	[illegible]

33. ADMISSION NOTES

THIRD PERSON LIABILITY
PL 87-693

HEALTH RECORD COPY

40. Potential 3d Party
Per JA. Initial.....

34. DIAGNOSES (See instructions for recording as shown on reverse side. Include all related related data)

Ot [illegible] acquired, right thumb, long and index fingers, and partial amputation ring finger. At: Approx 1030 hours, 19 Jun 67, 3 miles from Dragon Mt, RVN, the jjjutleut wus injured by a blunting Cluyi more mine detonation. LD: Yes, Co uwl Surgeon u ree. Feraanently Disabling, 60%.

2* Included la Dg. 1.

j 3. ■<, Lced by Dg. 1.

*. Fr -cvure, prcad -X jfoulanx at ring flager, rgglit, no artery or nerve involvement.

I AX ae la Sg« !• W: Yes, Co aui Saqgaaa ograa . Permanently Disabling, 0%.

Coined Bating for Dgs. 1 wid U: Permanently Disabling, 60%.

3 Aug 8T: FcbowiX cf K-vtay ffroa right ring finger. Ados: Local xylocaine.

35. OPERATIONS AND SPECIAL THERAPEUTIC PROCEDURES (Show date for each; show anesthetic for each operation)

11 Oct 67: Arthrodesis, PIP joint, right ring finger.

/.see: SuLi'acluvle ular block, Fluothane, nitrous oxide, oxygen, semiclosed mask.

HEALTH RECORD COPY

_:_X IALIZED TREATMENT: Orthopedic Surgery Date Bd Findings: 19 Feb 68

36. SELECTED ADMINISTRATIVE DATA (Show nature of and dates for board proceedings, show last of and dates for leave, AWOL, subsisting elsewhere, detached service, etc.)

AB/SR 20th [illegible] Approved PEB Referral: 23 Feb 68

Hosp to Coov IV: 1 Sept 67 «1 Oct 67 i8Sec67 PEB Bee fwded to Secy: 8 Mur 68

22 Hov 67 - 6 Dec 67 Receipt ctf Instr fr Secy: 2lJu1 68

22 67 • 6 Dec 67 rA Form 8-119 Fwded

Eo Potential 3d Partv

37. PHYSICAL PROFILE

TYPE	SERIAL 1	1	1	1	1	1	SUFFIX R	T	D	O	N	PROFILE IS UNCHANGED
	P	U	L	H	E	S						
PREVIOUS												
REVISED												

38. DURATION THIS FACILITY <2i Q

ALL	IN HOSPITAL OR INFIRMARY	SUBSISTING ELSEWHERE	QUARTERS OR DISPENSARY	LEAVE 75	OTHER 1
Perm maUy Betlrod, thw 5»j AB 63fr4o, Dg. 1,			60%.	25 Jul 68	

39. NATURE OF DISPOSITION

40. DATE OF DISPOSITION warn.

41. SIGNATURE OF ATTENDING PHYSICIAN

42. SIGNATURE OF REGISTRAR OR MEDICAL RECORDS OFFICER

FITZSIMONS GENERAL HOSPITAL, DENVER, COLORADO 80240 8243 026

43. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY

44. REGISTER NUMBER

BEST COPY

Standard Form 600
Nov. 1952
Bureau of the Budget
Circular A—52
600-102

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT. TREATING ORGANIZATION *(S-gn each entry)*

RACE	GRADE. RATING, OR POSITION	ORGANIZATION UNIT	COMPONENT OR BRANCH	SERVICE. DEPT. OR AGENCY

IENT S LAST NAME —FIRST NAME— MIDDLE NAME	DATE OF BIRTH (day-month-year)	IDENTIFICATION NO.

CHRONOLOGICAL RECORD OF MEDICAL CARE
Standard Form 600

DATE	SYMPTOMS. DIAGNOSIS. TREATMENT. TREATING ORGANIZATION *(Si&n each entry)*

☆ U S GOVERNMENT PRINTING OFFICE 1960 0—574078

BEST COPY

Standard Form 601
Nov. 1952
Bureau* >f the Budget
Circular A-32

HEALTH RECOFID — IMMUNIZATION RECORD

All entries in ink to be made in block letters

VACCINATIO M AGAIN ST SMALLPOX (Number of previous vaccination scars)

	Tira	ORIGIN '66	BATCH NUMBER	RESULT* 2-S DAYS	RESULT* 7-10 DAYS	STATION	rnYSICIANnS NAME
1					VACCINIA	JM	LLmFORD CAPT MC
2							
3							
4							
5							
6							

•ENTER RESUL TS AS: IM MEDIATE REACTION (of immunity); ACCELERATED REACTION (Vaccinoid); TYPICAL PRIMARY VACCINA

TRIPLE TYPH OID VAC2CINE

	DATE	DOSE	UNTOWARD REACTION	PHYSICIAN'S NAME		DATE	DOSE	UNTOWARD REACTION	PHYSICIAN'S NAME
1	L# DEC '66		T.	: LBTORD GAFT					
2				m lptord caft					
3	« FEB ft 167 6.0 Q				9				
J					10				
5					11				
jl!					12				

TETANUS TOXOID

	DATE	DOSE	UNTOWARD REACTION	PHYSICIAN'S NAME		DATE	DOSE	UNTOWARD REACTION	PHYSICIAN'S NAME
1			JM	KOTORD CAPT M	4				
2	i' «»	0.5	GC JM	LLmFORD cap? m	5				
:	.t reo	QO fi)			6				

SCHICK tESTMG AND DIPHTHERIA IMMUNIZATION

	DATE	DOSE	REACTION	PHYSICIAN'S NAME		DATE	DOSE	REACTION	PHYSICIAN'S NAME
TEST					TEST				
1					5				
2					6				
3					7				
4					8				

TYPHUS VACCINE

	DATE	DOSE	REACTION	PHYSICIAN'S NAME		DATE	DOSE	REACTION	PHYSICIAN'S NAME
9	Jftp 196	0.5	JM	LT TO.ID CAP?	4				
z	13 APR 1967	0.	rrc /nt	Pall Capt m	5				
2					6				

CHOLERA VACCINE

	DATE	ORIGIN	BATCH NO.	PHYSICIAN'S NAME		DATE	ORIGIN	BATCH NO.	PHYSICIAN'S NAME
1	3 APR K	K7		mo P.tf Q.Tfa	7				
2					a				
3					9				
4					10				
S					11				
»					12				

YELLOW FEVER VACCINE

	DATE	ORIGIN	BATCH NO.	STATION	S') pj YsjeiApjs NA jf y y
1	JAN 19	CATL. DRUG GO.	A	AU FT L GUARD aOOL, K0.	JM LLmFORD CAPT MC
2					
3					

SEX	RACE	GRADE. RATING OR POSITION	ORGANIZATION UNIT	COMPONENT OR BRANCH	SERVICE, DEPT. OR AGENCY
4		PVT		ARKY	

PATIENT'S LAST NAME— FIRST NAME— MIDDLE NAME	DATE OF BIRTH (DAY—MONTH—YEAR)	IDENTIFICATION NO.
[redacted] ROOSEVELT JF		RA 16 953 476

601-102

IMMUNIZATION RECORD
Standard Form 601

BEST COPY

OTHER IMMUNIZATIONS

	DATE.	TYPE	DOSE	REACTION	REMARKS	PHYSICIAN S NAME
1	12 re i 6					
2					JM LI¥C	CA.PT M'C
3	' OK 66				JI4 LI T(-iD	CazT i..C
4	DEC 156				JM LINK RD	CaP! xiC
5	19 FEB	fcyrCLIO O.tAL			JM iiII 'FI).iD	CArT MG
6	12 DEC	ORAL aWIO h			JM LI.JFC-RD	CaJ'T MC
7	13 APR	1%/ /%	(a ec		Me Pad Part	ST?e
8		/T				
9						
10						
11						
12						
13						
14						
15						

SENSITIVITY TESTS *(Tuberculin, etc.)*

	DATE	TYPE	DOSE	ROUTE	RESULTS	PHYSICIAN'S NAME
i						
2	12 DEC 63			L/Fr 11z tu	JM LI.JFC/D	CA.-I MC
3						
4						
5						
»						
7						
8						
9						
10						

REACTIONS *(To transfusions, drugs, sera, foods, allergens, etc.)*

	DATE	AGENT '	TYPE OF REACTION	SEVERITY	PHYSICIAN'S NAME
i					
2					
3					
4					
S					

BLOOD TYPING

	DATE	TYPE *(International)*	Rh FACTOR	PHYSICIAN'S NAME
1	12 DEC 63	A		
2				JM LINFORD CArT MG
3				

REMARKS AND RECOMMENDATIONS *(Including history of diseases for which any of the above immunizing agents were given with year and place of attacgf)*

THIS RECORD IS ISSUED IN ACCORDANCE WITH ARTICLE 99. WHO SANITARY REGULATION NO. 2.

» U.S. GOVERNMENT PRINTING OFFICE 1961 0—590886

BEST COPY

Standard Form 600
Nov. 1952
Bureau of the Budget
Circular A—32
600-102

8-B2

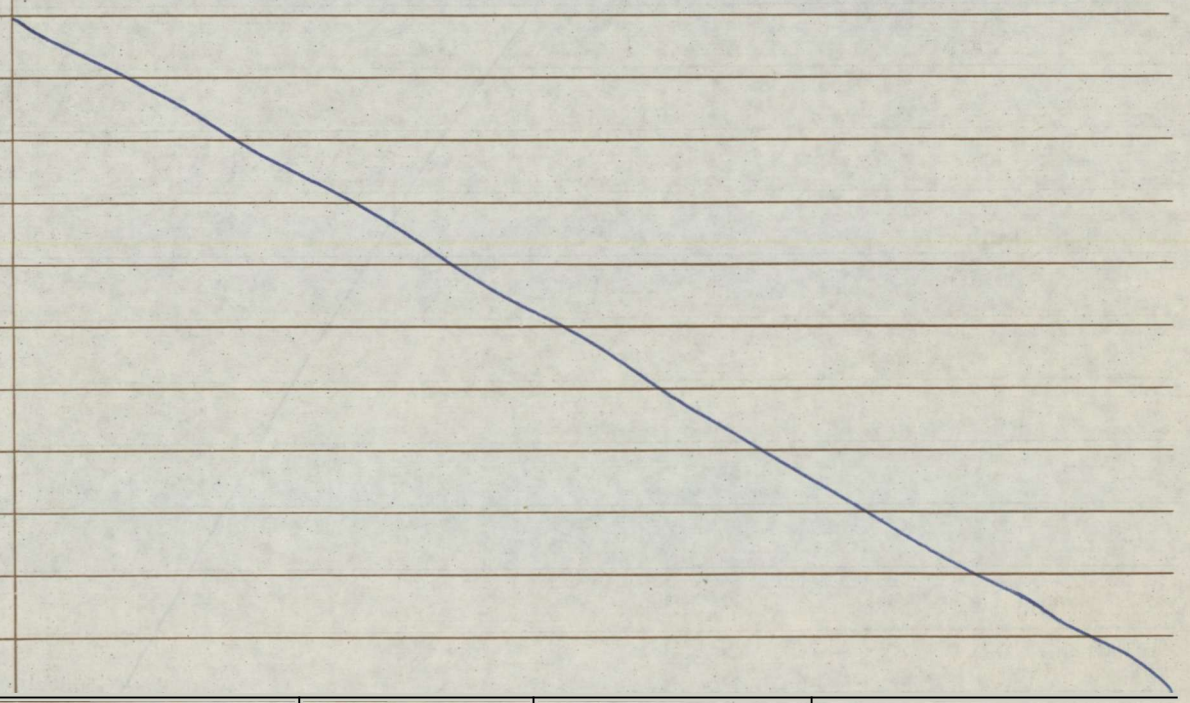
4

HEALTH RECORD AIDI0 VISUAL jMCHRONOtSKHCAANBSEfiBtNDR ItHfiOISAL CARE

DAT f2DECI966 SYMPTO GIWAH (?)Q s. ® P4?EW99ft»EWi§ (ANI ZAT |O N (Sign each entry)

37	DIbI AN I VIbIVN	OU KEIKAGIIUN	61 MDAn VTCIbM
RIC	tHT TO zu/	BY S OX	CtHKKIV BY
LEfT	ZUZ -t. UURK TU ZU/	BY S OX	CORR TO BY
P.I	r.----------EYE	BRIDGE	
		BY	

----u.	AUDIOMETER				1
	1QQ	poo	2000	4000	
RIGht					
Lff T					



SEX	Race	GRADE. RATING. OR POSITION	ORGANIZATION UNIT	COMPONENT OR BRANCH	SERVICE, DEPT. OR AGENCY
M		p/r £. -I	c-12	Ia	

PATENT'S LAST N ME- FIRST NAME— MIDDLE NAME	DATE OF BIRTH (day-month-year)	idiftT#HH5k¥ioN no.
PW\erc.rorn\o \ £ ic, Vsoos ej)Er\V	li MAff 48	BA1169584 76

CHRONOLOGICAL RECORD OF MEDICAL CARE
Standard Form 600

DATE	SYMPTOMS, DIAGNOSIS. TREATMENT, TREATING ORGANIZATION *(Sign each entry)*

* U.S. GOVERNMENT PRINTING OFFICE : 1960 0—574078

BEST COPY

CLINICAL RECORD COYER SHEET

(AR 40-400)

1. ADMISSION NOTES No Evid of A or H 2315 hrs	2. WARD A	3. TYPE OF CASE Q OIs (3F INJ Q BC	4. LAST NAME— FIRST NAME-MIDDLE INITIAL ABJRCaCMBXB* Roosevelt fill
	9. SEX M	6. RELIGION Prot	7. PREV. ADM. □ YES QJ NO
	8. REGISTER NO. 9551	>. SERVICE NO. hA.1695 473	10. GRADE Pf c E-3
	11. RATING OR DSGN -	12. DEPARTMENT Army	13. ORGANIZATION AND BRANCH OF SERVICE B Co 5/8 Inf 4 Jiv ♦
	14. FLYING STATUS -		
	15. NAME AND ADDRESS OF EMERGENCY ADDRESSEE Glenda J Abercrcr*bie(211 Uaverly St Kansas City* Kansas	16. AGE 19	17. RACE Beg
	18. LENGTH OF SERVICE 7/12	19. DATE OF ADMISSION 15 67	
	20. SOURCE OF ADMISSION 'rf fr 4 JWd Bn A O 96262		
	NOTE: Enter flying status for AF Military Personnel only. For Civilians, etc., show type *(Dep. of EM, etc.)* in space 13.		
	21. ADMITTING OFFICER GIT PEaiKY HC	22. CONTINUATION OF ITEMS 13 AND 20 ♦ BVB bCSi 11C10	

23. diagnoses *(See instructions for recording as shown on reverse side. Include all required related data)*

Sigi 1. Treua tic amputation* (R) hand All 1 Ye
2. Fx ring finger. LODl Yet.

24. OPERATIdns and special therapeutic procedures *(Show date for each; show anea thetic for each operation)*

25. SELECTED ADMINISTRATIVE DATA *(Show nature of and dates for board proceedings; show fact of and dates for leave, AWOL, subsisting elsewhere, detached service, etc.)*

PHYSICAL PROFILE

28.

TYPE	SERIAL						SUFFIX					
	p	u	L	H	E	3	R	T	D	0	N	O PROFILE IS UNCHANGED
PREVIOUS												
REVISED												

27. DAYS DURATION THIS FACILITY

ALt _____ IN HOSPITAL OR INFIRMARY _____ SUBSISTING ELSEWHERE _____ QUARTERS OR DISPENSARY _____ LEAVE ---------- OTHER ----------

28. NATURE OF DISPOSITION: 85th BM Keeper 962 >8

29. BATE OF DISPOSITION

30. SIGNATURE OF ATTENDING PHYSICIAN: JVLAb At i Y, Cm, IC

31. SIGNATURE OF REGISTRAR OR MEDICAL RECORDS OFFICER: ROBERT L. MORROW, lit. MSC

32. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY: 1811; IRGIC A - .'Luu (im) Vlt 96:18

33. REGISTER NUMBER: 9551

DA i m#2 8-275-3 *(4 PART)* REPLACES DD FORM 481-3, 1 SEP B2, EXISTING SUPPLIES OF WHICH W,LU BE ISSUED AND USED UNTIL 1 JUL S3 UNLESS SOONER EXHAUSTED.

4

34. additional remarks *(Show item number to which extended entry applies. Group all continuations of a particular item.)*

INSTRUCTIONS FOR ITEM 23: Enter primary cause of admission first, followed by additional diagnoses present in order of importance; then by later diagnoses in chronological order preceded by dates made. Number diagnoses in order. Record fully — including causative agent, how, when, where, doing what, for injuries— in accordance with separate directives. For all diagnoses established by pathological findings, so state. Each chronic condition must be indicated as either "PR" (previously recorded) or "Not PR." Similarly, any other conditions which has been recorded in a previous admission will be so indicated, showing the previous diagnosis. In all cases designated as previously recorded, show place, date, and register number of previous admissions. Every condition that existed prior to service will be indicated as "EPTS." Diagnoses of veneral disease and malaria will be characterized either as "EPTS" or as "Not EPTS." In the case of diagnosis from which recovery occurs prior to disposition of the case, a date will be shown, thus: "Recovered 11 May 1951." For each diagnosis line-of-duty status must be shown in accordance with separate directives, thus "LD, No, EPTS," "LD, No, Misconduct," "LD, Yes, EPTS, Aggravated by Service," etc.

35. CAUSE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH
(Do not enter more than one cause per line for items la, b and c)	THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC., IT MEANS THE *DISEASE, INJURY, or COMPLICATIONS* WHICH CAUSED DEATH.	la. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
	ANTECEDENT CAUSES	*b.* due to *(Or as the consequence of)*	
	MORBID CONDITIONS. IF ANY, GIVING RISE TO THE ABOVE CAUSE *(Item la)* STATING THE UNDERLYING CAUSE LAST.	c. due to *(Or as the consequence of)*	
	THIS MEANS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITIONS CAUSING DEATH.	II. OTHER SIGNIFICANT CONDITIONS	

36. AUTOPSY PERFORMED *(If "YES," indicate date and place)*	37. HOUR AND DATE OF DEATH
38. EXACT PLACE OF DEATH	39. SIGNATURE OF PHYSICIAN

☆U.S. GOVERNMENT PRINTING OFFICE: 1965-777-756

BEST COPY

CLINICAL RECORD COVER SHEET

(AR 40-400)

1. ADMISSION NOTES	2. WARD	3. TYPE OF CASE	4. LAST NAME-FIRST NAME-MIDDLE INITIAL
1155 No evid of A or N	7	☐ DIS ☒ INJ Q BC	[redacted] Roosevelt Illi

5. SEX	6. RELIGION	7. PREV. ADM.	8. REGISTER NO.	9. SERVICE NO.	10. GRADE
M	P	☐ YES Q NO	28316	RA 16 V58 478	33

11. RATING OR DSGN	12. DEPARTMENT	13. ORGANIZATION AND BRANCH OF SERVICE	14. FLYING STATUS
–	Army	Co B 3/8 Inf Zp Inf Div	no

15. NAME AND ADDRESS OF EMERGENCY ADDRESSEE	16. AGE	17. RACE	18. LENGTH OF SERVICE	19. DATE OF ADMISSION
Glenda/hr 211 Waverly- St. Kansas City., Kan.	19	Neg	7/12	17 Jun 67

20. SOURCE OF ADMISSION: Trf fr 18 Surg Hosp

NOTE: Enter flying status for AF Military Personnel only. For Civilians, etc., show type *(Dep. of EM, etc.)* in space 13.

21. ADMITTING OFFICER	22. CONTINUATION OF ITEMS 13 AND 20
JUITS, CrT. ILC	(13) APO 96262 11010

23. diagnoses *(See instructions for recording as shown on reverse side. Include all required related data)*

Dg: 1. Traumatic amputation (R) thumb and index finger and partial third digit, treated
Al: Claymore mine detonation 3 nil es from Dragon lit., 183Q hrs, 15 Jun 67.
LOD: Yes, CO and surgeon agree

24. operations and special therapeutic PROCEDURES *(Show date tor each; show anesthetic for each operation)*

EXHIBIT G

25. selected administrative data *(Show nature of and dates for board proceedings; show fact of and dates for leave, AWOb, subsisting elsewhere, detached service, etc.)*

Patient pieced on Seriously Ill 1135 hrs, 17 Jun 67, Smite UNK.

26. PHYSICAL PROFILE

TYPE	SERIAL P	U	L	H	E	3	SUFFIX R	T	D	0	N	☒ PROFILE IS UNCHANGED
PREVIOUS												
REVISED												

27. DAYS DURATION THIS FACILITY: ALL 2 IN HOSPITAL OR INFIRMARY 2 SUBSISTING ELSEWHERE ____ QUARTERS OR DISPENSARY ____ LEAVE ____ OTHER ____

28. NATURE OF DISPOSITION: Transferred to 25th CSF for evacuation to: 106 Gen Hosp, Japan

29. DATE OF DISPOSITION: 19 Jun 67

30. SIGNATURE OF ATTENDING PHYSICIAN: CALVIN E JONES, GPT, MC /s/

31. SIGNATURE OF RECORDING OFFICER: ✓ mJf'OM JAG, 1LT, MSC, ASST REGISTRAR

32. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY: 8Sth Evnc Ho.qn (SLfBT.) APO 96238

33. REGISTER NUMBER: 28316

DA 1 JUL 62 8-275-3 *(4 part)* REPLACES DD FORM 481-3, 1 SEP 52, EXISTING SUPPLIES OF WHICH WILL BE ISSUED AND USED UNTIL 1 JUL 53 UNLESS SOONER EXHAUSTED.

Incl #5

34. additional remarks *(Show item number to which extended entry applies. Group all continuations of a particular item.)*

INSTRUCTIONS FOR ITEM 23: Enter primary cause of admission first, followed by additional diagnoses present in order of importance; then by later diagnoses in chronological order preceded by dates made. Number diagnoses in order. Record fully — including causative agent, how, when, where, doing what, for injuries— in accordance with separate directives. For all diagnoses established by pathological findings, so state. Each chronic condition must be indicated as either "PR" (previously recorded) or "Not PR." Similarly, any other conditions which has been recorded in a previous admission will be so indicated, showing the previous diagnosis. In all cases designated as previously recorded, show place, date, and register number of previous admissions. Every condition that existed prior to service will be indicated as "EPTS." Diagnoses of veneral disease and malaria will be characterized either as "EPTS" or as "Not EPTS." In the case of diagnosis from which recovery occurs prior to disposition of the case, a date will be shown, thus: "Recovered 11 May 1951." For each diagnosis line-of-duty status must be shown in accordance with separate directives, thus "LD, No, EPTS," ''LD, No, Misconduct," "LD, Yes, EPTS, Aggravated by Service," etc.

35. CAUSE OF DEATH			
(Do not enter more than one cause per line for items la, b and c)	THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE. ASTHENIA .ETC., 1T MEANS THE *DISEASE, INJURY, or COMPLICATIONS* WHICH CAUSED DEATH.	la. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES	b. due to *(Or as the consequence of)*	
	MORBID CONDITIONS. IF ANY. GIVING RISE TO THE ABOVE CAUSE *(Item la)* STATINGTHE UND ER LY1NG CAUS ELAS T.	c. due to *(Or as the consequence of)*	
	THIS MEANS CONDITIONS CONTRIbuting to the death but not related TO THE DISEASE OR CONDITIONS CAUSING DEATH.	II. other significant conditions	

36. AUTOPSY performed *(If "YES," indicate date and place)*	37. HOUR AND DATE OF DEATH
38. EXACT PLACE OF DEATH	39. SIGNATURE OF PHYSICIAN

☆U.S. GOVERNMENT PRINTING OFFICE: 1965-777-756

BEST COPY

Standard Fdrm 539
Rev. August 1954
Bureau of the Budget Circular A-32

CLINICAL RECORD | ABBREVIATED CLINICAL RECORD

PERTINENT HISTORY. CHIEF COMPLAINT. AND CONDITION ON ADMISSION *(Enter date of admission (*

Blast injury debrided 15 June 18th surgical hospital → amputation thumb + index proxim + distal phal 3rd finger. Op note difficult to understand. Hand apparently partially closed C drain. Rx Pen + Strep, Mild fever

COMPLETE PHYSICAL EXAMINATION IS ESSENTIALLY NEGATIVE EXCEPT FOR THE FOLLOWING:

Hand dressing volar splint, comfortable
Cond stable

PROGRESS *)Enter date of discharge and final diagnosis)*

Admit EVAC

SIGNATURE OF HYSICTaNTs	IDENTIFICATION NO.	ORGANIZATION
7?Qu		

PATIENT'S iriENTIF ZATION *(For typeifor written entries &4 e Name last, first. middle; grade; date; hospital or medical facility)*

[redacted]

£&/<<><?£ [redacted]

Roosevelt Pfc

ke 346

WARD NO. 7

ABBREVIATED CLINICAL RECORD
Standard Form 539
539-103

85th EVAC. HOSf> (S.M.B.L.)
APO $,F. %238

fe

BEST COPY

DOCTOR'S ORDERS *(Date and eign all ordert)*

TEMPERATURE-PULSE-RESPIRATION						NURSE'S NOTES
DATE AND TIME	T	P	R	STOOLS	WEIGHT	MEDICATION AND NURSE'S NOTES

• U.S. GOVERNMENT PRINTING OFFICE : I»6 1 0— SS9048

BEST COPY

Standard Form 509
(Rev. August 1954)
Bureau of the Budget
Circular A-32

CLINICAL RECORD

DOCTOR'S PROGRESS NOTES
(Sign *all notes*)

DATE	

(Continue on reverse side)

PATIENT'S IDENTIFICATION (*For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility*)

[redacted]

Roosevelt Pre

[redacted]

REGISTER 28374

WARD NO. 7

DOCTOR'S PROGRESS NOTES
Standard Form 509

85L^h EVAC. hospital
apo b6238

DOCTOR'S PROGRESS NOTES
(Sign *all notes)*

DATE	

U.S. GOVERNMENT PRINTING OFFICE : IMI O—S8Z5S2

DOCTOR S PROGRESS NOTES
Standard Form 509
) Reverse)

BEST COPY

Standard Form 511
Rev. August 1956
Bureau of the Budget
Circular A—32

U.S. GOVERNMENT PRINTING OFFICE : 1961 0—614284

CLINICAL RECORD

TEMPERATURE— PULSE—RESPIRATION
FAHRENHEIT

HOSPITAL DAY	adm	1	2	3	4	5	6
POST- DAY							
MONTH-YEAR / DAY	17	18	19	20	21	22	23
JUN 19 67 / HOUR	6 10 2 6 10	2 6 10 2 6 10	2 6 10 2 6 10	2 6 10 2 6 10	2 6 10 2 6 10	2 6 10 2 6 10	2 6 10 2 6 10

PULSE (O) / TEMP. F (•): 105°, IK 104°, 170 103°, 160 102°, 150 101°, 140 100°, 130 99°, 98.6°, 120 98°, 110 970, 100 96°, 90 95°, 80, 70, 60, 50, 40

TEMP. C: 40°, 35°

(Centigrade Equivalents, for Reference only)

RESPIRATION RECORD: 18 18 18

BLOOD PRESSURE

HEIGHT: ////*' I WEIGHT-* 150#

Record special data only when so ordered

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, date; hospital or medical facility)

[redacted] Roosevelt PFC

REGISTER NO. 28316

WARD NO. 7

TEMPERATURE— PULSE—RESPIRATION
FAHRENHEIT
Standard Form 511
511-108-01

RA 16558474

BEST COPY

Standard Form 514
Rev. August 1954
Bureau of the Budget
Circular A-32 (Rev.)

U.S. GOVERNMENT PRINTING OFFICE : 1963 0-712-660

CLINICAL RECORD | LABORATORY REPORTS

ATTACH 3D REPORT ALONG HERE AND SUCCEEDING ONES ON ABOVE LINES

ATTACH 2D REPORT WITH TOP AT THIS LINE

ATTACH 1ST REPORT ALONG LEFT MARGIN WITH TOP AT THIS LINE

ATTACHING MARGIN

ATTACH ALL TEST REPORTS TO THIS SHEET

PATIENT'S IDENTIFICATION (For typed or written entries give: Name— last, first, middle; date; hospital or medical facility)

[redacted]

Roosevelt Pfc

REGISTER NO. 28316

WARD NO. 7

LABORATORY REPORTS
Standard Form 514
514-106

BEST COPY

[redacted]

6 ROOSEVELT

#10

REGISTER OR UNIT NO.	WARD NO.	BED PATIENT / AMBULATORY
28316	7	☒ / ☐

REQUESTED BY AND DATE: Jones 17 June

DATE AND TIME COLLECTED:

CLINICAL DATA: Pfa

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME

SPECIMEN AND SOURCE: blood

EXAMINATION REQUESTED: hCT

RESULT: 38

DATE OF REPORT: 17 June

SIGNATURE (Specify Lab. if not part of requesting facility)

NAME OF MEDICAL FACILITY

Standard Form 514—M—Rev. June 1959.
Bureau of the Budget Circular A-32

GPO

MISCELLANEOUS

514-1406

BEST COPY

Standtfrd Form 5*19
Rev. August 1954
Bureau of the
Budget Circular A-32

* U.S. GOVERNMENT PRINTING OFFICE : 1964 0-718-468

CLINICAL RECORD	RADIOGRAPHIC REPORTS

ATTACH 3D REPORT ALONG HERE AND SUCCEEDING ONES ON ABOVE LINES

ATTACH 2D REPORT WITH TOP AT THIS LINE ↑

ATTACH 1ST REPORT ALONG LEFT MARGIN WITH TOP AT THIS LINE vgt

ATTACHING MARGIN

PATIENT'S IDENTIFICATION (For typed or written entries give: Name— last, first, middle; hospital or medical facility)

[redacted] Roosevelt PFe

RA 16 958 476

REGISTER NO. 28316

WARD NO. 7

RADIOGRAPHIC REPORTS
Standard Form 519
519-106

DATE	7	DATE	8
	V/KV		

INSTRUCTIONS:
1. This form overrides doctor's orders DD Form 728.
2. Patient's name must be inserted under columns (1) and) r microfilming identification.

PPC-Japan

3. Fold on this scoring and crease firmly.

F\F> FORM JIA REPLACES DD FORM 640
LJLJ 1 APR 35 UtU 1 MAY 52. WHICH MAY BE USED

NURSING NOTES

4. Fold back on this scoring and crease firmly.

DATE	1	DATE	2
	UNIT:		

NAME [redacted]

[redacted] GvOmb/Oz Roosevelt 85th EVAC. HOSP. (SMB.M

[redacted] APO S.F. 96238

BEST COPY

DATE	3	DATE	4

DATE	5	DATE	6
	Z ZZ?/ y zZ/ Y		3z?d f /0 Dr/lJc
Above	Zzz jZ? z zZ y dx/zv z/rf r <S		D CVo / y JpLL . .Cui/litH* 1. 1/-
	TPP 106 4 88-r ✓ BP /? hb		
	Wt 150 Wt. 5'10"		1000 ><\i r /o
	Allergies yA/o x known		
	1o*A & SsAAs		7\ /
	Religion A/S / 7		
	Ch. S'&xZZS' xx	14 7	<)/ 60 /O-firfc'-' Ds' c fOs>K&. CL fjLrfi) ■
	zA'A&'s /S: *? 44 Vac/		A/f.Jlc /a /./ '< Cj.Ljf yO LL
17 Jun 47	P'S t . D/kfli'n. Zs ZmS /to &>£ aj		/stW-f. 'Cl / d &
	~ gPe.}		
zz/2	Second h 7~Ts & s		

NAME Abercrombie, Roosevelt REGISTER NUMBER PFC 28316

■ /ft/ <pMQ

BEST COPY

THIS SIDE UP WHEN PLACING IN CLINICAL RECORDS FOLDER
MICROFILM THIS SIDE FIRST

USE IMPRINT FROM ADDRESS PLATE OR MIMEOGRAPH

(D) DAY, (E) EVENING, (N) NIGHT

YEAR 19 69

DOCTOR'S ORDERS

ORIGINAL ORDERS SIGNED BY DOCTOR.
WHEN COPIED, NURSE SIGNS DOCTOR'S AND OWN NAME.

DATE DISC.	DATE	17	18	19	20	21	22	23
	SHIFT							
DOCTOR'S INITIALS	D E N	D E N	D E N	D E N	D E N	D E N	D E N	D E N

17 1) Wed 7
2) Re Det
3) Elevate hand
4) 1000cc D5W c 10x10^6 heparin gtt
5) EWAD

18 June D Evac to Recom slip in

19 June Hct 38%

19 June E

1

BEST COPY

YEAR 19	DOCTOR'S ORDERS (Cont'd) ORIGINAL ORDERS SIGNED BY DOCTOR. WHEN COPIED, NURSE SIGNS DOCTOR'S AND OWN NAME.	DATE DISC: DOCTOR'S INITIALS	DATE SHIFT D E N	SHIFT D E N	SHIFT D E N	SHIFT D E N	SHIFT D E N	SHIFT D E N	SHIFT D E N

[redacted] WARD 7

AT THE END OF EACH SHIFT, NURSE WHO COMPLETED ORDERS WILL PLACE OWN INITIALS IN PROPER COLUMN.

85th EVAC. HOSP. (SMBL) 96238

	GR	REGISTER NO	AGE	DATE OF ADM.	DIAGNOSIS
[redacted]	E3	28316	19	17-June-67	Traum. Amp. R. hand

PPC, Japan

BEST COPY

VERY SERIOUSLY ILL/SERIOUSLY ILL PATIENT REPORT

(AR 40-2)

1. DATE: 17 Jun 67

2. HOUR: U35

TO: [ ] REGISTRAR [ ] ADMINISTRATIVE OFFICER OF THE DAY

3. RELIGIOUS PREFERENCE OF PATIENT: prestestent

4. WARD: 7

5. NAME OF PATIENT (Last, first, middle initial), SERVICE NUMBER AND GRADE

[redacted], Roosevelt nmi
HU 16 958 U78
Co 3rd Bn, Sth inf itfh Div
PFC

Reg # 28316

PERSON TO BE NOTIFIED

6. NAME: Glenda J* / W

7. RELATIONSHIP:

8. ADDRESS (Number, street, city and state)
211 Waverly St
Kansas City, Kansas

ACTION TAKEN BY MEDICAL OFFICER

9. BRIEF DIAGNOSIS

Traumatic Amputation Rt hand

STATUS OF PATIENT

PLACED ON ROSTER		CHANGED ON ROSTER		REMOVED FROM ROSTER		RECOVERY	
	10. VERY SERIOUSLY ILL		12. SERIOUSLY ILL TO VERY SERIOUSLY ILL		14. RECOVERED		17. NOT EXPECTED
					15. TRANSFERRED		18. QUESTIONABLE
y/	11. SERIOUSLY ILL		13. VERY SERIOUSLY ILL TO SERIOUSLY ILL		16. DIED	✓	19. EXPECTED

20. REMARKS

21. TYPED OR PRINTED NAME OF MEDICAL OFFICER

22. SIGNATURE: C. E. Jones MD

ACTION TAKEN BY REGISTRAR OR ADMINISTRATIVE OFFICER OF THE DAY

	ACTION	DATE	HOUR	METHOD OF NOTIFICATION (Check one) TELEPHONE	TELEGRAM	LETTER
	23. REPORT RECEIVED	17 JUN 67	1 iZO	HAND	RRI C	
NOTIFIED	24. PERSON (Same as Item 6)					
NOTIFIED	25. INFORMATION OFFICE					
NOTIFIED	26. RED CROSS	17 Jun 67	L	MaivO	MARRIED	
NOTIFIED	27. CHAPLAIN	jc/ z	1345		MARRIED	
	28. OTHER (Specify)					

29. REMARKS

USARV CASUALTY - 1325 MOBid

30. TYPED OR PRINTED NAME OF REGISTRAR OR ADMINISTRATIVE OFFICER OF THE DAY

31. SIGNATURE

DA FORM 2984 MAY 65

REPLACES DA FORMS 8-167 AND 8-168, 1 SEP 57, WHICH ARE OBSOLETE.

ppC-Japan

BEST COPY

PATIENT'S DEPOSIT RECORD

(AR 40-227)

PATIENT IDENTIFICATION)For mechanical imprint , typewriteror hand)

[redacted]

1 HAVE BEEN INFORMED TH AT ANY FUNDSORVALUABLESINMY POSSESSION WH1LE A PATIEN T IN THIS HOSPITAL ARE RETAINED AT MY OWN RISK AND THAT 1 MAY AND SHOULD DEPOSIT SAME IN THE PATIENTS' TRUST FUND.

WITNESS (When patient unable to sign)	PATIENT'S SIGNATURE
Wakem	

DATE	DEPOSI T		WI TH-DRAWALS		BALANCE		SIGNATURE
11 00	v~	/	V7			/	42 211'

DA TE	PROPERTY RECEIVEDIN FUL L (Signature)

(List all valuables on reverse side of form)

D A FORM g_-| 78 PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE.

BEST COPY

NUMBER	DESCRIPTION OF VALUABLES	DEPOSITS		WITHDRAWALS	
		DATE	Signature (Custodian)	DATE	SIGNATURE (Patient or responsible individual)

PPC-Japan

BEST COPY

CLINICAL RECORD COVER SHEET

(AR 40-400)

1. ADMISSION NOTES	2. WARD	3. TYPE OF CASE	4. LAST NAME-FIRST NAME— MIDDLE INITIAL
No Evid of A or N 2515 hrs	A	Q DIS INJ [□ BC	[redacted], Roosevelt UM

5. SEX	6. RELIGION	7. PREV. ADM.	8. REGISTER NO.	9. SERVICE NO.	10. GRADE
M	Prot	Q yes 0 NO	9351	BA16958478	Pfc E-3

11. RATING OR DSGN	12. DEPARTMENT	13. ORGANIZATION AND BRANCH OF SERVICE	14. FLYING STATUS
-	Army	B Co 5/8 Inf 4 Div *	-

15. NAME ANO ADDRESS OF EMERGENCY ADDRESSEE	16. AGE	17. RACE	18. LENGTH OF SERVICE	19. DATE OF ADMISSION
Glenda J [redacted] (wX 211 Waverly St Kansas City, Kansas	19	Beg	7/12	15 Jun 67

20. SOURCE 0F admission: Trf fr 4 Med Bn APO 96262

NOTE: Enter flying status for AF Military Personnel only. For Civilians, etc., show type *(Dep. of EM, etc.)* in space 13.

21. ADMITTING OFFICER	22. CONTINUATION OF ITEMS 13 AND 20
OPT PERLEY, MC	* RVN MOB: 11 CIO

23. diagnoses *(See instructions for recording as shown on reverse side. Include all required related data)*

Dg: L. Traumatic amputation, (R) hand .al: LOds Yes.
2. Fx ring finger. LOI): Yes

LOI: Yes

24. OPERATIONS AND SPECIAL THERAPEUTIC PROCEDURES *(Show date for each; show anesthetic for each operation)*

15 Jun 67 Debride. ent of right hand witn wire fix ring finger

EXHIBIT G

25. selected administrative data *(Show nature of and dates for board proceedings; show fact of and dates for leave, AWOL, subsisting elsewhere, detached service, etc.)*

PHYSICAL PROFILE

26.

TYPE	SERIAL						SUFFIX					F-I PROFILE IS UNCHANGED
	P	U	L	H	E	S	R	T	D	0	N	
PREVIOUS												
REVISED												

27. DAYS DURATION THIS FACILITY 2

ALI _____ IN HOSPITAL OR INFIRMARY 2 SUBSISTING ELSEWHERE _____ QUARTERS OR DISPENSARY _____ LEAVE _____ OTHER _____

28. NATURE OF DISPOSITION: Transferred to 85th Evac Hosp,AP 96258

29. DATE OF DISPOSITION: 17 Jun o7

30. SIGNATURE OF ATTENDING PHYSICIAN: JULJb PERISY, CPT, MC

31. SIGNATURE OF REGISTRAR OR MEdAL RECORDS OFFICER: ROBERT E MORROW, 1Lt, MSC

32. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY: 18TH SURGICAL HOSPITAL (Ma) RVN xaPO 96318

33. REGISTER NUMBER: 9351

DA 1 jSI M62 8-275-3 *(4 part)*

REPLACES DD FORM 481-3, 1 SEP 52, EXISTING SUPPLIES OF WHICH WILL BE ISSUED AND USED UNTIL 1 JUL 63 UNLESS SOONER EXHAUSTED.

INCl ft-c

1

34. additional remarks *(Show item number to which extended entry applies. Group all continuations of a particular item.)*

INSTRUCTIONS FOR ITEM 23: Enter primary cause of admission first, followed by additional diagnoses present in order of importance; then by later diagnoses in chronological order preceded by dates made. Number diagnoses in order. Record fully — including causative agent, how, when, where, doing what, for injuries — in accordance with separate directives. For all diagnoses established by pathological findings, so state. Each chronic condition must be indicated as either "PR" (previously recorded) or "Not PR." Similarly, any other conditions which has been recorded in a previous admission will be so indicated, showing the previous diagnosis. In all cases designated as previously recorded, show place, date, and register number of previous admissions. Every condition that existed prior to service will be indicated as "EPTS." Diagnoses of veneral disease and malaria will be characterized either as "EPTS" or as "Not EPTS." In the case of diagnosis from which recovery occurs prior to disposition of the case, a date will be shown, thus: "Recovered 11 May 1951." For each diagnosis line-of-duty status must be shown in accordance with separate directives, thus "LD, No, EPTS," "LD, No, Misconduct," "LD, Yes, EPTS, Aggravated by Service," etc.

36. cause or death			
(Do not enter more than one cause per line for items Ia, b and c)	this does not mean the mode of DYING, SUCH AS HEART FAILURE. asthenia, etc., it means 'he *disease. INJURY, or COMPLICATIONS* which CAUSED DEATH.	Ia. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES	*b.* DUE TO *(Or as the consequence of)*	
	MORBID CONDITIONS. IF ANY. GIVING RISE TO THE ABOVE CAUSE *(Item la)* STATING THE UNDERLYING CAUSE LAST.	*c.* due TO *(Or as the consequence of)*	
	THIS MEANS CONDITIONS COnTributing TO the death BUT not RELATED TO THE DI SEASE OR CONDITIONS CAUSING DEATH.	II. OTHER SIGNIFICANT CONDITIONS	

36. autopsy performed *(if "YES,** indicate date and place)*

37. HOUR AND DATE OF DEATH

38. EXACT PLACE OF DEATH

39. SIGNATURE OF PHYSICIAN

☆U.S. GOVERNMENT PRINTING OFFICE: 1965-777-756

Standard Form.539
Rev. August 1954
Bureau of the Budget Circular A-32

CLINICAL RECORD | **ABBREVIATED CLINICAL RECORD**

PERTINENT HISTORY. CHIEF COMPLAINT. AND CONDITION ON ADMISSION)*Enter date of admission*(

Blast injury to (R) hand.

Allergic to no med

Bp 140/100 P 100 R

Tetanus Toxoid 0.5cc

COMPLETE PHYSICAL EXAMINATION IS ESSENTIALLY NEGATIVE EXCEPT FOR THE FOLLOWING:

Massive tissue and bone loss of (R) hand.

Loss THUMB INDEX, + MIDDLE FINGERS

PROGRESS *(Enter date of discharge and final diagnosis)*

SIGNATURE OF PHYSICIAN	DATE	IDENTIFICATION NO.	ORGANIZATION
Perley			

PATIENT'S IDENTIFICATION (*For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility*)

[redacted] ROOSEVELT

£-3 [redacted]

c# , 6 3/8 j K-/ 4Di[redacted] SURGICAL HOSFiTA"

APO 9631 a

REGISTER NO.	WARD NO.
9351	

ABBREVIATED CLINICAL RECORD
standard Form 539
539-103

DOCTOR'S ORDERS *(Date and sign all orders)*

TEMPERATURE-PULSE-RESPIRATION						NURSE'S NOTES
DATE AND TIME	T	P	R	STOOLS	WEIGHT	MEDICATION AND NURSE'S NOTES

☆ U.S GOVERNMENT PRINTING OFFICE : 1961 0—S89O48

» Standard Form 509
(Rev. August 1954)
Bureau of the budget
Circular A-32

CLINICAL RECORD | DOCTOR'S PROGRESS NOTES
(Sign all notes')

DATE

[illegible] HOSPITAL

TRANSFER NOTE

Blast injury (R) hand. Loss Thumb, index, + middle fingers w. ft joint stub. Ring finger + blast to distal ring finger. Debrided. Normal 3rd ring C ½ way to get skin coverage. Gauze dressing Standard contractures

[illegible]

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)

REGISTER NO. 9351

WARD NO.

[redacted] Roosevelt E-3

[redacted]

B Co 3/8 Inf

DOCTOR'S PROGRESS NOTES
Standard Form 25®
~~509-100~~ 600

DOCTOR'S PROGRESS NOTES
(Sign *all notes*)

DATE	

U.S. GOVERNMENT PRINTING OFFICE : 1941 0—582552

DOCTOR'S PROGRESS NOTES
Standard Form 509
(Reverse)

BEST COPY

Standard Form 511
Rev. August 1956
Bureau of the Budget
Circular A—32

U.S. GOVERNMENT PRINTING OFFICE : 1961 0—614284

CLINICAL RECORD

TEMPERATURE—PULSE—RESPIRATION
FAHRENHEIT

HOSPITAL DAY	Adm	1	2	3	4	5	6
POST- DAY							
MONTH-YEAR / DAY	16	17	18	19	20	21	22
JUNE 1967 / HOUR	2'4 7604	24 7A 7 1	?6·10 26·10	26·10 26·10	26·10 26·10	26·10 26·10	26·10 26·10

PULSE (O) — TEMP. F (●)

105' / 104° / 103' / 102' / 101' / 100° / 99° / 98.6° / 98' / 97' / 96' / 95°

170 / 160 / 150 / 140 / 130 / 120 / 110 / 100 / 90 / 80 / 70 / 60 / 50 / 40

TEMP. C: 40° / 38.9° / 37.8° / 37° / 36.1° / 35°

(Centigrade Equivalents, for Reference only)

IK

RESPIRATION RECORD: 20 / 20 8 16 / 8

Record special data only when so ordered

BLOOD PRESSURE	130/80						
HEIGHT: / WEIGHT-i							

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)

[redacted] Roosevelt G-3

[redacted]

B. (Z,. -3/c In F

REGISTER NO. 9351

WARD NO. 19

TEMPERATURE— PULSE— RESPIRATION
FAHRENHEIT
Standard Form 511
511-108-01

ISA SURGICAL HOSPITAL
APO 96318

BEST COPY

Standard Form 514
Rev. August 1954
Bureau of the Budget
Circular A-32 (Rev.)

« U.S. GOVERNMENT PRINTING OFFICE : I»S3 O—7I2-8S0

CLINICAL RECORD	LABORATORY REPORTS

ATTACH 3D REPORT ALONG HERE ↑ AND SUCCEEDING ONES ON ABOVE LINES

ATTACH 2D REPORT WITH TOP AT THIS LINE ↑

ATTACH 1ST REPORT ALONG LEFT MARGIN WITH TOP AT THIS LINE ↑

ATTACHING MARGIN

attach all test reports to this sheet

PATIENT'S IDENTIFICATION (For typed or written entriea five: Name —laat, Frat, middle; grade; date; hospital or medical facility)

[redacted] Roosevelt E-3

[redacted]

B. Co. 7s Inf Div.

REGISTER NO. 9357

WARD NO.

LABORATORY REPORTS
Standard Form 514
514-106

I8tk SURGICAL HOSPITAL
APO* 96318

BEST COPY

Standard Fora $16
Rev August 1954
Bureau of the Budget
Circular A-J2

CLINICAL RECORD | OPERATION REPuaT

PREOPERATXVE DIAGNOSIS
Traumatic Amp 1st, 2nd, 3rd Fingers Rt hand

SURGEON: Dr Lindman
FIRST ATTENDANT: DR McDonnel
SECOND ATTENDANT: —

ANESTHETIST: Lt Winslow
ANESTHETIC: Zu6 Pent No 02
TIME BEGIN 9330
TIME ENDED

SURGICAL NURSE: SFC Rogers
INSTRUMENT NURSE: Sf7C Brodrins
TIME OPERATION BEGIN 10010
TIME OPERATION ENDED

OPERATIVE DIAGNOSIS
DRAINS (Kind and No)
SPONGE COUNT VERIFIED

'd?j11 forwarded to iuBoraturi fur Jxai jx&TiW~'

••i'-ErtATIUH PEKFuHlxED
Completion of amputation 1st, 2nd + portion 3rd ray (R) hand

)D->01iIPlTON OF uPEKATIQW (Type? (a) Of swtoe used, gross findings, etc. AWliiinorl DatiJof CperatiraP' .Hl. _I JzA. June 67

(R) Hand blastings = complete destruct of 1st + 2nd rays; entire foot of 3rd ray destroyed — Wounds debrided + closed primarily. OR VF for [illegible] ring finger = closure of ang dig flexor ring finger — skin closed primarily = excess skin flaps in palmar tube. Pressure dressing applied, volar splint — rubber penrose drain inserted remainder of palm.

Signature of Surgeon: [illegible]
Date: 16 June 67

PATIENTS IDEiJTIFICATIuN (For typed or written entries give, Name-last, first, middle, grade, date, hospital or medical facility Abercrombie, Roosevelt
CO B 3/8 INF 4th Div RA-16 958478 E-3

Register No. 7$'£f

Ward No.

Operation Report
Standard Form 516

516-104
18th SURGICAL LuSPITAL APO 96518

ip HoiyH j olxwwa 1.

.ndro ♦e.-iti.briil aeita

Hla-.tf KK

t .<

BEST COPY

Standard Form 517
Rev. July 1959
Bureau of the Budget
Circular A—32 (Rev.)

CLINI L RECORD — ANESTHESIA

ANESTHETJgg 330 24 HOUR 2 3

INDUCTION

SATIS

UNSATIS AND WHY

REMARKS

x intubation
1 Tourniquet on
2 Tourn agnt off
① Tourn up.
X Tourn off

PENT 500
SC 80
/KWI
Flue
OXYGEN
CO: ABSORP.
LEVEL OF ANAL-ANES.

CODE
• PULSE
O RESP.
V A B. P.
X ANES.
© OPER.
T TOURN.

220 200 180 160 140 120 100 80 60 40 20

FLUIDS
B BLOOD
N SALINE
G 5% G/W
DX EXPAND.

-i-p— 1-4-- -----j-f

if ....

NUMBERS FOR REMARKS X① H's ①

IV EfcUIDS
RL

POSITION

AGENTS AND TECHiytS
[E -M'hAL' / Flue + N_2O + O_2
IV / SCCA

ENDOTRACHEAL: SIZE rS 36 BLADE ..r. WF #3 ORO X NASO ~~X~~ CUFF ... X PACK

REMARKS:

RECOVERY
REFLEX IN O R.
EMESIS
ASPIR.
EXCITEMENT
HYPOTENSION
OTHERS

OPERATION PERFORMED: Debridment Rt Hand

total fluids: RL.

NAME(S) OF SURGEON(S): Lindwood MC Cpt
/7C Z><HAJ/r ALL MC Cpt
C. C. Winslow ANC 1Lt.
Signature of Anesthetist.

PATIENT S IDENTIFICATION (Fo r typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)

[redacted], Roosevelt RA 16958978
Co "B" 3/8 INF. 4th Div.
18th Surgical Hosp APO 96318

REGISTER NO. 9351

WARD NO.

DATE 15 JUNE 67

ANESTHESIA
Standard Form 517
517-107

PREANESTHETIC SUMMARY

OPERATION PROPOSED	AGE	WEIGHT (LBS.)	SPECIAL INFORMATION

PHYSICAL STATUS

1 2 3 4 5 6 7

URINALYSIS	HEMATOLOGY	BLOOD CHEMISTRY
NORMAL ---------- ABNORMAL AND WHY?	HGB ---------- RBC ---------- HCT ---------- OTHER	

RESPIRATORY SYSTEM	CIRCULATORY SYSTEM	CENTRAL NERVOUS SYSTEM	OTHER SYSTEMS
(X-RAY. ASTHMA. OTHER PATHOLOGY)	BP. ---------- PULSE ---------- ECG (IF PERTINENT)	(CEREBROVASCULAR. POLIO. NEUROLOGICAL)	(ALLERGIES)

PREVIOUS ANESTHETICS AND COMPLICATIONS	PRESENT DRUG THERAPY; E.G., STEROIDS. TRANQUILIZERS
PREOPERATIVE DIAGNOSIS	PREMEDICATION
	SIGNATURE OF EVALUATING PHYSICIAN / DATE

POSTANESTHETIC VISITS

RECORD ALL PERTINENT COMPLICATIONS

U.S. GOVERNMENT PRINTING OFFICE : 1961 0—587867

BEST COPY

Standard Form 519
Rev. August 1954
Bureau of the
Budget Circular A-32

* U.S. GOVERNMENT PRINTING OFFICE : 1964 O—718-468

CLINICAL RECORD | RADIOGRAPHIC REPORTS

ATTACH 3D REPORT ALONG HERE ↑ AND SUCCEEDING ONES ON ABOVE LINES

ATTACH 3D REPORT WITH TOP AT THIS LINE ↑

PATIENT'S LAST NAME — FIRST NAME — MIDDLE NAME

[redacted], ROOSEVELT

PFC [redacted]

Co B. 3/8 INF 4 DIV

(Above space for mechanical imprinting, if used)

REGISTER NO.

WARD NO. RK

AGE 19 SEX M

(Check one) ✓ BEDSIDE, WHEELCHAIR, OR STRETCHER ☐ BED PATIENT ☐ AMBULATORY

examination REQUESTED Hand

REQUESTED BY Perley

DATE TSH JEST 15 June 67

PERTINENT CLINICAL HISTORY, OPERATIONS, PHYSICAL FINDINGS, AND PROVISIONAL DIAGNOSIS

Blast injury

DATE OF REPORT

FILM NO C/4 Aw 29

raoiogra h'c * po.!'

(R) hand = traumatic amputation of thumb + index finger and. distal middle digit. The anatomy is markedly distorted and only one oblique was obtained. Repeat when clinically better.

SIGNATURE: (Specify ... of laboratory if not part of radiographic facility)

55%" '<.!» B«a»«

Circular A-32 (Rev.)
RADIOGRAPHIC REPORT
519-205

18th Surgical Hosp - (MA)
NAME OF HOSPITAL OR OTHER MEDICAL FACILITY

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)

[redacted] Roosevelt E-3

RA16958478

B. Co 3/8

REGISTER NO. 9351

WARD NO.

RADIOGRAPHIC REPORTS
Standard Form 519
519-106

18th SURGICAL HOSPITAL (MA)
APO 96318

BEST COPY

DATE	7	DATE	8

INSTRUCTIONS:
1. This form overrides doctor's orders DD Form 728.
2. Patient'sname must be inserted under columns (1) and microfilming identification.
3. Fold on this scoring and crease firmly.
4. Fold back on this scoring and crease firmly.

PPC-Japan

r\r\ LJ LJ FORM 1 APR 55 Z* OtV A ZS REPLACES DD FORM 640 1 MAY 52, WHICH MAY BE USED

NURSING NOTES

DATE	1	DATE	2
16 June.	AJm w, L/fatifah ofi re. 0230 Dx Blast Injury "R" hand c̄ Amp. Thumb, middle & Index fing. ~~TPR~~ -yj.>a Age 19 HT WT 100/80 Rel Protestant UNIT B 3/8 Inf 4th Div Ch.oro Dapsone Yes Allergies Admitted @ 0230. Extremely Restless. Thrashing about in bed. No Response to verbal stimulus. Dressing dry & intact. I.V. infusing well. "R" hand elevated c̄ Sling (RBritsch) 0450 fo/ckd Bopee. /Twit aJttJ fauQt Responsive. (RBritsch)	17 June	0300 Sleeping. 0600 "R" hand maintained in elevated position with sling. Dressg. dry and intact. Good Noc 0630 Condition Satisfactory. Evacuated to the 85th Evacuation Hospital (RBritsch)

NAME [redacted] Roosevelt E-3
B. Co 3/8 Inf

REGISTER NUMBER 9351

18th SURGICAL HOSPITAL (MA)
APO 6316

BEST COPY

THIS IS AN IMPORTANT RECORD
SAFEGUARD IT.

PERSONAL DATA

1. LAST NAME - FIRST NAME - MIDDLE NAME: [redacted] Roosevelt Jr
2. SERVICE NUMBER: RA 16 9£8 h?6
3. SOCIAL SECURITY NUMBER: W7 |52jlil3i»
4. DEPARTMENT. COMPONENT AND BRANCH OR CLASS: ARMY - RA - INF
5a. GRADE, RATE OR RANK: PFC (P)
b. PAY GRADE: E-3
6. DATE OF RANK: DAY 27 MONTH May YEAR 67
7. U. S. CITIZEN: [X] YES [ ] NO
8. PLACE OF BIRTH (City and State or Country): Waskom Texas
9. DATE OF BIRTH: DAY II MONTH Mar YEAR ha

SELECTIVE SERVICE DATA

10a. SELECTIVE SERVICE NUMBER: 23 So w 159
b. SELECTIVE SERVICE LOCAL BOARD NUMBER. CITY. COUNTY. STATE AND ZIP CODE: USD Kansas City Missouri
c. DATE INDUCTED: DAY WA MONTH YEAR

TRANSFER OR DISCHARGE DATA

11a. TYPE OF TRANSFER OR DISCHARGE: Retired /
b. STATION OR INSTALLATION AT WHICH EFFECTED: Kansas City Missouri
c. REASON AND AUTHORITY: Xjitle JL&V .S.C. 1201 m 271-Hetirement- Permanent Disability
d. EFFECTIVE date: day 25 month Jul year 68
12. LAST DUTY ASSIGNMENT AND MAJOR COMj Q 96262 T>ARV: Hq 3d Bn 8th Inf Uth Inf Div
13a. CHARACTER OF SERVICE: HONORABLE
b. TYPE OF ~~CERTIF~~ ATF ISSUED: DD Form 363A
14. DISTRICT. AREA COMMAND OR CORPS TO WHICH RESERVIST TRANSFERRED: NA
15. REENLISTMENT CODE: RE-4

SERVICE DATA

16. TERMINAL DATE OF RESERVE/UMT&S OBLIGATION: DAY NA MONTH YEAR
17. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION
a. SOURCE OF ENTRY: [ ] NLISTED (First Enlistment) [ ] ENLISTED (Prior Service) [ ] REENLISTED [ ] OTHER
b. TERM OF SERVICE (Years): 3
c. DATE OF ENTRY: DAY 9 MONTH Dec YEAR 66
18. PRIOR REGULAR ENLISTMENTS: Norre
19. GRADE. RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SVC: Private E-l
20. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State): Kansas City Missouri
21. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County, State and ZIP Code): 211 Waverly Avenue Kansas City Wyandotte Kansas 66101
23a. SPECIALTY NUMBER** TITLE: 11C10 Infantry Ind man Fire Crew-
b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER: None

22. STATEMENT OF SERVICE		YEARS	MONTHS	DAYS
a. CREDITABLE FOR BASIC PAY PURPOSES	(1) NET SERVICE THIS PERIOD	1	7	17
	(2) OTHER SERVICE	0	0	0
	(3) TOTAL (Line (1) plus Line (2))	1	7	17
b. TOTAL ACTIVE SERVICE		1	7	17
c. FOREIGN AND/OR SEA SERVICE hsarv		0	2	7

24. DECORATIONS, MEDALS, BADGES. COMMENDATIONS. CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED: National Tpfaase Service Medal Vietnam Service Medal Marksman adge (Rifle M-lh ft Pistol .h£)
25. EDUCATION AND TRAINING COMPLETED: ATP 21-Illi Code of Conduct Training Military Justice Training CBR Training

VA AND EMP. SERVICE DATA

26a. NON-PAY PERIODS TIME LOST (Preceding Two Years): Mbne
b. DAYS ACCRUED LEAVE PAID: None
27 a. INSURANCE IN FORCE (NSLI or USGLI): [ ] YES ■T°
b. AMOUNT OF ALLOTMENT: $ HA
C. MONTH ALLOTMENT DISCONTINUED: NA
28. VA CLAIM NUMBER: C- 23 729 152
29. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE: [X] $10.000 [ ] $5,000 [ ] NONE

REMARKS

30. REMARKS: 11 years schooling Blood Grown "B* Separation napers prepared at Fitzsimons General Hosni tai Denver Colorado Par 10 A3-210 applies

AUTHENTICATION

31. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR D'SCHARGE (Street, RFD, City, County, State and ZIP Code): 2£10 Wabash Avenue Kansas City Jackson Missouri 611127
32. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED: Roosevelt Abercrombie
33. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER: PHILLIP E TCT)3 MAJOR M3C Assistant Adjutant
34. SIGNATURE OF OFFICER AUTHORIZED TO SIGN: Phillip E Field

DD Fo“ 214 PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE EFFECTIVE 1 JAN 67. • GPO : 1966 O - 233-125

ARMED FORCES OF THE UNITED STATES
REPORT OF TRANSFER OR DISCHARGE

4

BEST COPY

PERSONAL DATA

1. LAST NAME - FIRST NAME - MIDDLE NAME: [redacted] Roosevelt Jr

2. SERVICE NUMBER: [redacted]

3. SOCIAL SECURITY NUMBER: U67 | 52 | hi:

4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS: ARMY - RA - INF

5a. GRADE, RATE OR RANK: PFC

b. PAY GRADE: E~3

6. DATE OF RANK: DAY 27 MONTH May-

7. U. S. CITIZEN: [X] YES [ ] NO

8. PLACE OF BIRTH (City and State or Country): Waskom Texas

9. DATE OF BIRTH: DAY h MONTH Mar 1

SELECTIVE SERVICE DATA

10a. SSuECTIve SERVICE NUMBER: 23; $0 118 IS?

b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE: //50 Kansas City Missouri

c. DATE INDUCTED: DAY NA

TRANSFER OR DISCHARGE DATA

11a. TYPE OF TRANSFER OR DISCHARGE: Retired

b. STATION OR INSTALLATION AT WHICH EFFECTED: Kansas City Missouri

c. REASON AND AUTHORITY: Title 10 tJ.S.C. 1201 SPY 271-Retirement-Pormanent Disability

d. EFFECTIVE DATE: DAY 25 MONTH Jul

12. LAST DUTY ASSIGNMENT *NO MAJOH 30M>j pQ 90262 US/RV: Hq 3d 3n 8th Inf hth Inf Div

b. TYPE OF CERTIFICATE ISS: DD Form 363A

14. DISTRICT, AREA COMMAND OR CORPS TO WHICH RESERVIST TRANSFERRED: NA

15. REENLISTMENT CODE: RE-h

SERVICE DATA

16. DATE OF ENTRY INTO RESERVE UNITS OBLIGATION: DAY NA

17. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION — a. SOURCE OF ENTRY: [X] ENLISTED (First Enlistment) [ ] ENLISTED (Prior Service) [ ] REENLISTED [ ] OTHER

b. TERM OF SERVICE (Years): 3

c. DATE OF ENTRY: DAY 9 MONTH Dec YEAR 6

18. PRIOR REGULAR ENLISTMENTS: Nona

19. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SVC: Private E-l

20. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State): Kansas City Missouri

21. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County, State and ZIP Code): 211 Waverly Avenue Kansas City Kyandptto Kansas 66101

23. PRIMARY MILITARY OCCUPATION TITLE AND NO.: 11010 Infantry Ind Fire Crew'-ran

D.O.T. NUMBER: Nona

22. STATEMENT OF SERVICE

	YEARS	MONTHS	DA
a. (1) NET SERVICE THIS PERIOD	1	7	2
(2) OTHER SERVICE	Q	0	
(3) TOTAL (Line (1) plus Line (2))	1	1	1
b. TOTAL ACTIVE SERVICE	1	7	1
c. FOREIGN AND/OR SEA SERVICE USARV	0	2	

24. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED: National Dafr.aso Service Medal Vietnam Service Medal Marksman Badge (Rifle M-lh fc Pistol »h5)

25. EDUCATION AND TRAINING COMPLETED: ATP 21-Hh Coda of Conduct Training Military Justice Training CBR Training

VA AND SERVICE

26a. NON-PAY PERIODS, TIME LOST (Preceding Two Years): None

b. DAYS ACCRUED LEAVE PAID: None

27a. INSURANCE IN FORCE (NSLI or USGLI): [ ] YES [X] NO

b. AMOUNT OF ALLOTMENT: $ NA

c. MONTH ALLOTMENT DISCONTINUED: NA

28. VA CLAIM NUMBER: C 23 729 152

29. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE: [X] $10,000 [ ] $5,000 [ ] NONE

REMARKS

30. REMARKS: 11 years schooling Blood Group "3" Separation papers prepared at fitzsimons General Hospital Denver Colorado Par 10 AR-210 applies

AUTHENTICATION

31. PLACE OF ENTRY INTO ACTIVE DUTY FOR THIS PERIOD OF SERVICE: -'L-IO V.'aL-d;:h AVuilUd Kans_a s City _Ja cks&i Missouri 64127

32. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED: Roosevelt Abercrombie

33. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER: pmilli? e tgdd major esc Assistant Adjutant

34. SIGNATURE OF OFFICER AUTHORIZED TO SIGN: Phillip E. Ingold

DD f0 214 PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE EFFECTIVE 1 JAN 60. • CPp : 1?6« O • 233-12S

armed forces of the united states
REPORT OF 1RANSFER OR DISCHARGE

BEST COPY

DATE	3	DATE	4

DATE	5	DATE	6

NAME [redacted], Roosevelt E. 3

B. Co. 3/8 Inf

REGISTER NUMBER 9 3 5.1

BEST COPY

THIS SIDE UP WHEN PLACING IN CLINICAL RECORDS FOLDER
MICROFILM THIS SIDE FIRST

USE IMPRINT FROM ADDRESS PLATE OR MIMEOGRAPH SURGICAL HOSPITAL
APO 96318 z—•

[redacted] Roosevelt

/?/? lb <?$-& yrt'
d<) f fa IN /

7 -0

June > ,DtY

YEAR 19 67

DOCTOR'S ORDERS

ORIGINAL ORDERS SIGNED BY DOCTOR.
WHEN COPIED, NURSE SIGNS DOCTOR'S AND OWN NAME.

1. KjvTal Siuvs Q Vo
<LL(»3 Titu- STABLE TNEN
q 1 h x 12.
2. ELEVATE IN SKIND
g- (fr " ABOVE HEART done
ft VS-Xz *0 OX, O Cl
fm to jTv ~ Vcaiw-z Jwt-
cvw e L i bm
4. P\AjO <1OV ,CAX>\) t cmo
STREPTOMYCIN Swomy cma IM B.I.D

DATE 7 | 16 | 17 | 18 | 19 | 20 | 21 | 22

SHIFT | SHIFT | SHIFT | SHIFT | SHIFT | SHIFT | SHIFT

DOCTOR'S INITIALS

(E) EVENING. (N) NIGHT

DD FORM 1 JUL 53 728 REPLACES DD FORM 639, 1 MAY 52: DD FORM 641, 1 MAY 52: AND DD FORM 642, 1 MAY 52, WHICH ARE OBSOLETE.

BEST COPY

YEAR 19 67

DOCTOR'S ORDERS (Cont'd)

ORIGINAL ORDERS SIGNED BY DOCTOR.
WHEN COPIED. NURSE SIGNS DOCTOR'S AND OWN NAME.

5. DIET AS TOK.
Wated EVAL.
W. Brown

DATE disc:	June 16			17			18			19			20			21			22		
DOCTOR'S INITIALS	SHIFT			SHIFT			SHIFT			SHIFT			SHIFT			SHIFT			SHIFT		
	D	E	N	D	E	N	D	E	N	D	E	N	D	E	N	D	E	N	D	E	N
			BB	BC	D	B															
						B															

SERVICE NO. M /4 ww

WARD

AT THE END OF EACH SHIFT, NURSE WHO COMPLETED ORDERS WILL PLACE OWN INITIALS IN PROPER COLUMN.

NAME* [redacted] Roosevelt

GR E-3

REGISTER NO 7 7

AGE 19

DATE OF ADM. 16 June 4?

DIAGNOSIS/ Imp. Thumb, index & mid Injury (R) Hand

-WMT/C.

PPC, Japan

BEST COPY

CLINICAL RECORD COVER SHEET

(AR 40-400)

1. ADMISSION NOTES

1500 Hrs

No Evid of A or N

2. WARD: G-1

3. TYPE OF CASE: O DIS 0 INJ ☐ BC

4. LAST NAME-FIRST NAME-MIDDLE INITIAL: [redacted] ROOSEVELT

5. SEX: M

6. RELIGION: P

7. PREV. ADM.: Q YES NO

8. REGISTER NO.: 07055

9. SERVICE NO.: RA15958476

10. GRADE: PFC

11. RATING OR DSGN: –

12. DEPARTMENT: Army

13. ORGANIZATION ANI BRANCH OF SERVICE: B/3/8 Inf 4 Inf Div,AP0|6262

14. FLYING STATUS: –

15. NAME AND ADDRESS OF EMERGENCY ADDRESSEE: Glenda (W) 211 Waverly St., Kansas Gity., Kansas

16. AGE: 19

17. RACE: Neg

18. LENGTH OF SERVICE: :1/12

19. DATE OF ADMISSION: 22 Jun 67

20. SOURCE OF ADMISSION: Trf fr 85th rivac Hosp, hPO 96238

NOTE: Enter flying status for AF Military Personnel only. For Civilians, etc., show type *(Dep. of EM, etc.)* in space 13.

21. ADMITTING OFFICER: DICKERSON,. OPT., MC

22. CONTINUATION OF ITEMS 13 AND 20: MOS: 11C10 E1S: Dec 69

23. diagnoses *(See Instructions for recordinga shown ~~on reverse side.~~ Include all required related data)*

1. 8862-408-9490 . .-T'fauinatic amputation rightthujjib with nerve and artery involve-
s' ment. Al approx 1830 hrs, 15 Jun 67, three miles from Dragon
/ Mt., pnt injured by blasting cap claymore mine detonation.
/ LD Yes. CC & Surgeon agree .
2. 8872-41 O-/949Qj Traumatic amputation right index finger with nerve and artery
k \involvemeliE. . Al & ID same as above.
3. 749O. Abs>»Qce abgairga, index finger righ. t-<15 Jun 67, 18th Surg Hosp,
APO 9631K1D sr:----------

EXHIBIT G

24. operations ano special therapeutic procedures *(Show date for each; show anesthetic for each operation)*

21 Jun 67. 957 . Partial closure entensive hand injury with amputation 1st & 2nd fingers. Anes: Xylocaine Axillary block.
956. Debridement hand injury and amputated 1 & 2 fingers. Anes : Xylocaine Axilla ry block .
6 Jul 67. 956. Debridement wound right hand. Anes: Fluo, N20 + 02, Pent.
12 Jul 67. 855. Split thickness skin graft donot? site right thigh to right hand.

25. selected administrative data *(Show nature of and dates for board proceedings; show fact of and dates for leave, AWOL, subsisting elsewhere, detached service, etc.)*

(24). Anes: Fluo, N20 + 02, Pent.
Pnt placed on SI List 1135 hrs, 17 Jun 67, 85th Evac Hosp, APO 96238.
Pnt removed from SI List (recovered) 1500 hrs, 22 Jun 67, (Local time), this hospital

26. PHYSICAL PROFILE

TYPE	SERIAL						SUFFIX					
	P	U	L	H	E	S	R	T	D	O	N	☐ PROFILE IS UNCHANGED
PREVIOUS												
REVISED												

27. DAYS DURATION THIS FACILITY

ALL 33 IN HOSPITAL OR INFIRMARY 33 SUBSISTING ELSEWHERE. QUARTERS OR DISPENSARY LEAVE OTHER

28. NATURE OF DISPOSITION: Tran sferred to Fitzsimons Gen Hosp, Denver, folorado .

29. DATE OF DISPOSITION: 25 Jul 67

30. SIGNATURE OF ATTENDING PHYSICIAN: s/ Clarence Funaki, Cpt., MC

OF REGISTRAR OR MEDICAL RECORDS OFFICER: JAMES R. BURNEY, CPT., MSC

32. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY: 106th General Hospital, APG San Francisco 96503

33. REGISTER NUMBER: O7O55/sy

DA 1 JUL 62 8-275-3 (4 part)

REPLACES DD FORM 481-3, 1 S/LV 52, EXISTING SUPPLIES OF WHICH WILL BE ISSUED AND USED UNTIL 1 JUL 63 UNLESS SOONER EXHAUSTED.

Incl #4

1

34. additional remarks *(Show item number to which extended entry applies. Group all continuations of a particular item.)*

INSTRUCTIONS FOR ITEM 23: Enter primary cause of admission first, followed by additional diagnoses present in order of importance; then by later diagnoses in chronological order preceded by dates made. Number diagnoses in order. Record fully —including causative agent, how, when, where, doing what, for injuries — in accordance with separate directives. For all diagnoses established by pathological findings, so state. Each chronic condition must be indicated as either "PR" (previously recorded) or "Not PR." Similarly, any other conditions which has been recorded in a previous admission will be so indicated, showing the previous diagnosis. In all cases designated as previously recorded, show place, date, and register number of previous admissions. Every condition that existed prior to service will be indicated as "EPTS." Diagnoses of veneral disease and malaria will be characterized either as "EPTS" or as "Not EPTS." In the case of diagnosis from which recovery occurs prior to disposition of the case, a date will be shown, thus: "Recovered 11 May 1951." For each diagnosis line-of-duty status must be shown in accordance with separate directives, thus "LD, No, EPTS," "LD, No, Misconduct," "LD, Yes, EPTS, Aggravated by Service," etc.

35. CAUSE OF DEATH			
(Do not enter more than one cause per line for items la, b and c)	THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE. AS-THENIA, ETC.. 1T MEANS THE *DISEASE, INJURY, or COMPLICATIONS* WHICH CAUSED DEATH.	la. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES	*b.* due to *(Or as the consequence of)*	
	MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE *(Item la)* STATINGTHE UND ER LY1NG CAUS E LAS T.	c. due to *(Or as the consequence of)*	
	THIS MEANS CONDITIONS CONTRI-BUTING TO THE DEATH BUT NOT RE-LATED TO THE DISEASE OR CONDITIONS CAUSING DEATH.	II. OTHER SIGNIFICANT CONDITIONS	

36. autopsy performed *(If "YES," indicate date and place)*	37. HOUR AND DATE OF DEATH
38. EXACT PLACE OF DEATH	39. SIGNATURE OF PHYSICIAN

☆U.S. GOVERNMENT PRINTING OFFICE: 1965-777-756

BEST COPY

CLINICAfar RECORD COVER SHEET (for addressograph(

1. ADMISSION NOTES

2-21. PATIENT DATA

07055 [redacted] ROOSEVELT PFC
II 19 ARMY 0-7 1500 22 JUN 67
KA16953476 B/3/8 INF 4 INF* G-1 I
:.7 JUN 67 * DIV AP096262 NEG PROT
110 N/A MOS 11010 NO ETS 9 DEC 69
CLENDA/W
211 WAVERLY ST KANSAS CITY KAN
*'RF FR 85 EVAC HOSP AP096238
CPT ATKEN/KS DG-TRAUMATIC AMP RT THI

22. ADMITTING OFFICER

LINE LEGEND (2-21)

1 NAME-GRADE OR STATUS-FLYING STATUS - REGI STER NO.
2 DEPT.' (USA, uSXFTFEBTJ TREAT - MENT FACI LI TY
3 SERVICE NO.-ORG.-TIME OF AD- MISSION-WARD NO.-TYPE OF CASE
4 SEX-AGE-RACE-LENGTH OF SERVICE- RELIGION-BRANCH F SERVICE
5 SOURCE OF ADMISSION-DATE ADMITTED-PREVIOUS ADMISSION
6 EMERGENCY ADDRESSEE; (Name- Relati onshi p)
7 ADDRESS OF LINE 6
8 CITY-STATE OF LINE 6-RATING OR DESIGNATION
9 (For any local use desired)

23. DIAGNOSES ("See instructions for recording as shown on reverse side. Include all required related data)

(1) Status post traumatic amp of Rt long index fingers + Rt thumb.

40-39

24. OPERATIONS AND SPECIAL THERAPEUTIC PROCEDURES (Show date for each; show anesthetic for each operation)

27 June { D&I Rt hand wound _ ~~[illegible]~~ Apillin block
6 Jul { 709
12 Jul STSG Rt hand Fog

25. SELECTED ADMINISTRATIVE DATA (Show nature of and dates for board proceedings; show fact of and dates for leave, AWOL, subsisting elsewhere, detached service, etc.)

None

GbaTt Reviewed By
Chief, Surgical Service
JUL '■ igg ?

26. PHYSICAL PROFILE

TYPE	SERIAL						SUFFIX					G PROFILE IS UNCHANGED
	P	u	L	H	E	S	R	T	D	0	N	
PREV IOUS	111	y										
REVISED	NIL											

27. DAYS DURATION THIS FACI LITY
ALL _____ IN HOSPITAL OR INF IRMARY _____ SUBSISTING ELSEWHERE _____ QUARTERS OR DISPENSARY _____ LEAVE. _____ OTHER. _____

28. NAT URE OF DISPOSIT ION
Dischg

29. DATE OF DISPOSITION

30. signature of at NDIXG PHYS ICIAN
[illegible]

31. SIGNATURE OF REGISTRAR OR MEDICAL RECORDS OFFICER

32. NAME AND LOCATION OF MEDICAL TREATMENTfACI LITY
Letterman AH SF 96653 S.F.

33. REGISTER NUMBER

DA, 8-275-2 REPLACES DD FORM 48 1-2, 1 MAY 56, EXISTING SUPPLIES OF WHICH WILL BE ISSUED AND USED UNTIL 1 JUL 63 UNLESS SOONER EXHAUSTED.

BEST COPY

34. ADDITIONAL REMARKS *(Show item number to which extended entry applies- Croup all continuations of a part icular item)*

I HAVE READ OR HAVE HAD READ TO ME AND UNDERSTAND 106 GENERAL HOSPITAL REGULATION 40-2-5, RULES FOR PATIENTS.

SIGN ATURE 3ti 4C [redacted]

DATE 23 June 67

INSTRUCTIONS FOR ITEM 23: Enter primary cause of admission first, followed by additional diagnoses present in order of importance; then by later diagnoses in chronological order preceded by dates made. Number diagnoses in order. Record fully—including causative agent, how, when, where, doing what, for injuries—in accordance with separate directives. For all diagnoses established by pathological findings, so state. Each chronic condition must be indicated as either "PR" *(previously recorded)* or "Not PR". Similarly, any other condition which has been recorded in a previous admission will be so indicated, showing the previous diagnosis. In all cases designated as previously recorded, show place, date, and register number of previous admission. Every condition that existed prior to service will be indicated as "EPTS." Diagnoses of veneral disease and malaria will be characterized either as "EPTS" or as "Not EPTS." In the case of diagnosis from which recovery occurs prior to disposi tion of the case, a date will be shown, thus: "Recovered, 11 May 1951." For each diagnosis line of duty status must be shown in accordance with separate directives, thus: "LD, No, EPTS," "LD, No, Misconduct," "LD, Yes, EPTS, Aggravated by Service," etc.

3 . CAUSE OF DEATH	THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FA1LURE, ASTHEN1A. ETC. IT MEANS THE *DISEASE, INJURY,* OR *COMPLICATIONS* WHICH CAUSED DEATH.	Ia. DISEASE OR CONDITION 01RECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES	b. DUE TO *(Or as the consequence of)*	
(Do not enter more than one cause per line for items Ia, b, and c(	MORB1D CONOIT IONS, IFANY, GIVING RISE TO THE ABOVE CAUSE *(Item Ia)* STATING THE UNDERLYING CAUSE LAST.	C. DUE TO *(Or as the consequence of)*	
	THIS MEANS CONDIT IONS CONTRIBUT ING TO THE DEATH BUT NOT RELATED TO THE DIS EASE OR CONDITIONS CAUSING DEATH.	II. OTHER SIGNIFICANT CONDITIONS	

36. AUTOPSY PERFORMED *(If "yes" indicate date and place)*	*yi.* HOUR AND DATE OF DEATH
38. EXACT PLACE OF DEATH	39. SIGNATURE OF PHYSICIAN

ppC-Jap an

Standard Form 502
Rev. August 1954
Bureau of the Budget
Circular A—52

U.S. GOVERNMENT PRINTING OFFICE: 628244

CLINICAL RECORD	NARRATIVE SUMMARY	
DATE OF ADMISSION 22 June 1967	DATE OF DISCHARGE	NUMBER OF DAYS HOSPITALIZED

(SiAn and data at end of narrative)

Chief Complaint: Traumatic anput at ion of right thumb and index finger with partial amputation of right long finger and fracture of proximal phalanx on right ringK finger, 15 dune 1967.

History of Present Ulnss; The patient is a 19-#ear-old PFC who, on 15 Jure »67 sustained the above injuries by a Claymore mine detonation, 4ie patient was taken to the 18th Surg Hosp on his date of injury where all wounds were debrided. He was placed in a partially closed palmar wound. The patient was transferred to the 85th Evac and then to the 106th Gen Hosp for further therapy and disposition.

Past History? Unremarkable .

Review of Systems: Non-cont ributo ly .

Physical Examination: Vital signs within normal limits. Positive findings were confined to extremities. Right upper extremity; bulky dressing involving the ri it forearm and hand, dressing not disturbed.

Impression on Admission:

T) Traumatic amputation, right thumb, index and tip of long finger.

2) Fracture proximal phalanx, right ring finger.

Operations : (1) 27 lune, axillary anesthesia, debridement and irrigation, right handdwound. (2) 12 July, general anesthesia, split thickness skin grqft, right thigh to right hand.

Laboratory Data: 27 June 1967, culture and sensitivity of right hand, heavy growth of Aero bacter cloaca. Otherwise within normal limits.

Consultations : PT,

Course in Hospital: Five days following his admission, after base line studies had been obtained, the patient was taken to the operating room where, under axillary anesthesia, debridement and irrigation of his right hand was perfomed. At the tine of this surgery, it was noted that the long finger was also amputated. The wound at this time appeared quite clean with the exception of a dead space over the thenar eminence and probable non-viable skin from the dorsal skin border of the slosure. Post-operatively, the patient remained afebrile. On 6 July, he was returned te the operating room where, under general anesthesia, debridement of the non-viable skin margin was performed with no infection found at this surgery. Post-operatively, he again did very well. On 12 July, after re-dressing on the ward had hown a clean granular base, he was taken to the operating room where, under general anesthesia, a split thickness skin graft was placed on the right thigh to the ri it hand, covering all open areas Post-operatively, again the patient has done well and the graft appears to be 100$ take at this time.

BecausePthe protracted rehabilitative course is anticipated and the patient's condi tX&fi-Tis now stable, he will be air-evacuated back to CONUS for further therapy.

(Use additional sheets of this form (Standard Form 502) if more space is required)

SIdfrIATURE OF PHYSICIAN	DATE	IDENTIFICATION NO.	ORGANIZATION
Clarence Funaki. Cot. MC	17 July '67	RA16958476	B/3/8 Inf 4 x nf Div APO 96262

PATIENT'S IDENTIFICATION (For typed or written entries £ive : Name— last, first, middle: frade; date: hospital or medical facility)	REGISTER NO.	WARD NO.
[redacted], Roosevelt PFC RA 16 958 476 10 6th Gen Hosp APO 96503	07055	G-1

NARRATIVE SUMMARY
Standard Form 502
602107-02

BEST COPY

D-32

FROM (Medical treatment facility)
CJRIGINE (Installation de traitement medical)

35th Kvac Hosp

NAME (Last-first— middle initial)
NOM (Nom de famille —premier prenom— initiate dcuxieme prenom)

/IBERGHROIUIE. Roo Level t M-Z

G1

SERVICE NUMBER
NUMERO MATRICULE
RA 1695S473

RANK/RATING/GRADE
GRADE
PFG

* ~~CATEGORY OF PERSONNEL~~ (Service ar employer and nationality)
CATEGORIE DE PERSONNEL (Service ou employeur et nationality \ri;y

DIAGNOSIS
diagnostic Traumatic amputation (R) thumb and index finger and partial third digit .

CLASS—CLASSE			
1A	2A		
IB	2B	XXX	
1C			
3	4		

DISEASE MALADIE | BATHE CASUALTY BIESSE' AU COMBAT | INJURY BLESSURE XXX

CABIN OR COMPARTMENT NO.
NO. CABINE OU COMPARTIMENT

BUNK NUMBER
NUMERO COUCHETTE

VSI
TRES GRAV. MAL
☒ Yes Oui ☒ No Non

BAGGAGE TAG NUMBER(S)
NUMEROS ETIQUETTES BAGAGE

DESTINATION
DESTINATION 106 Gen Hosp

SHIP/AC Wumberftype)
NAVIRE/AVION (Matriculeftype)

TREATMENT RECOMMENDED EN E (If no treatment is required a notation to this effect is made)
TRAITEMENT RECOMMANDE EN UTE dndiquer si aucun traitement n'est necessaire)

Elevate h A a rid

~~1000 D5W c 10 x 10^6 q 12~~

PRO PENICILLIN-1.2 M.U. Q12 hr

Darvon Comp-65 mg po q 3-4 h PRN

demerol 50-100 mg q 3-4 h PRN

SIGNATURE OF MEDICAL OFFICER ® \ 1
SIGNATURE DU MEDECIN

Maj J. Teagan / Blandau 1LT ANC

DATE
DATE 19 June 67

REGULAR DIET
REGIME NORMAL
Reg.

SPECIAL DIET (Describe)
RÉGIME SPECIAL (Description)

SHIP'S RECORD OFFICE TAB— ACHE POUR ARCHIVES TRANSPORTS

ABERCHROMBIE 21 (X 1 106

BEST COPY

FROM (Medical treatment facility)
ORIGINS (Installation de traitement medical)

85th Evac Hosp

NAME (Last- —first —middle initial)
NOM (Nom de famille—premier prenom—initiale deuxième prénom)

ABERCHROMBIE, Roosevelt MI

SERVICE NUMBER / NUMERO MATRICULE	RANK/RATING/GRADE / GRADE	CATEGORY OF PERSONNEL (Service or employer and nationality) / CATE'GORIE DE PERSONNEL (Service ou ernployeur et nationality
RA 16958478	PFC	Army

DIAGNOSIS / diagnostic: Traumatic amputation (R) thumb and index finger and partial third digit >

CLASS—CLASSE		DISEASE / MALADIE	BATTLE, CASUALTY / blesse'au COMBAT	INJURY / BLESSURE
1A	2A			
1B	2B XXX			XXX
1C		CABIN OR COMPARTMENT NO. / NO. CABINS OU COMPARTIMENT		BUNK NUMBER / NUMERO COMtHETTE
2	4			

VS1 IRES GRAV. MAL: YeS / ui [redacted] — No / Non [X]

BAGGAGE TAG NUMBER(S) / NUMEROS ETIQUETTES BAGAGE

DESTINATION / DESTINATION: Z

SHIP/AC (Number type) / NAVIRE/ AVION (Mattia le/typ!): 2.

TREATMENT-RECOMMENDED EN RQ*Ae (If no treatmentifreqinred a notation to this effect is made)
TRAITEMENT RECOMMANDE EN ROUTE (Indiqjfcr si aMun traitement n'est necessairc)

Iz/puo

PRO PENICILLIN 1.2 M11 Q12H PRN
Darvon Comp 65mg PO Q8 PRN

SIGNATURE OF MEDICAL OFFICER / SIGNATURE DU MÉDECIN: My J. Drayn / B Sandar 1LT ANC

DATE / DATE: 19 June 47

REGULAR DIET / RÉGIME NORMAL: Reg

SPECIAL DIET (Describe) / RÉGIME SPÉCIAL (Description)

SHIP'S RECORD OFFICE TAB—FICHE POUR ARCHIVES TRANSPORTS

BEST COPY

TREATMENT AND PROGRESS REPORT 19 June 6 ©v. [illegible] Ur4.<(
TRAITEMENT ET ÉVOLUTION DE LA CONDITION

1730 1000cc 5% D/W a 10 mil u Ag Penicillin added to in fusion. Caldwell Cpt.
2020 Dalson comp 65 mgm to alternate Pain
Intake 600cc Voided 9.5
Sally Caldwell Cpt.

19 June 67 2200 19th CSF Clark T 99

20 Jun 67 CKK to TAW
20 June 67 1630 Pltd to Rd 10

=?/ Jun 67 C't/L & ~7~jiCc)
oiSotrt (CKK) -t/'r ?g' - f0 . 20
Tolerated pt well.

Capt Mai
90 Amer

JUN 2 1 1967 20th MSOALTY 8-"iOlsa SM
ASO SAN JTBANCISCO 96o<i3
"iW d @ & 0-<Z /?j wTi' cpt

SIGNATURE SIGNATURE	DATE DATE

(DO NOT WRITE BELOW PERFORATION)
(NE PAS ÉCRIRE AU-DESSOUS DE LA PERFORATION)

BEST COPY

Standard Form 502
Rev. August 1954
Bureau of the Budget
Circular A-52

'WP

u s government printing office: ezez..

CLINICAL RECORD	NARRATIVE SUMMARY	
DATE OF ADMISSION 22 June 1967	DATE OF DISCHARGE	NUMBER OFbAYS HOSPITALIZED

(Sifn and date at end of narrative (

Diagnosis: 1. YO-39 — STATIE POST OP AMPUTATION OF RIGHT LONG, INDEX AND THUMB.

Disposition: Air evac.

Prognosis : Fai r.

Medications : None •

(Use additional sheets of this form (Standard Form 502) if more space is required)

SIGNATURE, OF PHYSICIAN/	DATE	IDENTIFICATION NO. I ORGANIZATION
filarftrine Fimcki . Crt . MC	IT7uly'67	RA16958576 p/3/8 Inf 4 Inf Div A?0 96262

PATIENT S IDENTIFICATION *(Fo7 typed or written entries give Name— last, first, middle; grade, date hospital or medical facility)	REGISTER NO.	WARD NO.
[redacted], Roosevelt PFC RA 16 958 476 106th Gen Hosp APO 96503	07055	G-1

NARRATIVE SUMMARY
Stands ◁ Form 502
5<>2-107-02

Standard Form 504
Rev. August 1954
Bureau of the Budget
Circular A-32

e4j GPO: 16 - 776> - 1

CLINICAL RECORD | HISTORY— Part I

NATURE AND DURATION OF COMPLAINTS (Include circumstance of admission)

Traumatic Amp of Rt Thumb
& index - Partial Amp Rt hand
& Fx Prox Phalanx of Rt ring finger

HISTORY OF PRESENT ILLNESSES

Pt is 19 yrs old, RVN 15 Jan 67
"3 miles from Dragon Mt" at ≅ 1830 hrs.
by Claymore mine detonation. Taken
to 18th Surg where DOI above
injuries were debrided. A penrose
drain was placed in a partially closed
palmar wound. Pt transferred to 85th
Svc Co + then to Pac Command for
further Rx + care.

James S Gurson

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name— last, first, middle, grade; date; hospital or medical facility) | REGISTER NO. | WARD NO.

RAI6958476 M
AERCRQHBIE ROOSEVELT m
Q7Q55 ■' PROT jpitaAR
APO SA'I FRANC"SCO 96 3-

1C6TH GEM HOSP
j»on o » o/

HISTORY— Part 1
Standard Form 504
504-105

BEST COPY

Standard Form 505
<lev. August 1957
Bureau of the Budget
Circular A—32 (Rev.)

CLINICAL RECORD | HISTORY—Part 2

PAST HISTORY

INSTRUCTIONS.—*Include (1) OCCUPATION (Civilian and military), (2) MILITARY HISTORY (Include geographic locations and dates), (3) HABITS (Alcohol, tobacco, and drugs), (4) FAMILY HISTORY, (5) CHILDHOOD ILLNESSES, (6) ADULT ILLNESSES, (7) OPERATIONS, (8) INJURIES, and (9) DRUG SENSITIVITIES AND ALLERGIC REACTIONS.*

(1) Reflexes

(2) Honorable RVP 20 mths

(3) Smoker 1/2 pk/day

Drink: Little

Meds Chlorterminalmade

(4) M-F Low

(5) None

(6) None

(7) None

(8) None

(9) None known

(Continue on reverse side")

PATIENT'S IDENTIFICATION (For typed or written entries give: Name —last, first, middle; grade; date: hospital or medical facility) | REGISTER NO. | WARD NO.

*416958476

[redacted]

M

PFC

HISTORY (Parts 2 and 3)
Standard Form 505
505-105

lOoTS GEH HOSP
4ARD G-»i 6 99 CTL

b

HISTORY— Part 3

2> > SYSTEM REVI EW

INSIRUqriQIJi.- *Include* (2) *GENERAL,* (2) *HEAD [Including (3) EYE, (4) EAR, (5) NOSE and* (6) *THROAT],* (7) *NECK, (8) RESPIRATORY,* (9) *CARDIOVASCULAR, (10) GASTROINTESTINAL, (11) GENITO-URINARY [and (12) GYNECOLOGICAL], (13) HEMOPOIETIC, (14) LYMPHATIC, (15) MUSCULOSKELETAL and (16) NEURO PSYCHIATRIC SYSTEMS.*

/I'C-

22 Jan 67

SIGNATURE OF PHYSICIAN

DATE

U.S. GOVERNMENT PRINTING OFFICE 1961 0—590584

BEST COPY

Standard Form 506
Revised August 1954
Bureau of the Budget
Circular A-32 (Rev.)

CLINICAL RECORD	PHYSICAL EXAMINATION						
DATE OF EXAM.	HEIGHT	WEIGHT			TEMPERATURE	PULSE	BLOOD PRESSURE
		AVERAGE	MAXIMUM	PRESENT			
22 June							

INSTRUCTIONS. —Describe **(1)** *General Appearance and Mental Status;* **(2)** *Head and Neck (General); (3) Eyes; (4) Ears; (5) Nose; (6) Mouth; (7) Throat; (8) Teeth; (9) Chest (General); (10) Lungs; (11) Cardiovascular ; (12) Abdomen; (13) Hernia; (14) Genitalia; (15) Rectum; (16) Prostate; (17) Back; (18) Extremities; (19) Neurological; (20) Skin; (21) Lymphatics.*

WDWN NM NAD

HEENT: Pennl
Tympanic membr supple

Card: WNL

Thorax: Lungs Clear Bil
Heart WNL -

Hernia -

Genitalia - WM

Rectal: Deferred

Ext: Healthy dressing Rt forearm
& hand - not disturbed.

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name— last, first, middle; grade; date; hospital or medical facility)

#416958476
[redacted] ROOSEVELT H p«'<
07055 PROT io

REGISTER NO.

WARD NO.

PHYSICAL EXAMINATION
Standard Form 506
506-104

1S6TR GEM HOSP
fcipri n_' 6 22 67

TV

PHYSICAL EXAMINATION

Dx: Traumatic lys of Rt thumb index & tip of long finger
to DD Rt Army

Dennis
22 Jan

INITIAL IMPRESSION

SIGNATURE OF PHYSICIAN

U. S. GOVERNMENT PRINTING OFFICE: 1961 0—602145

DOCTOR'S PROGRESS NOTES
(Sign all notes)

DATE

28 Jun — Apprehensive & very weak

4 Jul — Apprehensive would return for reinspection of bandaged. Tuesday.

6 July — Op Note
Procedure D/E, (R) band
Surg Bunkholz, Lunsford
Anesth FOG
Finding dead then surgery
1 cm —
Dx as before
EBL cloud & gauze
Post op stable

11 July — Pedunculated wound looks well wet → dry dressing
+ STSG end of wk

BEST COPY

Standard Form 509
(Rev. August 1954)
Bureau of the Budget
Circular A-32

CLINICAL RECORD | DOCTOR'S PROGRESS NOTES
(Sign all notes')

DATE

Adm Hosp

22 Jun Wrists open - will need
irrigation under anesthesia
Monday

27 June Op Note
Procedure D/I, (R) hand
Surg Tomkin
Anesth Axillary Block
Findings Skin closing radial aspect
of hand - ? viability.
No pus.
Dx as before
Drains Vaseline
SM 1/100 cc
Postop Bulky hand dressing

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name— last, first, middle; trade; date; hospital or medical facility)

REGISTER NO.

WARD NO.

RA16956476 M
[redacted] ROOSEVELT Pft
07055 PROT 19

DOCTOR'S PROGRESS NOTES
Standard Form 509
509-106

1C6TH OEM HOSP
6 29 67

BEST COPY

Standard Form 509
(Rev. August 1954)
Bureau of the Budget
Circular A-32

CLINICAL RECORD | DOCTOR'S PROGRESS NOTES
(Sign all notes')

DATE

12 Jul Op note
ok SA SG Re chage → Re hand.
Sing Fracture - Healing
Ankle. Heal
Cont. Re AS US
To P Ad in good cond.

Dr.

Pending note
14 Jul Graft appears to be 100% - no pic crutches necessary. Pt stable - Long convalescence necessary. Will Adm.

Dr.

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries iive: Name —last, first, middle; grade; date; ho ital or medical facility)
RA J. 69554*?
[redacted] ROOSEVECT psf
J7055 PBOT 19

REGISTER NO.

WARD NO.

DOCTOR'S PROGRESS NOTES
Standard Form 509
509-106

1O6TH GPM 1I0JP
4ARD O1 6 24 67

106th OH, S.F. 965 J6

BEST COPY

DOCTOR'S PROGRESS NOTES

(S/tfn *all notes*)

DATE	
[redacted]	

U.S. GOVERNMENT PRINTING OFFICE : 1»«1 O—S8Z55Z

DOCTOR'S PROGRESS NOTES
Standard Form 509
(Reverse)

BEST COPY

Standirrd Form 511
Rev. August 1956
Bureau of the Budget
Circular A—32

U.S. GOVERNMENT PRINTING OFFICE : 1961 O-.

CLINICAL RECORD

TEMPERATURE—PULSE—RESPIRATION
FAHRENHEIT

HOSPITAL DAY	adm	2	3	4	5	£	7
POST- DAY							
MONTH-YEAR / DAY	27	28	29	24	25	26	27
19 / HOUR	yC'fc 26:10	26:10 26:10	26:10 26:10	26:10 26:10	26:10 26:10	26: lft "js&fO	26:10 26:10

PULSE (O) / TEMP. F (•): 105°, 104°, 103°, 102°, 101°, 100°, 99°, 98.6°, 98°, 97°, 96°, 95°

PULSE (O): 180, 170, 160, 150, 140, 130, 120, 110, 100, 90, 80, 70, 60, 50, 40

TEMP. C: 40°, 38.9°, 37.8°, 37°, 36.1°, 35°

(Centigrade Equivalents, for Reference only)

RESPIRATION RECORD: 18 | 18 18 | 18 18 | 18 18 | 18 18 | 18 18 | 18 18 | 18 | 18

Record special data only when so ordered

BLOOD PRESSURE	126/70						
HEIGHT: " | WEIGHT-)	145						

PATIENT'S IDENTIFICATION (For typed or written entries give: Name —last, first, middle; grade; date; hospital or medical facility)

REGISTER NO. #26

WARD NO.

RA16958476
[redacted] ROOSEVELT n m
J7055 PHOT 19

1O6TH (JEW II03P
4ARD G-I 6 / 2 6 1

TEMPERATURE— PULSE— RESPIRATION
FAHRENHEIT
Standard Form 511
511-108-01

BEST COPY

[redacted]

BEST COPY

Standard Form 511
Rev. August 1956
Bureau of the Budget
Circular A—32

U.S. GOVERNMENT PRINTING OFFICE : 1961 0—614284

CLINICAL RECORD

TEMPERATURE—PULSE—RESPIRATION
FAHRENHEIT

HOSPITAL DAY	8	9	? o	) r	121	13	14
POST- DAY							
MONTH-YEAR June, July 19 — DAY	28	29	30	1	2	3	4
HOUR	2400 2400	2400 2400	2400 2400	2400 2400	2400 2400	2400 2400	2400 2400

PULSE (O) — TEMP. F (●) — TEMP. C

105° 104° 103° 102° 101° 100° 99° 98.6° 97° 96° 95°

180 170 160 150 140 130 120 110 100 90 80 70 60 50 40

40° 38.9° 37.8° 37° 36.1° 35°

(Centigrade Equivalents, for Reference only)

RESPIRATION RECORD: 18 18 | 18 18 | 18 18 | 18 18 | 8 | 6 | 6 | 4

BLOOD PRESSURE: 126/70

HEIGHT; * | WEIGHT-*: 145

Record special data only when to ordered

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hosp or medical facility)

32 [redacted] ROOSEVELT M PT

07055 p 19

REGISTER NO.

WARD NO.

TEMPERATURE— PULSE— RESPIRATION
FAHRENHEIT
Standard Form 511
511-108-01

ir.GTH GEN HOS? 6 28 6'
•IARD 3-1

BEST COPY

Standard Form 511
Rev. August 1956
Bureau of the Budget
Circular A—32

U.S. GOVERNMENT PRINTING OFFICE : 1961 0—614284

CLINICAL RECORD

TEMPERATURE—PULSE—RESPIRATION
FAHRENHEIT

Z2

HOSPITAL DAY	15	16	17	18		20	21
POST- DAY	Dos	1	2	3	4	5	6
MONTH-YEAR / DAY	5	6	7	8	9	10	11
HOUR	· · · ·	6 10 2 6	6 10 2 6	6 10 2 6	6 10 2 6	6 10 2 6	2 6 10 2 6 10

PULSE (O) — TEMP. F (●) — TEMP. C

105° / 104° / 103° / 102° / 101° / 100° / 99° / 98.6° / 98° / 97° / 96° / 95°

180 / 170 / 160 / 150 / 140 / 130 / 120 / 110 / 100 / 90 / 80 / 70 / 60 / 50 / 40

40° / 38.9° / 37.8° / 37° / 36.1° / 35°

(Centigrade Equivalents, for Reference only)

RESPIRATION RECORD

8 8 6 8 « LI i 6 8

Record special data only when so ordered

BLOOD PRESSURE

HEIGHT: WEIGHT-)

PATI[redacted]N (For typed or writ tep entries dive.'.Name —last, first,

REGISTER NO.

WARD NO.

[redacted]ROOSEVELT PF

07055 P 19

106TH GEN HOSP

WARD G-2 7 67

TEMPERATURE— PULSE— RESPIRATION
FAHRENHEIT
Standard Form 511
511-108-01

32

BEST COPY

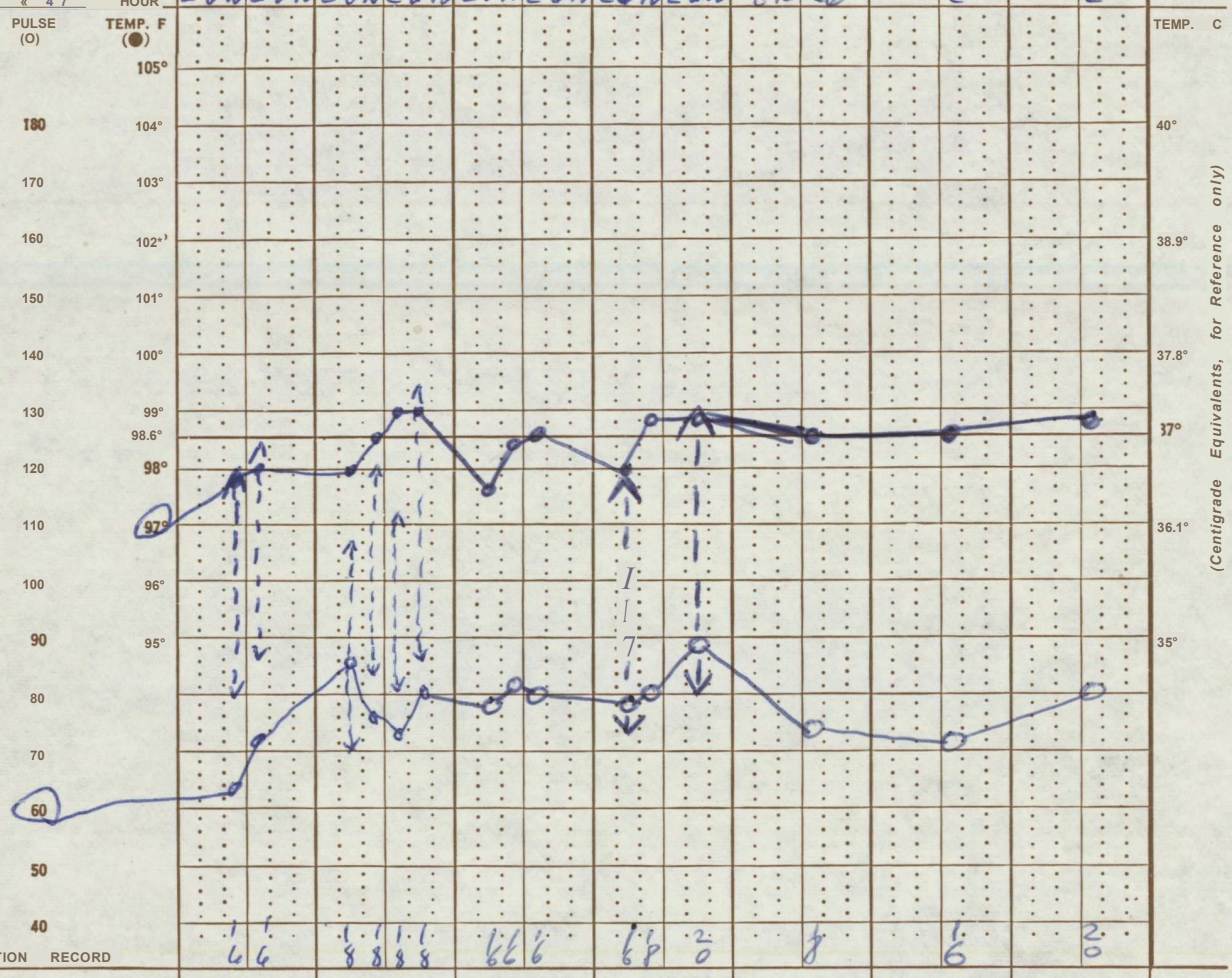
Standard Form 511
Rev. August 1956
Bureau of the Budget
Circular A—32

U.S. GOVERNMENT PRINTING OFFICE : 1961 0—614284

CLINICAL RECORD

TEMPERATURE—PULSE—RESPIRATION
FAHRENHEIT

HOSPITAL DAY	22	23	24	25	26	27	28
POST- DAY	DOS	8	9	10	11	12	13
MONTH-YEAR / DAY	12	13	14	15	16	17	18
Jul Y « 47 / HOUR	2·6·10 2·6·10	2·6·10 2·6·10	2·6·10 2·6·10	2·6·10 2·6·10	·6·10 26	· · 2 ·	· · 2 ·



RESPIRATION RECORD: 16 16 18 18 18 18 16 16 16 18 20 18 16 20

Record special data only when so ordered

BLOOD PRESSURE

HEIGHT: WEIGHT-9

PATIENT'S IDENTIFICATION (For typed or written entries give: Name —last, first, middle; grade; date; hospital or medical facility)

REGISTER NO.

WARD NO.

?A16958476 M
[redacted] ROOSEVELT RFC
J7055 P 19

32

TEMPERATURE—PULSE—RESPIRATION
FAHRENHEIT
Standard Form 511
511-108-01

106TH GEN HOSP
hARD G-2 II 67

BEST COPY

Standard Form 511
Rev. August 1956
Bureau of the Budget
Circular A—32

U.S. GOVERNMENT PRINTING OFFICE : 1961 0—614284

CLINICAL RECORD

TEMPERATURE— PULSE—RESPIRATION
FAHRENHEIT

HOSPITAL DAY	A1 ?	30	31	32	33	34	35
POST- DAY		8	9	10	11	12	13
MONTH-YEAR / DAY	17	20	21	22	23	24	25
JULY 1967 / HOUR	2	2	2	2	2	2	2

PULSE (O) / TEMP. F (●): 105°, 104°, 103°, 102°, 101°, 100°, 99°, 98.6°, 98°, 97°, 96°, 95°

PULSE: 180, 170, 160, 150, 140, 130, 120, 110, 100, 90, 80, 70, 60, 50, 40

TEMP. C: 40°, 38.9°, 37.8°, 37°, 36.1°, 35°

(Centigrade Equivalents, for Reference only)

RESPIRATION RECORD: 18, 18, 18, 18, 18

Record special data only when so ordered

BLOOD PRESSURE

HEIGHT: WEIGHT-i

PATIENT'S IDENTIFICATION (For typed or written entries give: Name —last, first, middle; grade; date; hospital or medical facility)

[redacted] M
[redacted] ROOSEVELT PEC
P 19

REGISTER NO.

WARD NO.

TEMPERATURE—PULSE—RESPIRATION
FAHRENHEIT
Standard Form 511
511-10801

1"'TH oEN H03P
wARD G-tf 17

BEST COPY

Standard Form-513
Rev. August 1954
Bureau of the Budget
Circular A—32

C43—16—77987-1 GPO

CLINICAL RECORD	CONSULTATION SHEET

REQUEST

TO:	FROM: (Requesting ward, unit, or activity)	DATE OF REQUEST
P. 7,	G£T»O G-2	Sd .7~<w£- L7

REASON FOR REQUEST (Complaints and findings)

Active exercise rt wrist and little finger

PROVISIONAL DIAGNOSIS
Traumatic amputation rt. thumb, index and middle fingers.
Fx prox phalanx rt ring finger

DOCTOR'S SIGNATURE	APPROVED	PLACE OF CONSULTATION	
Dr Bagg JKG		~~☒ BEDSIDE~~ ☒ ON CALL	☐ EMERGENCY ☒ ROUTINE

CONSULTATION REPORT

30 June 67: Patient is moving the little finger within limits of the dressings. Minimal movement of the kejcx ring fingers, either active or passive. Rxx Patient is moving the wrist a few degrees in the dressing. He is *very* apprehensive about moving the fingers or the wrist. JKG

Maj. Corporal L. Strong Pt

(Continued on reverse side)

SIGNATURE AND TITLE	DATE	IDENTIFICATION NO.	ORGANIZATION

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)	REGISTER NO.	WARD NO.
22 [redacted] ROOSEVELT Pfc 106 TH GEN'L HOSP		G-2

CONSULTATION SHEET
Standard Form 513
513-104

BEST COPY

Standard Form 514
Rev. August 1954
Bureau of the Budget
Circular A-32 (Rev.)

U.S. GOVERNMENT PRINTING OFFICE ; 1963 0-712-660

CLINICAL RECORD | LABORATORY REPORTS

ATTACH 3D REPORT ALONG HERE AND SUCCEEDING ONES ON ABOVE LINES

ATTACH 2D REPORT WITH TOP AT THIS LINE ↑

ATTACH 1ST REPORT ALONG LEFT MARGIN WITH TOP AT THIS LINE ↑

ATTACHING MARGIN

ATTACH ALL TEST REPORTS TO THIS SHEET

PATIENT'S IDENTIFICATION (*For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility*)

[redacted] Roosevelt

07055

[redacted] G1

106th GL".
APO SAN RANCISCO 96503

REGISTER NO.

WARD NO.

LABORATORY REPORTS
Standard Form 514
514-106

BEST COPY

OR 6 July

32

[redacted] M

[redacted] ROOSEVEL'" e

07055 P 19

REGISTER OR UNIT NO.	WARD NO.	(BED PATIENT □ AMBULATORY
	6-2	

REQUESTED BY ft DATE	DATE & TIME cALECTED
Tuchholz	5 July

CLINICAL DATA

1062H GEN HOSP

PATIENT'S LAST NAME--FIRST NAME-MIDDLE NAME

WARD 6-2

W.B.C.	10.000	R.B.C.	
DIFFERENTIAL COUNT		HEMATOCRIT	38
NEUTROPHILES	56	HEMOGLOBIN	12.7
BLASTS		BLEEDING TIME	
MYELOCYTES		COAGULATION TIME	
BANDS		BLOOD MORPHOLOGY: REMARKS	
LYMPHOCYTES	38		
MONOCYTES	1		
EOSINOPHILES	2		
BASOPHILES	3		
PLATELETS	adequate		
SEDIMENTATION RATE			
C.S.R.			

normal

DATE OF REPORT: 5 Jul

SIGNATURE (Specify Lab. if not part of requesting facility): C&pt.

NAME OF MEDICAL: Chief, Patholgy Servi

(W.y TY Genera.i Kosplta

APO Ma EranolseQ j6b<,

Standard Form 514—B—Rev. Dec. 1964
Bureau of the Budget Circular A-32

f opo i tees of—777*371 oa-Ei

HEMATOLOGY

BEST COPY

433

Preop 32

TA16958476 M

[redacted] OOSEVELT PFC

J7055 P 19

REGISTER OR UNIT NO. | WARD NO. G-2 | ☐ BED PATIENT ☐ AMBULATORY

REQUESTED BY a DAfE | DATE a TIME COLLECTED 12 July

CLINICAL DATA Pre op

PATIENT'S LAST NAME-FIRST NAME-MIDDLE NAME

W.B.C.	11,600	R.B.C.	4.67		
DIFFERENTIAL COUNT		HEMATOCRIT	38		
NEUTROPHILES	67	HEMOGLOBIN	12.7		
BLASTS		BLEEDING TIME			
MYELOCYTES		COAGULATION TIME			
BANDS		BLOOD MORPHOLOGY: REMARKS			
LYMPHOCYTES	29	normal			
MONOCYTES					
EOSINOPHILES	4				
BASOPHILES					
PLATELETS	Adequate				
sedimentation RATE					
C.S.R.					

DATE OF REPORT | SIGNATURE (Specify Lab. if not part of requesting facility)

Chief, fofetholgy Servi c
n Me'of medical FltfJfi-iyh Gcmera.I Hoepi taJ
APO San Slaxioisco 96£

Standard Form 514—B—Rev. Dec. 1964
Bureau of the Budget Circular A-32

☆gpO • 1965 OF—777-871 IM-C)

HEMATOLOGY

BEST COPY

[redacted]

[redacted] ROOSEVELT M PFC

2 07055 P 19

106TH GEN HOSP

WARD G-2 67

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME

COLOR-APPEARANCE	yellow clear
REACTION	ph 6
SPECIFIC GRAVITY	1.008
ALBUMIN	Neg
SUGAR	Neg
ACETONE	Neg
BILE	Neg

Pre op 32

REGISTER OR UNIT NO. | WARD NO. G-2 | ☐ BED PATIENT ☑ AMBULATORY

REQUESTED BY Dr Tenaki | DATE OF REQUEST 12 July

DATE, TIME, AND METHOD OF COLLECTION Pre op

MICROSCOPIC REMARKS Negative

NAME OF MED. FACILITY APO San Franaisco 96505

Standard Form 514-A—Rev. June 1959. Bureau of the Budget Circular A-32 GPO C58--16—56268-6

URINALYSIS

BEST COPY

Standard Form 514
Rev. August 1954
Bureau of the Budget
Circular A-32 (Rev.)

U.S. GOVERNMENT PRINTING OFFICE : 1963 0-712-660

CLINICAL RECORD | LABORATORY REPORTS

ATTACH 3D REPORT ALONG HERE ↑ AND SUCCEEDING ONES ON ABOVE LINES

ATTACH 2D REPORT WITH TOP AT THIS LINE ↑

ATTACH 1ST REPORT ALONG LEFT MARGIN WITH TOP AT THIS LINE ↑

ATTACHING MARGIN

ATTACH ALL TEST REPORTS TO THIS SHEET

PATIENT'S IDENTIFICATION (For typed or written entries give: Name— last, first, middle; grade; date; hospital or medical facility)

REGISTER NO.

WARD NO.

Ml 6958476
[redacted] ROOSEVELT M
07055 PROT 19

LABORATORY REPORTS
Standard Form 514
514-106

toWH GW HOSP
WARD G-1 6 22 67

mvw e 55 e i
JWIH OEM. HOSb

BEST COPY

693

ANTIBIOTIC SENSITIVITY OF ORGANISM

antibiotic	concentration	SENSITIVITY OF ORGANISM			
		A· CLOACA			
PENICILLIN G	1 & 10 UNITS				
ERYTHROMYC 1N	15 MCG				
TETRA YCL 1ne	30 MCG	5			
CHLOROMYCETIN	30 MCG	5			
STREPTOMYCIN	10 MCG	5			
gantri SIN	300 MCG				
POLYMYXIN B	30 MCG	5			
TRIPLE SULFA	300 MCG				
NEOMYC IpN	80	5			
AUREOMYCI N	30				
COLYMYC.IN	10 SF? 9				
] FURADAnY IN	150 j bj				
*J ERRAMYCI n	30				
Wan AMYC 1N	30C?5	5			
NOVOBIOCIN	30 MCG				
NEGRAM					
smn		5			
MANDEL					
ampicillin		r:			

USAMCJ. FORM 10 mar 67 2037 REPLACES 406TH ML FORM 29, 4 AUG 66, AND249TH GH FORM 35, 25 AUG 66, WHICH MAY BE USED.

BEST COPY

[redacted]

Roosevelt

VFC

200 2026 0900

REGISTER OR UNIT NO.	WARD NO.	☐ BED PATIENT ☐ AMBULATORY
07055	6-1	

REQUESTED BY a DATE: Tunaki

DATE ft TIME COLLECTED: 28 June

CUBICAL DATA

PATIENT'S LAST NAME-FIRST b AME—MIDDLE NAME

W.B.C.	15.600	R.B.C.		
c XgW»FERENTIAL		HEMATOCRIT	38	
NEUTROPHILES	76	HEMOGLOBIN	12.7	
BLASTS		BLEEDING TIME		
MYELOCYTES		COAGULATION TIME		
BANDS		BLOOD MORPHOLOGY: REMARKS		
LYMPHOCYTES	23			
MONOCYTES	1			
EOSINOPHILES				
BASOPHILES				
PLATELETS	adequate			
SEDIMENTATION RATE				
C.S.R.				

Normal.

DATE OF REPORT: 28 June

SIGNATURE [Specify Lab. if not part of requesting facility]: Chief, Wf .olgy Service

name of MEDicAt facility --Tiorsi Hosp i tn 1 11*0 San /ranoisco 9oo0«

Standard Form 514--B— Rev. Dec. 1964
Bureau of the Budget Circular A-32

☆ oPO I 1065 01?—777-871 (38-E)

HEMATOLOGY

BEST COPY

.I

M16958476 M

[redacted] ROOSEVELT ft

JD7055 PROT 19

341

106TH •2W HOS? ~ a-j

WARD G-1 NAME-FIRST NAME-GID»I4 nWE

REGISTER OR UNIT NO. | WARD NO. G-1 | ✓ BED PATIENT | FT AMBULATORY

REQUESTED BY AND DATE: Dr Boggs | DATE COLLECTED: 23 Jun 67

CLINICAL DATA

ROUT1NE FLOCCULATION Q ROUTINE COMPLEMENT FIXATION Q OTHER (Specify)

REPORT

NCN-REACTIVB

CARDIO MICROHOG

8 27W

07

DATE OF REPORT | SIGNATURE (Specify Lab. if not part of requesting facility) L. Pasch, Capt., MC

ALLEN

Chief, Patholgy Service

NAME OF MEDICAL FACILITY: 106th General Hospital

APO San Francisco 96503

Standard Form 514—C—Rev. June 1959.
Bureau of the Budget Circular A-32

GPO C58--16— 56267-6

S.T.S.

B14-410

[redacted]

[redacted]

BEST COPY

i/!o

7-111370

588

[redacted] N

[redacted] ROOSEVELT e,

bW5 PROT 19

10ATH OEM HOSP _ 7

PA[redacted]-FIRST NAME-MIDDIPha ~

REGISTER OR UNIT NO.	WARD NO.	☑ BED PATIENT ☐ AMBULATORY
	Gen 1	

REQUESTED BY AND DATE	DATE AND TIME COLLECTED
Dr Boyd	23 June 67

CLINICAL DATA

SPECIMEN AND SOURCE: Blood

EXAMINATION REQUESTED: Malaria Smear

RESULT

N J PARASITES SEEN

,T\'! ? 4V JAMS

P A3T~0T VrJV"

D?FT OF MED ZOOL

406 MED LAB

Apr, oat4 3 23 6 67

DATE OF REPORT	SIGNATURE (Specify Lab. if not part of requesting facility)

NAME OF MEDICAL FACILITY

Standard Farm 514-M —Rev. June 195S.
Bureaus! the Budset Circular A-32

MISCELLANEOUS

U.S. GOVERNMENT PRINTING OFFICE: 1966

sh-kol

BEST COPY

A OS

H<16f584% N

imc?GMBXS Roosmcr P*

G7Q55 PROT If

106TW 7TH HOSP

WARD G-1 9 25 67

So Delay Please

REGISTER OR UNIT NO. | WARD NO. | ☐ BED PATIENT ☐ AMBULATORY

REQUESTED BY Raymond J. Bagg, Jr. Major MC | DATE OF REQUIT

DATE, TIME, AND METHOD OF COLLECTION

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME

COLOR-APPEARANCE	yellow Clear
REACTION	ph 5
SPECIFIC GRAVITY	1.020
ALBUMIN	neg
SUGAR	neg
ACETONE	neg
BILE	

MICROSCOPIC: REMARKS

2-3 wbc / hpf

DATE OF REPORT 25 June 67

SIGNATURE (Specify Lab. if not part of [illegible]) [illegible] PUSCH MC Chief, Path Svc

NAME OF MEDICAL FACILITY

Standard Form 514-A—Rev. June 1959, Bureau of the Budget Circular A-32 GPO c58 16—56268-8

URINALYSIS

BEST COPY

RA 16958426 26 Pre OP

[redacted] to

0/055 Prot 19

Register or unit no.	WARD NO.	☐ ✓ bed patient ☐ AMBULATORY
	G-1	

REQUESTED BY a DATE: Raymond J Bagg, Jr. 23 June 67

DATE a TIME COLLECTED: 23 June 67

Major

CLINICAL DATA: ---he

PATIENT'S LAST NAME-FIRST NAME-MIDDLE NAME

✓	W.B.C.	9, c>o n>		R.B.C.				
✓	DIFFERENTIAL COUNT		✓	HEMATOCRIT	33			
	NEUTROPHILES	75	✓	HEMOGLOBIN	10			
	BLASTS			BLEEDING TIME				
	MYELOCYTES			COAGULATION TIME				
	BANDS			BLOOD MORPHOLOGY: REMARKS				
	LYMPHOCYTES	20						
	MONOCYTES	2						
	EOSINOPHILES	3						
	BASOPHILES							
	PLATELETS							
	SEDIMENTATION RATE							
	C.S.R.							

DATE OF REPORT: 23 Jun

SIGNATURE (Specify Lab if not part of requesting service): JD ARTHUR L. PUSCH MC

NAME OF MEDIAL FACIUT: efj path gye

Standard Form 514—B—Rev. Dec. 1964
Bureau of the Budget Circular A-32

&GPO I 1905 OF—777-071 (3B-E>

HEMATOLOGY

BEST COPY

[redacted]

Pre-OR STAT

2

Rosenell

PFC

REGISTER OR UNIT NO. 09055 | WARD B-2 | X BED PATIENT ☐ AMBULATORY

REQUESTED BY Dr. Burkett | DATE OF REQUEST 5 July

DATE, TIME, AND METHOD OF COLLECTION

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME

X COLOR-APPEARANCE	yellow Cloudy
X REACTION	7
X SPECIFIC GRAVITY	1.017
X ALBUMIN	(-)
X SUGAR	(-)
X ACETONE	(-)
BILE	

X MICROSCOPIC: REMARKS

Heavy amorphous Sed

occ WBCs

occ Epith Cells

DATE OF REPORT 5 July 46 | SIGNATURE (Specify Lab. if not part of requesting facility) Capt. MC

Chief, Pathology Service

NAME

'IgJafix 'Ijeri ral Hospital
AF'* San F-ranoisec 9650?

514-208

Standard Form 514-A—Rev. June 1959.
Bureau of the Budget Circular A-32

GPO c58-16—56268-6

URINALYSIS

BEST COPY

[redacted] Roosevelt

693

Rfc

[redacted]

REGISTER OR UNIT NO.	WARD NO.	☐ BED PATIENT X AMBULATORY
07055	L-1	

REQUESTED BY AND DATE: Capt. Fumahi 27 June 67

DATE AND TIME COLLECTED

CLINICAL DATA

PATIENT'S LAST NAME-FIRST NAME-MIDDLE NAME

SPECIMEN AND SOURCE: Manifestations (R) hand

EXAMINATION REQUESTED: C + S

RESULT

HEAVY GROWTH AEROBACTER CLOACA

DATE OF REPORT: 30 JUN 67

SIGNATURE (Specify Lab. if not part of requesting service)

NAME OF MEDICAL FACILITY: 106 GEN. HOSP.

Standard Farm 514-M—Rev. June 1959.
Bureau *al* Uia Budget Circular A-32

MISCELLANEOUS

514-1408

Standard Form 516
Rev. August 1954
Bureau of the Budget
Circular A—32

CLINICAL RECORD | OPERATION REPORT

PREOPERATIVE DIAGNOSIS

Blast injury, right hand

SURGEON	FIRST ASSISTANT	SECOND ASSISTANT	
OPT Clarence Funaki	CPT kmes Buchholz		
ANESTHETIST	ANESTHETIC		TIME BEGAN (J? 55 / TIME ENDED 0825
CPT Esther Brunson	Fluothane, N20 02, S/C; Thiopental I.V.		
SURGICAL NURSE	INSTRUMENT NURSE	TIME OPERATION BEGAN	TIME OPERATION COMPLETED
MAJ Elizabeth Potter	SP4 James Me Veen	0812	0825

OPERATIVE DIAGNOSES

Same

DRAINS (Kind and number)

SPONGE COUNT VERIFIED

MATERIAL FORWARDED TO LABORATORY FOR EXAMINATION

None

OPERATION PERFORMED

STSG to right hand from right thigh

DESCRIPTION OF OPERATION (Typels) of suture used, gross findings, etc.) | MAJOR | MINOR | DATE OF OPERATION

Under satisfactory general anesthesia, the patient wasl I 1 12 July 67
prepped and draped in the usual fashion. A 17/1000" STSG was raised from the right anterior thigh by the use of a Browne dermatome. The graft was then laid on the radial surface of the right hand over the shaft of the 4th metacarpal. It was fashioned to fit the granulating area. A volar splint was applied. The graft was left open to the air and the patient was returned to the recovery room in good condition.

SIGNATURE OF SURGEON

James uchholz OPT, MC

DATE 13 June 67

PATIENT S IDENTIFICATION (For typed or written entries give: Name—last, first, middle, grade, date, hospital or medical facility)

REGISTER NO. 07055

WARD NO. G-2

[redacted], Roosevelt PFC
RA 16 958 476
106th Gen Hosp, APO 96503

OPERATION REPORT
Standard Form 516
516-104-02

32

PPC-Japan

BEST COPY

Standard Form 516
Rev. August 1954
Bureau of the Budget
Circular A—32

32

CLINICAL RECORD | OPERATION REPORT

PREOPERATIVE DIAGNOSIS

Blast injury right hand

SURGEON	FIRST ASSISTANT	SECOND ASSISTANT	
CPT James Buchholz	CPT Clarence Funaki		
ANESTHETIST	ANESTHETIC		TIME BEGAN 0745
CPT William Dunphy	Flunthane. N20 02. S/C: Sod. Pent. T.V.		TIME ENDED Qg 2 0
SURGICAL NURSE	INSTRUMENT NURSE	TIME OPERATION BEGAN	TIME OPERATION COMPLETED
	PFC Jerry Lyttle	0803	0815

OPERATIVE DIAGNOSES	DRAINS (Kind and number)	SPONGE COUNT VERIFIED
Same		

MATERIAL FORWARDED TO LABORATORY FOR EXAMINATION

None

OPERATION PERFORMED

Debridement wound, right hand

DESCRIPTION OF OPERATION (Ty/xfc) of suture used, gross findings, etc.) | MAJOR | MINOR | DATE OF OPERATION

Under satisfactory general anesthesia, the patient was------X----------.6 July .67-----
prepped and draped in the usual fa d'lion. The skin edge which was questionably viable
at the previousoperation was now frankly necrotic and hand begun to slough# -"-he edge
was trimmed back to clean granulation tissue and viable skin flap and then copiously
irrigated with normal saline solution. All sutures were removed from the involved
area. A light vaseline dressing was applied to the hand end the patient was returned
to the recovery room in good condition.

SIGNATURE OF SURGEON

James BjcKriolz, OPT, MC

DATE 7 July 67

PATIENT'S IDENTIFICATION (For typed or written entries ive: Name— last. first, middle, (trade, date, hospital or medica 1 facihty)

REGISTERS NO. 07055

WARD NO. G=2

[redacted], Roosevelt PFC
RA 16 95S 476
106th Gen Hosp, APO 96503

OPERATION REPORT
Standard Form 516
516-104-02

PPC-Japan

BEST COPY

Standard Form 516
Rev. August 1954
Bureau of the Budget
Circular A—32

CLINICAL RECORD | **OPERATION REPORT**

PREOPERATIVE DIAGNOSIS
Amputatien right thumb, index and leng fingers

SURGEON	FIRST ASSISTANT	SECOND ASSISTANT	
CPT Clarence Funaki			
ANESTHETIST	ANESTHETIC		TIME BEGAN 230
CPT Melville Wyche	Axillary Block: Right with Xylocaine		TIME ENDED 3
SURGICAL NURSE	INSTRUMENT NURSE	TIME OPERATION BEGAN	TIME OPERATION COMPLETED
MAJ Elizabeth Petter	LT Benald Padgett	1350	lUe

OPERATIVE DIAGNOSES	DRAINS (Kind and number)	SPONGE COUNT VERIFIED
As abeve	Nene	Xes

MATERIAL. FORWARDED TO LABORATORY FOR EXAMINATION
Culture X 1

OPERATION PERFORMED
Bebridement and irrigatien & partial SPC ef right hand

DESCRIPTION OF OPERATION)Typels) of suture used, grata findings. etc.) | MAJOR X | MINOR | DATE OF OPERATION 27 June 67

With the patient in the supine position under excellent axillary black anesthesia, his right hand and ferearm were prepped and draped in the usual sterile fashion* Attention was then turned to the suture along the radial aspect of his hand, with the amputated thumb index and long fingers* There was a moderate amount of hematoma evacuated from the area of the hypothenar eminence* This did not appear/ to be frankly pussy. All sutures in the suture line were then removed and all underlying subcutaneous tissue inspected and curetted. Further debridement was carried out with sharp dissection. The wound was then thoroughly irrigated with normal saline* The skin edge along the dorsal aspect of his suture line for approximately 1 gcm proximally appeared to have questionable viability however the thorough irrigation with *1£ neomycin solution, the skin edges were again reapproximated loosely* Horizontal mattress sutures X 2 were used over the thenar eminence are to obliterate the dead space* The wound was then dressed with vaseline gauze, dry sterile dressings and a bulky hand dressing* Estimated blood loss less than lOOcc* A tourniquet was used; total tourniquet time being 50 minutes*

SIGNATURE OF SURGEON
Clarence Funaki, CPf MC

DATE 28 June 67

PATIENT'S IDENTIFICATION (For typed or written entries five: Name —last, first, middle. £raa'e, date. hospital or medical facility)

[redacted] oosevelt PFC
3
106th Gen H©sp, APO 96503

REGISTEF< NO. 0705b

WARD NO. £t=l

OPERATION REPORT
Standard Form 516
516-104-02

PPC-Japan

BEST COPY

Standard Form 517
Rev: July 1959
Bureau of the Budget
Circular A—32 (Rev.)

CLINICAL RECORD — ANESTHESIA

ANESTHETICIS 1330 1400 HOUR

INDUCTION

SATIS

UNSATIS AND WHY

REMARKS

X-X 1330
O-O 1350
X-1040

OXYGEN

CO; AB50RP.

LEVEL OF ANAL-ANES. Cut. block, Rt.

CODE

• PULSE
O RESP-
V B. P.
X ANES.
© OPER.
T TOURN.

220 200 180 160 140 120 100 80 60 40 20

FLUIDS

B BLOOD
N SALINE
G 5% G/W
DX EXPAND.

NUMBERS FOR REMARKS X O

IV FLUIDS

POSITION Supine

AGENTS AND TECHNICS

Cut. bl., Rt. { 50 cc 1.3% Nylocaine c̄ Epinephrine /,* Zo'CiylJUd Incl. paresthesias

ENDOTRACHEAL: SIZE ..... BLADE ..... ORO ..... NASO ..... CUFF ..... PACK .....

REMARKS: N/A

RECOVERY

REFLEX IN O.R. .....
EMESIS .....
ASPIR. .....
EXCITEMENT .....
HYPOTENSION .....
OTHERS .....

OPERATION PERFORMED: Deb & Partial Suture. extensive hand injury c̄ amputated 1 + 2 fingers

TOTAL FLUIDS: —

NAME(S) OLSURGEON(S): Capt. Funaki

Capt. Wenke

Signature of Anesthetist.

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)

*0 A 1 6958476

[redacted] ROOSEVELT Pt

07055 PROT 19

Register no. | WARD NO. | DATE 27 June 67

ANESTHESIA
Standard Form 517
517-107

J06TH CEH HOSP
_ v.; aARD G**l 6 22 67

BEST COPY

« TOD OT

o 77 o\

PREANESTHETIC SUMMARY

OPERATION PROPOSED	AGE	WEIGHT (LBS.)	SPECIAL INFORMATION
amputation Rt rand wrist	19	145	—

PHYSICAL STATUS: 1 2 3 4 5 6 7

URINALYSIS	HEMATOLOGY	BLOOD CHEMISTRY
NORMAL ____ ABNORMAL AND WHY? NA	HGB ____ RBC ____ HCT ____ OTHER NA	—

RESPIRATORY SYSTEM	CIRCULATORY SYSTEM	CENTRAL NERVOUS SYSTEM	OTHER SYSTEMS
(X-RAY, ASTHMA, OTHER PATHOLOGY) —	BP 120/80 PULSE 80 ECG (IF PERTINENT)	(CEREBROVASCULAR, POLIO, NEUROLOGICAL) —	(ALLERGIES) —

PREVIOUS ANESTHETICS AND COMPLICATIONS	PRESENT DRUG THERAPY; E.G., STEROIDS, TRANQUILIZERS
—	—

PREOPERATIVE DIAGNOSIS	PREMEDICATION
Amp Rt thumb index & tip of long finger.	—

SIGNATURE 'ALUATING PHYSICIAN: [signature] DATE:

POSTANESTHETIC VISITS

RECORD ALL PERTINENT COMPLICATIONS

188 Tel 1530 hrs 29 June 67 Local anest leaking to V fair. Stable upon to pmd dwell. may be return home per pts wish [signature]

U.S. GOVERNMENT PRINTING OFFICE : 1961 0—587667

BEST COPY

Standard Form 117
Rev. July 1969
Bureau of the Budget
Circular A—32 (Rev.)

CLINICAL RECORD — ANESTHESIA

38

ANESTHETIST: [illegible] HOUR: 0800 16 30

INDUCTION

SATIS _____

UNSATIS AND WHY. _____

REMARKS

0700 Demerol 75 mgm IM
Atropine 0.6 mgm IM
X0745 @0805
@0815 X0830

Fluro Rent 100-160
Nyl 9
OXYGEN 2.5 — 3
CO2 ABSORP. 115 — 5
LEVEL OF ANAL-ANES. on

CODE
• PULSE
O RESP.
V B. P. 100/70
X ANES.
@ OPER.
T TOURN.

220
200
180
160
140
120
100
80
60
40

FLUIDS
B BLOOD
N SALINE
S 3% S/W
DX EXPAND.

2<f? Asst Resp.

NUMBERS FOR REMARKS X @ ®

IV FLUIDS G

POSITION S

ASENTS AND TECHNICS

FLUO
N2OHO2 > ABS CR S/C

7.5% Rent 225 mgm IM

ENDOTRACHEAL: SIZE _____ BLADE _____ ORO _____ NASO _____ CUFF _____ PACK _____

REMARKS:

RECOVERY
REFLEX IN O.R. _____
EMESIS _____
ASPIR. _____
EXCITEMENT _____
HYPOTENSION _____
OTHERS _____

OPERATION JERFORMEW: Debridement (R) hand

TOTAL FLUIDS. 5 Ccl/w

NAME(S) OF SURGEON(S): Dr Fonaki Dr. Buchholtz

Signature of Anesthetist: [illegible], AHC CRNA

ATlkxT * lOtNtl>ICAf ION (Per typed er written entries give: Name—last, first, middle; trade; date; hospital or medical facility)

[redacted] ROOSEVELT
07055 p 19

RESISTER NO. | WARD NO. | DATE 6 July

ANESTHESIA
Standard Form SIT
517-107

1C6TH GEM H03P
WARD G—<i

7 S'

PREANESTHETIC SUMMARY

OPERATION PROPOSED	AGE	WEIGHT (LBS.)	SPECIAL INFORMATION
Chipped wound Rt hand	19	145	—

PHYSICAL STATUS: 1 2 3 4 5 6 7

URINALYSIS	HEMATOLOGY	BLOOD CHEMISTRY
Formal	HGB RBC HCT	
ABNORMAL AND WHY?	OTHER	
/u A- —'	. • ,N A	—

RESPIRATORY SYSTEM	CIRCyt OgZsYSTEM	CENTRAL NERVOUS SYSTEM	OTHER SYSTEMS
(X-RAY. ASTHMA. OTHER PATHOLOGY)	BP. 7 PULSE 80 ECG (IF/Efprf T)	(CEREBROVASCULAR. POLIO. NEUROLOGICAL)	(ALLERGIES)
—	—	—	—

PREVIOUS ANESTHETICS AND COMPLICATIONS	PRESENT DRUG THERAPY; E.G.. STEROIDS. TRANQUILIZERS
—	—

PREOPERATIVE DIAGNOSIS	PREMEDICATION
Blast injury Rt hand	

SIGNATURE EVALUATING PHY	DATE
[illegible]	4/2/

POSTANESUTHETIC VISITS

RECORD	COMPLICATION	
6 Gt 7. t'-y f 06iT'*		V. S. stable
17. d.	cleared	ftor, Cpt., DNC Anesthesia Dept.

U.S GOVERNMENT PRINTING OFFICE 1961 0—587867

BEST COPY

Standard Form 517
Rev. July 1959
Bureau of the Budget
Circular A—32 (Rev.)

mSiCAL RECORD

ANESTHESIA

ACF38

ANESTHETIC(S) — HOUR

Thiopental (10) — 00 30 0900

Fluothane — 200 150

LN_2O — 2

L OXYGEN — 2

CO: ABSORP.

LEVEL OF ANAL-ANES. — X

CODE

• PULSE VU22O

O RESP.

V B. P. 110/80

X ANES.

© OPER.

T TOURN.

200 180 160 140 120 100 80 60 40 20

FLUIDS

B BLOOD

N SALINE

G 5% G/W

DX EXPAND.

NUMBERS FOR REMARKS

IV FLUIDS

POSITION

INDUCTION

SATIS Yes

UNSATIS AND WHY.

REMARKS

Demerol 75 mg
Atropine d. 6 mg
IM 0700

1) Guedel airway
2) Atropine 0.2 mg IV for Hiccups.

AGENTS AND TECHNICS

2.5% Thiopental 250 mg IV.
Fluothane, N_2O, 4x- T^4- A/C

X 0755
0817 0825

ENDOTRACHEAL: SIZE ---- BLADE ---- ORO ---- NASO ---- CUFF ---- PACK ----

REMARKS: NA

OPERATION Performed: SSG Hand (R)

TOTAL FLUIDS: 100 cc 5% D/W

NAME(S) OF SURGEON (S): Dr. Furuaki

Capt C Brunson
Signature of Anesthetist.

RECOVERY

REFLEX IN O.R. Yes

EMESIS NA

ASPIR.

EXCITEMENT.—

HYPOTENSION

OTHERS

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)

REGISTER NO.

WARD NO. G1

DATE 12 Jul 67

ANESTHESIA
Standard Form 517
517-107

HA16958476
[redacted] ROCTEVEL'T
07055 P 19

106TB HEM :HOSP

BESTCOPY

PREANESTHETIC SUMMARY

OPERATION PROPOSED	AGE	WEIGHT (LBS.)	SPECIAL INFORMATION
ST SG ~~[illegible]~~ Rt hand.	19	145	—
	PHYSICAL STATUS 1 2 3 4 5 6 7		

URINALYSIS	HEMATOLOGY	BLOOD CHEMISTRY
NORMAL ---------- ABNORMAL AND WHY? NA	HGB ---------- RBC ---------- HCT ---------- OTHER NA	—

RESPIRATORY SYSTEM	CIRCULATORY SYSTEM	CENTRAL NERVOUS SYSTEM	OTHER SYSTEMS
(X-RAY. ASTHMA. OTHER PATHOLOGY) —	BP 120/80 PULSE 80 ECG (IF PERTINENT)	(CEREBROVASCULAR. POLIO. NEUROLOGICAL) —	(ALLERGIES) —

PREVIOUS ANESTHETICS AND COMPLICATIONS	PRESENT DRUG THERAPY; E.G., STEROIDS. TRANQUILIZERS
—	—

PREOPERATIVE DIAGNOSIS	PREMEDICATION	SIGNATURE OF EVALUATING PHYSICIAN	DATE
Blast injury Rt hand		Anderson	11 Jul 67

POSTANESTHETIC VISITS

RECORD ALL PERTINENT COMPLICATIONS

@ 1030 hrs 12 July 67
US State [illegible] good pain control
appr tol procedure & stated will may be
ready to travel per Dr order.
J Neal Capt Anes

U.S. GOVERNMENT PRINTING OFFICE : 1961 0—587867

BEST COPY

Standard Form 519
Rev. August 1954
Bureau of the
Budget Circular A-32

» U.S. GOVERNMENT PRINTING OFFICE : 1964 0—718-468

CLINICAL RECORD	RADIOGRAPHIC REPORTS

ATTACH 3D REPORT ALONG HERE As AND SUCCEEDING ONES ON ABOVE LINES

ATTACH 2D REPORT WITH TOP AT THIS LINE ↑

ATTACH 1ST REPORT ALONG LEFT MARGIN WITH TOP AT THIS LINE vgt

ATTACHING MARGIN

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)*

REGISTER NO.

WARD NO.

"K'

HA16958476 M

[redacted] ROOSEVELT

07055 PROT 19

RADIOGRAPHIC REPORTS
Standard Form 519
519-106

106TH GEH 1103? 6 22 67
WARD G-1

BEST COPY

Preop

PATIENT'S LAST NAME - FIRST NAME - MIDDLE NAME

[redacted] ROOSEVELT M PFC

PROT 19

REGISTER NO.

WARD NO. G-1

AGE 19 SEX M

(Check one) ☐ BEDSIDE, WHEELCHAIR, OR STRETCHER ☐ BED PATIENT ☒ AMBULATORY

EXAMINATION REQUESTED: Chest PA Left PA Left Rt Lateral

REQUESTED BY Buckley

DATE OF REQUEST 23 June 67

(Above space for hospital use only)

PERTINENT Up teUx RY. OPERATIONS. PH yM:A WJdiIM/ AND PROVISIONAL DIAGNOSIS

AMP Rt thumb & index

Ex AP. of Rt hand

NO. 418713

DATE OF REPORT 23 JUN 1967

RADIOGRAPHIC REPORT

Chest - normal

Rt hand + wrist - The thumb has been amputated completely the index finger is amputated through the proximal end of the 2nd metacarpal & the middle finger through the distal end of the 3rd metacarpal; a K-wire stabilizes a fracture of the 4th proximal phalanx

Joseph J. Marlak LTC MC

SUBNATURE: (Speaffy location of laboratory if not part of requesting facility)

RADIOLOGY SERVICE

106TH GENERAL HOSPITAL Hue

NAME OF HOSPITAL OR OTHER MEDICAL FACILITY

Standard Form 519A (Rev. Aug. 1954)
Promulgated by Bureau of the Budget
Circular A-32. (Rev.)

RADIOGRAPHIC REPORT

519-205

BEST COPY

Stan4 d Form 522
JRev June J961
Bureau of the Budget
Circular A-32 (Rev.)

U.S. GOVERNMENT PRINTING OFFICE : 1961 0—900392

CLINICAL RECORD

AUTHORIZATION FOR ADMINISTRATION OF ANESTHESIA AND FOR PERFORMANCE OF OPERATIONS AND OTHER PROCEDURES

Name of Medical Facility iC-iTH GEM HOST WARD C-1 6 16 67 DATE 2 6 [illegible]

1. I hereby consent to the performance upon myself or (name of patient) _____

of Amputation of Rt Hand [illegible]
(State nature of operation or procedure as: "an operation to remove appendix")

and of such additional operations or procedures as are considered necessary or desirable in the judgment of the medical staff of the above-named medical facility.

2. The nature and purpose of the operation, the risks involved, and the possibility of complications have been explained to me. I acknowledge that no guarantee or assurance has been made as to the results that may be obtained.

3. I further consent to the administration of such anesthesia as may be considered necessary or desirable in the judgment of the medical staff of the above-named medical facility, with the exception of _____
(State "None," or name anesthetic)

4. I also consent to the disposal by authorities of the above-named medical facility of any tissues or parts which it may be necessary to remove.

5. For the purpose of advancing medical knowledge, I consent to the admittance of medical students and other observers, in accordance with ordinary practices of this medical facility, to the use of closed-circuit television, the taking of photographs (including motion pictures), and the preparation of drawings and similar illustrative graphic material, and I also consent to the use of such photographs and other materials for scientific purposes.

(Cross out paragraphs above which are not appropriate.)

Signature of patient Robert [illegible]

When patient is incompetent to affix signature:
Signature of person authorized to consent for patient _____

Address _____

Authority to consent _____

Witness : Signature William J. McKinney
106TH GHfHQSr WARD C-1 6 19 67 SJJ9B

City and State _____

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)*

RA16958476 M
[redacted] ROOSEVELT Pt
07055 PHOT 19

J06TH TEN HOSP

REGISTER NO. | WARD NO.

AUTHORIZATION FOR ANESTHESIA, OPERATIONS, ETC.
Standard Form 522
522-104

BEST COPY

Standard Form 522
Rev June 1961
Bureau of the Budget
Circular A-32 (Rev.)

U.S. GOVERNMENT PRINTING OFFICE : 1961 0— 60039.

CLINICAL RECORD

AUTHORIZATION FOR ADMINISTRATION OF ANESTHESIA AND FOR PERFORMANCE OF OPERATIONS AND OTHER PROCEDURES

Name of Medical Facility: 106 G. H

DATE: 5 July 67

1. I hereby consent to the performance upon myself or (name of patient) _____

of Debridement (By hand)
(State nature of operation or procedure as: "an operation to remove appendix")

and of such additional operations or procedures as are considered necessary or desirable in the judgment of the medical staff of the above-named medical facility.

2. The nature and purpose of the operation, the risks involved, and the possibility of complications have been explained to me. I apkpowledge that no guarantee or assurance ha'sJjeen made as to the results that may be obtained, Kt cocaineba Chemo

3. I further consent to the administration of such ahusthesia as may be considered necessary or desirable in the judgment of the medical staff of the above-named medical facility, with the exception of

_____
(State "None," or name anesthetic)

4. I also consent to the disposal by authorities of the above-named medical facility of any tissues or parts which it may be necessary to remove.

5. For the purpose of advancing medical knowledge, I consent to the admittance of medical students and other observers, in accordance with ordinary practices of this medical facility, to the use of closed-circuit television, the taking of photographs (including motion pictures), and the preparation of drawings and similar illustrative graphic material, and I also consent to the use of such photographs and other materials for scientific purposes.

(Cross out paragraphs above which are not appropriate.)

Signature of patient: Roosevelt Ivercombie

When patient is incompetent to affix signature:

Signature of person authorized to consent for patient _____

Address _____

Authority to consent _____

Witness: Signature Sharon L. Lutz/Cpt

Address 106th General Hospital

City and State APO San Francisco 96503

PATIENT'S IDENTIFICATION (*For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility*)

REGISTER NO. | WARD NO.

PA16958476 M
AEEPCRCMBIE ROOSEVELT P
07055 P 19

AUTHORIZATION FOR ANESTHESIA, OPERATIONS, ETC.
Standard Form 522
522-104

106TH GEN H03P
WARD G-2 7 A7

BEST COPY

Standard Form 522
Rev June 1961
Bureau of the Budget
Circular A-32 (Rev.)

U.S. GOVERNMENT PRINTING OFFICE : 1961 O—60039 2

CLINICAL RECORD

AUTHORIZATION FOR ADMINISTRATION OF ANESTHESIA AND FOR PERFORMANCE OF OPERATIONS AND OTHER PROCEDURES

Name of Medical Facility: 106th Gen Hosp.

Date: 11 July 67

1. I hereby consent to the performance upmrlnyself<>r
)nameW-patient (_____

of STSG Rt hand from Rt thigh.
(State nature of operation or procedure grf 'an operation to remove appendix" (

and of such additional operations or procedures as are considered necessary or desirable in the judgment of the medical staff of the above-named medical facility.

2. The nature and purpose of the operation, the risks involved, and the possibility of complications have been explained to me. I acknowledge that no guarantee or assurance has been made as to the results that may be obtained.

3. I further consent to the administration of such anesthesia as may be considered necessary or desirable in the judgment of the medical staff of the above-named medical facility, with the exception of

None
(State "None," or name anesthetic)

Unremarkable
Hudson

4. I also consent to the disposal by authorities of the above-named medical tacility of any tissues or parts which it may be necessary to remove.

5. For the purpose of advancing medical knowledge, I consent to the admittance of medical students and other observers, in accordance with ordinary practices of this medical facility, to the use of closed-circuit television, the taking of photographs (including motion pictures), and the preparation of drawings and similar illustrative graphic material, and I also consent to the use of such photographs and other materials for scientific purposes.

(Cross out paragraphs above which are not appropriate.) ex tk. rT h '

Signature of patient x Roosevelt Unknown

When patient is incompetent to affix signature:

Signature of person authorized to consent for patient _____

Address _____

Authority to consent _____

Witness : Signature Lucy Hudson RN

Address 1000 Gen Hosp.

City and State _____

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)*

RA16958476 M
[redacted] ROOSEVELT PF(
P 19

106TH GEN HOSP
*ARD G-£ 7 '| 67

REGISTER NO.

WARD NO.

AUTHORIZATION FOR ANESTHESIA, OPERATIONS, ETC.
Standard Form 522
522-104

BEST COPY

DATE	7	DATE	8
5 July	P.O. for sleep. 2200 T-98.2-20-80 B/P 110/70		1015 Appears Comfortable, Has Vomited 350cc Return to Ward G/ W. Kolle
6 Jul.	0600. Slept well a.m. care given " TOR-64-16 B/P 124/90		1330 To OR. L. Hudson
	ZZZZSoided.		1400 Received in R.R. Reg Quit taken
	0645 Pre-med Demerol 75 mgms given + Atropine 0.6 " I.M.		1800 V/S. 98.4-80-20 148/86
	0730 To Surgery		2200 Seconal 100 mg P.O. for sleep V/S. 98.4-80.20 148/86
	0830 Received from OR unreacted Total air way in place, 5% D/W Running. Ace wrapped dressing to (R) hand-fingers warm. Vs, 110/64-108-20 D. Nancy 1000-T97, B/P 120/64, P72, R14	A July	0600 Apparently slept well. 98-68-20-112/72 0700 Demerol 75 mg + atropine 0.6 mg IM. TOR at 0730 / J. Hamel

INSTRUCTIONS:
1. This form overrides doctor's orders DD Form 728.
2. Patient's name must be inserted under columns (1) and (5Wor microfilming identification.
3. Fold on this scoring and crease firmly.
4. Fold back on this scoring and crease firmly.

ppc-japan

form 1 APR 55 CLAC\ REPLACES DD FORM 640 1 MAY 52. WHICH MAY BE USED

NURSING NOTES

DATE	1	DAJE	2
	A 22 June L] TIME /466 WARL * 1	24 - 1 psrt.	1000 Ils and about to Bft
Al	M. @BULATCRIZ-WHEELCHATR.-LITTER	1	and movies. Ils special
DI	AG. Thoracic Am. at St Hunt		consult. W. Kolle
	r f /	&	1200 Demerol 130 mg c
AC	R_ _ d , , 146 HT "* /J 7	(	Phenergan 25 mg P.O. Pain
B."	126/70 ~ R 99.2 80 //h x. Pent		O. McClure
A.l	LERGIE3 NONE.	26 Jun	Transfer i" K /<. Dostu
X-	RAYS Yes HILTH RECORD is		7Yz? Zzz ined in X/?
DR	. NOTIFIED t s __ /	v Ji'Ae	// ra-5. 114/51 - 7y f' 80-1 ?
GL	ASSES dentures	QC'-Jon.*	2200 V.S. 148/102 - 7e f - 84- >- a
AP	PEARANCE & SYMPS		Seconal //>/o> zi-x- y 6> y ? Hamel
	// Merrit	179ine	0600 2 Quiet noc. 98 64 16 120/70

NAME RAI6958476 [redacted]

C7055 PROT 19

REGISTER NUMBER 166th GENERAL HOSPITAL' APO SAN FRANCISCO 96503

BEST COPY

DATE	3	DATE	4
27 June 67	0800 Seconal 100 mgm po given.		hand dry. Patient awake alert. J Lenning
	1345 Demerol, 75 mgm & Tragine 0.3 mgm IM given. To O.R. @ 1320		1730 Demerol 100 mg Phenergan 25 mg IM for pain (R) hand. Lenning
	1000 - 141/86 - 98 - 60 - 18	28 June	0040 - Demerol 100 mg & Phenergan 25 mg IM pain.
	1445 From O.R. awake B/P 124/90 - 92 - 22 Bulky dressing to (R) hand & arm. dpg. intact - (local anesthesia). E. Greenwood		2130 Benadryl 50 mg po for sleep.
	1530 To Ward, has foot raised VS 110/64 - 76 - 18 Krall	29 June	2130 Darvon 130 mg Phenergan 25 mg po for pain (R) hand. Benadryl 50 mg po for sleep. L Lenning
	1600 Received on ward. T 98.2 P80 R16 BP 102/70. Dressing (R)		

DATE	5	DATE	6
27 June	Letter Q/ftX) 1A/4&f> G-1		zZsu" (R) Hand x2Z<j2l
	fP 126/70 7??1' P-82 R-18		/2d
	f/r w >wr 145		w w'Zx
	ALLERGIES - NONE		tWos- qy-
			C'(Ll0 SZ Afro.
			//Z'A V - 94 - 47 - 120/102
			Quiet S/ut nc/v;
			2200 - Nembutal 100 mg

NAME **16958476 [redacted] ROOSEVELT M 07055 PROT 19

REGISTER NUMBER

BEST COPY

DATE		DATE	
	15		IX

INSTRUCTIONS:
1. This form overrides doctor's orders DD Form 728.
2. Patient's name must be inserted under columns (1) and (5) for microfilming identification.
3. Fold on this scoring and crease firmly.
4. Fold back on this scoring and crease firmly.

PPC-Japan

DD FORM Z* A ZX REPLACES DD FORM 640
LJ U 1 APR 55 OtV 1 may 52. WHICH MAY BE USED

NURSING NOTES

DATE		DATE	
	0830 9		10
12 July 67	Received from OR, unreactive, IV fluids: 5% D/W, Graft site open on rt. hand, Bandage to R thigh dry, oral airway in place W. Kopec		Voiding QS Dwan
	VS @ 0830 120/70 - 80 - 18	16 July	Graft looks well. Progressing satisfactorily L. Hudson
		17 July	2200 Dawn ppd 65 mgm Po for headache. CR
12 July 67	1000 Temp 97 B/P 104/78 P 68 R 18. SSC Brister	18 July	Seen on ward rounds. M. Tuley Lt
	1020 - voided 315 cc - Rel by Ames & Letts	22 July	Pt seen by doctors on ward rounds. J. Hinegardner Jr
	Pt wd. notified - RKawnohet.	25 July	0700 Disch. A/E TO CONUS. CR
	2200 Skin graft drained in two places. J? Queens no pain MA&Aq.		

NAME [redacted] ROOSEVELT Pfc.
RA16958476

REGISTER NUMBER 07055

106th GENERAL HOSPITAL
ATO SAN FRANCISCO 96503

BEST COPY

DATE	12	DATE	12

DATE	13	DATE	14

NAME [redacted]

fitoteret-T

R/c.

REGISTER NUMBER

106th GENERAL HOSPITAL
'RAN' 96503

106th GENERAL HOSPITAL *
APd BAN FRANCISCO 96$0F

BEST COPY

THIS SIDE UP WHEN PLACING IN CLINICAL RECORDS FOLDER
MICROFILM THIS SIDE FIRST

USE IMPRINT FROM ADDRESS PLATE OR MIMEOGRAPH

YEAR 1967

DOCTOR'S ORDERS

Capt Buchholz MC. Suber

ORIGINAL ORDERS SIGNED BY DOCTOR.
WHEN COPIED NURSE SIGNS DOCTOR'S AND OWN NAME.

14 July - Up to WH c̄ sling
Pulse papers
CPR {5-6 — 8
Darvon Cpd 65 mgm TOTII q3hprn
Check graft for blebs TID E.
Gie crust prn

DATE DISC. | DOCTOR'S INITIALS

(D) DAY, (E) EVENING, (N) NIGHT

DATE	14			15			16			17			18			19			20		
SHIFT	D	E	N	D	E	N	D	E	N	D	E	N	D	E	N	D	E	N	D	E	N
DOCTOR'S INITIALS																					

done

DD, FORM JUL 53 728

REPLACES DD FORM 639, 1 MAY 52: DD FORM 641, 1 MAY 52: AND DD FORM 642, 1 MAY 52, WHICH ARE OBSOLETE.

BEST COPY

YEAR 1967

DOCTOR'S ORDERS (Cont'd) Capt Buchholz for Lt Seiber

ORIGINAL ORDERS SIGNED BY DOCTOR.
WHEN COPIED, NURSE SIGNS DOCTOR'S AND OWN NAME.

DATE disc:	21	22	23	24	25	26	27
SHIFT	d e n	D E N	D E N	D E N	D E N	D E N	D E N
DOCTOR'S INITIALS							

14 July Up to M.H. c̄ sling
Papers pulled
CPR 5-6—8
Darvon Cpd 65mgm Cap Tor ii q3h prn
Check graft for blebs TID &
pin crust prn

WARD 6-1

AT THE END OF EACH SHIFT, NURSE WHO COMPLETED RECORD OWN INITIALS IN PROPER COLUMN.
12 July STS 6 Ward Rondleff m wace

108th GENERAL HOSPITAL APO SAN FRANCISCO 96503

GR	REGISTER NO.	AGE	DATE OF ADM.	DIAGNOSIS
Roosevelt PFC	07055	19	22 June	Traumatic amp R thumb + index finger

PPC, Japan

BEST COPY

THIS SIDE UP WHEN PLACING IN CLINICAL RECORDS FOLDER

MICROFILM THIS SIDE FIRST

USE IMPRINT FROM ADDRESS PLATE OR MIMEOGRAPH

(D) DAY, (E) EVENING, (N> NIGHT

YEAR 19 67 July

DOCTOR'S ORDERS

ORIGINAL ORDERS SIGNED BY DOCTOR. WHEN COPIED, NURSE SIGNS DOCTOR'S AND OWN NAME.

Post Op Medicine

6 July (1) Cardiac VS

(2) Frq dent

(3) D/c IV when out

(4) Bed rest c̄ head of bed for 48 hrs then up to MH, ~~#~~ in sling

(5) Lab — ~~Q~~

(6) Meds

Demerol 75 mg > IM q̄ 3 hrs prn

Phenergan 25 mg

DATE	6			7			8			9			10			11			12		
SHIFT	D	E	N	D	E	N	D	E	N	D	E	N	D	E	N	D	E	N	D	E	N
DOCTOR'S INITIALS																					

DD FORM 1 JUL 53 728 REPLACES DD FORM/39, 1 MAX 52: DD FORM 641, 1 MAY 52: AND DD FORM 642, 1 MAY 52, WHICH ARE OBSOLETE.'

BEST COPY

YEAR 19 6

DOCTOR'S ORDERS (Cont'd)

ORIGINAL ORDERS SIGNED BY DOCTOR. WHEN COPIED. NURSE SIGNS DOCTOR'S AND OWN NAME.

July

DATE disc:	6	7	8	9	10	11	12
DOCTOR'S INITIALS	SHIFT D E N	SHIFT D E N	SHIFT D E N	SHIFT D E N	SHIFT D E N	SHIFT D E N	SHIFT D E N

6 July Benadryl, 50 mg po hs prn
CP Rt arm before 3-4-5-6-7-8
for IV, 250 mg po T & b cmo

11 July NPO Nat → Dry Neoprene dry g/d.
to (R) hand noted DR
Buck Slip noted DR
OT for (L) banded activities SMO DR

9 July Pre-op.
NPO after 24 hrs
Secanal 100 mg. po hs
Demerol 75 mg. } im, 0700
Atropine 0.6 mg. }

Murphy

Post-op Orders

12 July
(1) Routine post op VS
(2) Leg diet - OOB to BR only
(3) Elevate Rt arm from IV pole
(4) Codeine gr T q 3 hr prn
(5) Demerol Opd #65 T q 3 hr prn
(6) D/C Pen
(7) CP antibiotics (4-5-6-7-8)
(8) Return to ward S-2 when stable
(9) Check Staph for blebs tid + pil cut prn.

12	13	14	15	16	17	18

new order

AT THE END OF EACH SHIFT, NURSE WHO COMPLETES ORDERS PLACE OWN INITIALS IN PROPER COLUMN.

SERVICE NO. RA16958476 | WARD 62 | 6 July Debrid hand (R)

106th GENERAL HOSPITAL
APO SAN FRANCISCO 96503

NAME	GR	REGIS NO	AGE	DATE OF ADM.	DIAGNOSIS
32 [redacted] Roosevelt	Pfc	07055	19	22 June	27 June Lacerations finger + traumatic amp (R) Chemo + index finger

Record Before the Agency

THIS SIDE UP WHEN PLACING IN CLINICAL RECORDS FOLDER
MICROFILM THIS SIDE FIRST

USE IMPRINT FROM ADDRESS PLATE OR MIMEOGRAPH

106th GENERAL HOSPITAL
APO SAN FRANCISCO 96503

June (D) DAY, (E) EVENIN', (N) NIGHT July

YEAR 19 67

DOCTOR'S ORDERS

ORIGINAL ORDERS SIGNED BY DOCTOR.
WHEN COPIED, NURSE SIGNS DOCTOR'S AND OWN NAME.

DATE DISC.	27	28	29	30	1	2	3
	SHIFT	SHIFT	SHIFT	SHIFT	SHIFT	SHIFT	SHIFT
DOCTOR'S INITIALS	D E N	D E N	D E N	D E N	D E N	D E N	D E N

27 June Ten VK, 250 mg po q 6 hr cwo

28 Jun ~~DAS tab I qd x 28~~ ERROR

30 June Darvon ~~qod~~ qd ≡ ES tab II q 3 hr

31 Jun Transfer S-2 in Bm. noted

DD FORM 1 JUL 53 728

REPLACES DD FORM 639, 1 MAY 52: DO FORM 641, 1 MAY 52: AND DD FORM 642, 1 MAY 52, WHICH ARE OBSOLETE.

BEST COPY

YEAR 1967

DOCTOR'S ORDERS (Cont'd)

ORIGINAL ORDERS SIGNED BY DOCTOR. WHEN COPIED. NURSE SIGNS DOCTOR'S AND OWN NAME.

DATE DISC: | DOCTOR'S INITIALS

DATE 2 3 4 5 6 7 8 — SHIFT D E N

> July - MH + movies - give sling

3 July Orders Recopied - Dr. Tunaki - T. Hudson

27 June Reg diet - MH - movies - give sling

cp Rx 2-3-4-5-6-7-8

Pen IJ'!\ 2- 3mg po q 6-h

Darvon cpd #65 1 ori q 3h prn

4 July - Back slip

5 Pre-op orders

Nembutal /fi) /Pf fa

N.P.O. after 2400 h

6 Demerol 75 mg } ~~3645 C~~

___ faffa , LAH 0.6 } 2.M.

Recopied

10 July

WARD 61

AT THE END OF EACH SHIFT, NURSE WHO COMPLETED ORDERS SHALL PLACE OWN INITIALS IN SCOPE COLUMN.

27 June Amp Post Amp 1 1st Lt 1066th GENERAL HOSPITAL APO SAN FRANCISCO 96503

	GR	REGISTER NO	AGE	DATE OF ADM.	DIAGNOSIS
Roosevelt	PFC	07055	19	22 June	Treumatic amp R. thumb w/ under tongi

BEST COPY

THIS SIDE UP WHEN PLACING IN CLINICAL RECORDS FOLDER
MICROFILM THIS SIDE FIRST

USE IMPRINT FROM ADDRESS PLATE OR MIMEOGRAPH

MAI6958476
[redacted] Roosevelt M
rqt 19 PE

106TF GEN HOSP
O O1 6 22 67

(D) DAY, (E) EVENING, (N) NIGHT

YEAR 19

DOCTOR'S ORDERS

ORIGINAL ORDERS SIGNED BY DOCTOR.
WHEN COPIED, NURSE SIGNS DOCTOR'S AND OWN NAME.

date DISC.	DATE 22	23	24	25	26	27	28
	SHIFT	SHIFT	SHIFT	SHIFT	SHIFT	SHIFT	SHIFT
DOCTOR'S INITIALS	D E N	D E N	D E N	D E N	D E N	D E N	D E N

Reg diet
Ambulate to M to Bmen
To wear slings while up
Routine labs & Reg
Codeine gr ¼ q 3 hrs
Phenergan 25 mg p.o. q 3 hrs
Nonzone hs
For OR Monday
Penicillin 600,000 U IM BID

DD FORM 1 JUL 53 728 REPLACES DD FORM 639, 1 MAY 52; DD FORM 641, 1 MAY 52; AND DD FORM 642, 1 MAY 52, WHICH ARE OBSOLETE.

BEST COPY

YEAR 19

DOCTOR'S ORDERS (Cont'd)

ORIGINAL ORDERS SIGNED BY DOCTOR.
WHEN COPIED, NURSE SIGNS DOCTOR'S AND OWN NAME.

DATE disc:	25	26	27	28	29	30	1
DOCTOR'S INITIALS	SHIFT D E N	SHIFT D E N	SHIFT D E N	SHIFT D E N	SHIFT D E N	SHIFT D E N	SHIFT D E N

Dilaudid 130 mg po q 4h pm

CP Rx (1-2-3-4-5-6-7-8)
Multivit tab 1 daily CMO

VK 250 mg po q 6h. CMO

26 June Post

(1) pP after 24 hrs.
(2) Demerol 100 mg. p.o. h.s. + 650
(3) Dimetid 75 mg. } im. On call
(4) Atropine 0.3 mg. } Murphy

Post Op Orders

27 June (1) Observe VS
(2) Diet as tol + ang
(3) D/c IV when out
(4) Bed rest c̄ BP head ↑
(5) Lab CBC = Ady SMA
(6) Meds
Demerol 100 mg > Ed q 3 h
Phenergan 25 mg
Benadryl 50 mg po to pm
CP Rx as before

30 31 1 anticoagulated

SERVICE NO. | WARD 6-1 | AT THE END OF EACH SHIFT, NURSE WHO COMPLETED ORDERS WILL PLACE OWN INITIALS IN PROPER COLUMN.

June Snap post op Rx 3 fingers

NAME	REGISTER NO	AGE	DATE OF ADM.	DIAGNOSIS
RA16958476 [redacted] ROOSEVELT	07055	19	22 June 67	TRAUMATIC AMP. (R) THUMB & INDEX FINGER

BEST COPY

CLINICAL RECORD COVER SHEET

(AR 40-400)

1. ADMISSION NOTES

1500 Hrs

Ho Jvid of A or N

2. WARD: G— 1

3. TYPE OF CASE: D,S 0 .MJ O BC

4. LAST NAME-FIRST NAME-MIDDLE INITIAL: iu ;Aft JR 0H3IE KuUbhv uu_T

5. SEX: M

6. RELIGION: P

7. PREV. ADM.: 0 YES pg NO

8. REGISTER NO.: O7O5>

9. SERVICE NO.: x41595t'476

10. GRADE: PFC

11. RATING OR DSGN: -

12. DEPARTMENT: Array

13. ORGANIZATION ANO BRANCH OF SERVICE: 3/3/8 Inf 4 Inf Div, APO ,6262

14. FLYING STATUS: -

15. NAME AND ADDRESS OF EMERGENCY ADDRESSEE:
Glenda (W)
211 kaverly St.,
Kansas ity., Kansas

16. AGE: 19

17. RACE: neg

18. LENGTH OF SERVICE: 7/12

19. DATE OF ADMISSION: 22 Jun <7

20. SOURCE OF ADMISSION: 'irf fr L/th vac Hosn. .2'0 *623£

NOTE: Enter flying status for AF Military Personnel only. For Civilians, etc., show type (Dep. of EM, etc.) in space 13.

21. ADMITTING OFFICER: VICKERSGH, CPT., MC

22. CONTINUATION OF ITEMS 13 ANO 20: Mil : nC10 £2.: Joe 69

23. diagnoses (See instructions for recording as shown on reverse side. Include all required related data)

1. 8862-408-9490. Traumatic ac.putation right thumb with nerve and artery involvement. Al approx 1830 hrs, 15 Jun 67, three miles from Dragon Mt., put injured by blasting cap claymore mine detonation. LD Yes. 00 & Surgeon agree.
2. 8872-410-9490. Traumatic amputation right index finger with nerve and artery involvement. Al & ID same as above.
3. 7490* Absence acquired, index finger right, 15 Jun 67, 18th Surg Hosp, APO 96318, ld Yes.

24. operations and special therapeutic procedures (Show date for each; show anesthetic lor each operation)

Zl Jun 67. 957. Partial closure entensive hand injury with amputation 1st & 2nd fingers. Anes: Xylocaine Axillary block.
956. Debridetent hand injury and amputated 1 & 2 fingers. Anes: Xylocaine AxiUary block.
6 Jul 67. 956. Debridement wound right hand. Anes: Fluo, N20 + 02, Pent.
12 Jul 67. 855. Split thickness skin graft (ionofc site right thigh to right band.

25. selected administrative data (Show nature of and dates for board proceedings; show fact of and dates for leave, AWOL, subsisting elsewhere, detached service, etc.)

(24). Anes: Fluo, H2D + 02, Pent.
Pnt placed on SI List 1135 hrs, 17 Jun 67, 85tb Evac Hosp, APO 96238.
Pnt removed from SI List (recovered) 150C hrs, 22 Jun 67, (Local time), this hospital

26. PHYSICAL PROFILE

TY PE	SERIAL						SUFFIX					0 PROFILE IS UNCHANGED
	p	U	L	H	E	S	R	T	D	0	N	
PREVIOUS												
REVISED												

27. DAYS DURATION THIS FACILITY: 33

ALI _____ IN HOSPITAL OR INFIRMARY 33 _____ SUBSISTING ELSEWHERE _____ yuAHitna un uIor-troMni _____ lla

28. NATURE OF DISPOSITION: Transferred to Fit zsi mens Gen Hosp, Denver, Colorado.

29. DATE OF DISPOSITION: 25 Jul 67

30. SIGNATURE OF ATTENDING PHYSICIAN: 3/ Clarence Funaki , Cpt ., MC

31. SIGNATURE OF REGISTRAR OR MEDICAL RECORDS OFFICER: JAMES uTbULNEY, CPT., "SC

32. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY: 106th General Hospital, APC San Iran cisco 96503

33. REGISTER NUMBER: C7O55 /sy

DA 1 JUL*62 8.275.3 (4 PART) REPLACES DO FORM 481-3, 1 SEP 82, EXISTING SUPPLIES OF WHICH W,UL Bt ISSUED AND USED UNTIL I JUL 83 UNLESS SOONER EXHAUSTED.

3

34. additional remarks *(Show item number to which extended entry applies. Group all continuations of a particular item.)*

INSTRUCTIONS FOR ITEM 23: Enter primary cause of admission first, followed by additional diagnoses present in order of importance; then by later diagnoses in chronological order preceded by dates made. Number diagnoses in order. Record fully—including causative agent, how, when, where, doing what, for injuries—in accordance with separate directives. For all diagnoses established by pathological findings, so state. Each chronic condition must be indicated as either "PR" (previously recorded) or "Not PR." Similarly, any other conditions which has been recorded in a previous admission will be so indicated, showing the previous diagnosis. In all cases designated as previously recorded, show place, date, and register number of previous admissions. Every condition that existed prior to service will be indicated as "EPTS." Diagnoses of veneral disease and malaria will be characterized either as "EPTS" or as "Not EPTS." In the case of diagnosis from which recovery occurs prior to disposition of the case, a date will be shown, thus: "Recovered 11 May 1951." For each diagnosis line-of-duty status must be shown in accordance with separate directives, thus "ED, No, EPTS," ''LD, No, Misconduct," "LD, Yes, EPTS, Aggravated by Service," etc.

35. CAUSE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH
(Do not enter more than one cause per line for items la, b and c)	THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC., IT MEANS THE *DISEASE, INJURY, or COMPLICATIONS* WHICH CAUSED DEATH.	la. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
	ANTECEDENT CAUSES	*b.* due to *(Or as the consequence of)*	
	MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (Item .Ta) STATING THE UND ER LY!NG CAUS E LAS T.	c. due TO *(Or as the consequence of)*	
	THIS MEANS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITIONS CAUSING DEATH.	II. OTHER SIGNIFICANT CONDITIONS	

36. AUTOPSY PERFORMED *(If "YES," indicate date and place)*	37. HOUR AND DATE OF DEATH
38. EXACT PLACE OF DEATH	39. SIGNATURE OF PHYSICIAN

☆U.S. GOVERNMENT PRINTING OFFICE: 1965-777-756

*>

CLINICAL RECORD COVER SHEET

i fH i tlministrative Letter 40—20)

1. REGISTER NO. 3243026	2. PREVIOUS ADM W	3. LAST NAME - FIRST NAME • MIDDLE INITIAL [redacted] ROOSEVELT	4. GRADE PTC
5. SERVICE NUMBER W5958476	6. ORGANIZATION - f>UTv STATION CO B 3 BN 8 INF 4 DIV APO SF 96262		
7. WARD 05W	8. TYPE CASE INJ	9. BRANCH OF SVC	10. Mos 11C10
11. SEX M	12. RELIGION P	13. FLYING STATUS	14. RATING DESIGNATION
15. LENGTH OF SERVICE IM	16. DEPARTMENT ARMY	17. TgE 19	18. SOURCE OP ADMISSION 106 GH APO SF 96503

19. NAME AND ADDRESS OF EMERGENCY ADDRESSEE
GLENDA J ABERCROPBIE/W/211 WAVERLY ST KANSAS CITY KANS 6610
FA1-0404

20. NAME AND ADDRESS OF SPONSOR

21. HEAU H RECORD YES	ZT INITIAL HOSPITAL DATE 15/06/67	23. INITIAL HOSPITAL DATE CODE 8201	24. ETS 09/12/69	25. A$G MHC Y	26. YOB 43 ii rac!E neg
28. PERS CODE m	29. PAY GRADE r	30. DATE OF ADMISSION 27/07/67	31. TIME 1130	32. ADMITTING OFFICER DR TAYLOR/PA	

33. ADMISSION NOTES

34. DIAGNOSES *(See instructions tor recording as shown on reverse side. Include all required related data)*

1. (8862 48 6-Q4g£ Amputation, acquired, right thumb, long and index fingers, and partial amputation of ring finger. Al: Approximately 1830 hours 15 Jun 67, 3 miles from Dragon Mt, Republic of Vietnam, the patien was injured by a blasting cap Claymore mine detonation LD: 41 ~~riot;~~ -QanGurred ~~wi.tfr,~~ Replaced by Dg 1?' • - , Fracture, proximal phalanx of ring ring finger, right, no artery or nerve involvement. Al as in Dg 1.

2. Included IN ~~Replaced by~~ 1151.
3.
4. 8160-444-0447

Perm. Disabling 090
Combined Rating for Dgs 1+4 Perm. Disabling 100%
3 Aug 67

m'Stfi duct par investigation

35. OPERATIONS, AND SEFCIAL thfrapfiitic PROCFniiRFS *(Show date for each: show anesthetic tor each operation)*

1. 2086+-0> Removal of K-wire from right ring finger, Aug 6 , Xylocaine Cocal ane
2. 24567 5Z< -Arthrodes is , PIP joint, right ring finger, 0-T 0c >7 supraclavicular block' dEEb Fluothane, nitrous oxide and oxygen (Snesthesictx

11 Oct 67

36. SELECTED ADMINISTRATIVE DATA *(Show nature of and dates for board proceedings; sffow fact of and dates for leave, AWOL, subsisting elsewhere, detached servir :e, etc.)*

Specialized Treatment : Orthopedic Surgery
Mert

Ho>P z, conv Lv: 1 Sept 67 - 10 Oct 67
22 /Vv LT & 2 - 6 /J-tc & 7

DATE MED BD FIISCINCS 19 Feb 68
APPROVED PEB REFERRAL: 23 Feb 68
PEB REF'. .3 8 Mar 68
RECEIPT OF ILLTh r'H L; < 26 Jul 68

37. PHYSICAL PROFILE

TYPE	SERIAL P	U	L	H	E	S	SUFFIX R	T	D	O	N
PREVIOUS	1	1	1	1	1	1					
REVISED	1	4	1	1	1	1					

☐ PROFILE IS UNCHANGED

38. DAYS DURATION THIS FACILITY

ALL	IIN HOSPITAL OR INFIRMARY	SUBSISTING ELSEWHERE	QUARTERS OR DISPENSARY	LEAVE	OTHER
364	288			75	1

39. NATURE OF DISPOSITION Permanently Retired, Para 5 13, AR 635-40, (35)

40. DATE OF DISPOSITION 25 Jul 68

41. SIGNATURE OF ATTENDING PHYSICIAN
BRUCE A. MILLER, MCD.

42. SIGNATURE OF REGISTRAR OR MEDICAL RECORDS OFFICER
Bruce A. Miller MD

43. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY
Fitzsimons General Hospital, Denver, Colo. 80240

44. REGISTER NUMBER
8243026

5 SG FORM 84-R 1 JAN 65

BEST COPY

45 ADDITIONAL REMARKS *(Show item number to which extended entry applies. Group all continuations of a particular item)*

I certify that I have read
the information
rules and policies.

(Signature) (Date)

■ d :h® Ward

INSTRUCTIONS FOR ITEM 34: Enter primary cause of admission flrat, followed by additional diagnoses present in order of importance; then by later diagnoses in chronological order preceded by datea made. Number diagnoses in order. Record fully—including causative agent, how, when, where, doing what, for injuries-in accordance with separate directives. For all diagnoses established by pathological findings, so state. Each chronic condition must be indicated as either "PR" (previously recorded) or "Not PR*'. Similarly, any other condition which has been recorded in a previous admission will be so indicated, showing the previous diagnosis. In all cases designated as previously recorded, show place, date, and register number of previous admis sion. Every condition that existed prior to service will be indicated as "EPTS." Diagnoses of veneral disease and malaria will be characterized either as "EPTS" or as "Not EPTS." In the case of diagnosis from which recovery occurs prior to disposition of the case, a date will be shown, thus: "Re covered, 11 May 1951." For each diagnosis line of duty status must be shown in accordance with separate directives, thus: "LD, No, EPTS," "LD, No, Misconduct," "LD, Yes, EPTS, Aggravated by Service," etc.

46. CAUSE OF DEATH	THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE. ASTHENIA, ETC. IT MEANS THE *Diaaaaa, Injury, or Complica tion** WHICH CAUSED DEATH.	K DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
(Do not enter more than one cause per line for items Ia, b, and c)	ANTECEDCHT CAUSES	*b.* DUE TO *(Or aa the consequence of)*	
	MORSID COHOITONS, IF AN< BIVINS RISE TO THE ABOVE CAUSE fftWR /•) STATINS THE UHOERLYING CAUSE LAST.	c. DUE TO *(Or •• the conaoquence of)*	
	THIS MEANS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DIS EASE OR CONDITIONS CAUSING DEATH.	*II.* OTHER SIGNIFICANT CONDITIONS	

47. AUTOPSY PERFORMED *(If "Yes" indicate date and place)*	48. HOUR AMD DATE OF DEATH
«9 ENACT PL ACE OF DEATH	to. Signature of RhySICIAH

e

>)

BEST COPY

CLINICAL RECORD COVER SHEET
(OTSG Administrative Letter 40—20)

1. REGISTER NO: 8243026
2. PREVIOUS ADMISSION:
3. L [redacted] MIDDLE INITIAL: ROOSEVELT
4. Gm:
5. SERVICE NUMBER: RA15958476
6. ORGANIZATION - DUTY STATION: CO B 3 BN 8 INF 4 0!V APO SF 96262
7. WARD: sw
8. TYPE CASE: INJ
9. BRANCH OF SVC:
10. MOS: HC10
11. SEX: M
12. RELIGION:
13. flying STATUS:
14. RATING DESIGNATION:
15. LENGTH OF SERVICE: 3M
16. DEPARTMENT: ARMY
17. AGE: 19 '■WfefTW SF 96503
19. NAME AND ADDR [redacted] PRESENT: GLENDA J W/211 waverly st Kansas city kans 66 ?ol
*A1-0404
20. NAME AND ADDRESS OF SPONSOR:
21. HEALTH REG g:
22. INITIAL HOSPITAL DATE: 15/06/67
23. INITIAL HOSPITAL DATE: 8201
24. ETS: 09/12/69
25. ASG MHC: Y
26. YOB: 48
11. RACE: WEG
28. PERS CODE: 111
29. PAY GRADE: E3
30. DATE OF ADMISSION: 27/07/67
31. TIME: 1130
32. ADMITTING OFFICER: DR TAYLOR/PA

33. ADMISSION NOTES

'1'xiixUJ FKB.SON LIABILITY
PL 87-693

No Potential 3d Party
Per JA. Initial.....

34. DIAGNOSES *(See instructions for recording as shown on reverse side. Include all required related data)*

1. Amputation, acq.uired, right thumb, long and index fingers, and partial amputation of ring finger. Al: Ap_rox 1830 hours, 15 Jun 67, 3 miles from Dragon Mt, RVN, the patient was injured by a blasting cap Claymore mine detonation. LD: Yes, Co and Surgeon agree. Permanently Disabling, 60$.
2. Included in Dg. 1.
3. Replaeedr-by Dg
4. Fracture, proximal phalanx of ring finger, right, no artery or nerve involvement. Al as in Dg. 1. LD: Yes, Co and Surgeon agree. Permanently Disabling, 0$.

Combined Rating for Dgs. 1 and 4: Permanently Disabling, 60$.

35. OPERATIONS AND SPECIAL THERAPEUTIC PROCEDURES *(Show date tor each; show anesthetic lor each operation)*

3 Aug 67: Removal of K-wire from right ring finger. Anes: Local xylocaine.
11 Oct 67: Arthrodesis, PIP joint, right ring finger.
Anes: Supraclavicular block, Fluothane, nitrous oxide, oxygen, semiclosed mask.

36. SELECTED ADMINISTRATIVE DATA *(Show nature of and dates for board proceedings; show fact of and dates for leave, AWOL, subsisting elsewhere, detached service, etc.)*

SPECIALIZED TREATMENT: Orthopedic Surgery
AB/SK 328th USAF Hosp, RG AFB, Mo: 17 Dec 67-
Hosp to Conv LV: 1 Sept 67 -1 Oct 67 18Dec67
22 Nov 67 - 6 Dec 67
No Potential 3d Party 22 Nov 67 - 6 Dec 67

Date Med Bd Findings: 19 Feb 68
Approved FEB Referral: 23 Feb 68
FEB Rec fwded to Secy: 8 Mar 68
Receipt of Instr fr Secy: 26jul68
DA Form 8-119 Fwded

PHYSICAL PROFILE

TYPE	SERIAL P	U	L	H	E	S	SUFFIX R	T	D	O	N	PROFILE IS UNCHANGED
PREVIOUS	1	1	1	1	1	U						
REVISED	1	s	1	1	1	i						

38. DAYS DURATION THIS FACILITY

ALL	IN HOSPITAL OR INFIRMARY	SUBSISTING ELSEWHERE	QUARTERS OR DISPENSARY	LEAVE	OTHER
3&L	288	I——I	UK	75	1

39. NATURE OF DISPOSITION: Permanently Retired, Para SB, AR 63 -Uo, Pg, 1, 60#. V

40. DATE OF DISPOSITION: ~ 25 Jul 68

41. SIGNATURE OF ATTENDING PHYSICIAN: BRUCE A. MTTJER, M. D.

42. SIGNATURE OF REGISTRAR OR MEDICAL RECORDS OFFICER: J«0TH. PAYNE, LTC, MSQL Registrar

43. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY: FITZSIMONS GENERAL HOSPITAL, DENVER, COLORADO 80240

44. REGISTER NUMBER: 82U3 026

SG FORM 84. R 1 JAN 63

INC/#3

BEST COPY

45. ADDITIONAL REMARKS *(Show item number to which extended entry applies. Group all continuations of a particular item)*

A

G

G

INSTRUCTIONS FOR ITEM 34: Enter primary cause of admission first, followed by additional diagnoses present in order of importance; then by later diagnoses in chronological order preceded by datesrmede. Number diagnoses in order. Record fully—including causative agent, how, when, where, doing what, for injuries—in accordance with separate directives. For all diagnoses established by pathological findings, so state. Each chronic condition must be indicated as either "PR" (previously recorded) or "Not PR". Similarly, any other condition which has been recorded in a previous admission will be so indicated, showing the previous diagnosis. In all caaea designated as previously recorded, show place, date, and register number of previous admis sion. Every condition that existed prior to service will be indicated as "EPTS." Diagnoses of veneral disease and malaria will be characterized either as "EPTS" or as "Not EPTS." In the case of diagnosis from which recovery occurs prior to disposition of the case, a date will be shown, thus: "Re covered, 11 May 1951." For each diagnosis line of duty status must be shown in accordance with separate directives, thus: "LD, No, EPTS," "LD, No, Misconduct," "LD, Yes, EPTS, Aggravated by Service," etc. . . .

AS CAUSE OF DEATH	THIS DOES NOT MEAN THE MODE OF bviNG, SUCH AS HEART FAILURE. ASTHENIA. ETC. IT means the *Diaaaa, Injury, or Contrite attona* WHICH CAUSED OEATH.	*Ia.* DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
(Do not enter more than one cause per line for items Ia, b, and c)	ANTECEDENT CAUSES	6. DUE TO *(Or an the consequence of)*	
	MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE *(Item Ia)* STATING THE UNDERLYING CAUSE LAST.	c. DUE TO *(Or as the consequence of)*	
	THIS MEANS CONDITIONS CONTRIWUTiWa TO THE DEATH BUT NOT RELATED TO THE DIS EASE OR CONDITIONS CAUSING DEATH.	*II.* OTHER SIGNIFICANT CONDITIONS	
47. AUTOPSY PERFORMED *(If "Yes" indicate date and place)*		48. HOUR AND DATE OF DEATH	
49 ENACT PL ACE OF DEATH		So. signature of RhySIclaM	

BEST COPY

p

FEB

MEDICAL BOARD PROCEEDINGS
(AR 40-3)

INSTALLATION: Fitzsimons General Hospital, Denver, Colorado 80240

DATE: 19 Feb 68

1. LAST NAME - FIRST NAME - MIDDLE INITIAL: [redacted] Roosevelt -

2. GRADE: PFC E3

3. SERVICE NUMBER: RA16958476

4. COMPONENT: RA

5. AGE: 19

6. SEX: M

7. (Home) ADDRESS (Include ZIP Code): 211 Waverly, Kansas City, Kansas 66101

8. DEPARTMENT OR SERVICE: Army

9. ORGANIZATION OR UNIT: Medical Holding Company, Fitzsimons General Hospital

10. TOTAL YEARS MILITARY SVC: a. ACTIVE: I 2/12; b. INACTIVE: -

11. DATE ENTERED CURRENT TOUR OF ACTIVE DUTY: 9 December 1966

12. CURRENT AERO RATING: None

13. ON FLYING STATUS AT TIME OF ADMISSION: [ ] YES [X] NO

14. MILITARY OCCUPATIONAL SPECIALTIES

	TITLE	CODE	TIME IN EACH
a.	Infantry	11C10	1 year
b.			
c.			

15. HOSPITAL RECORD

a. DATE ADMITTED TO THIS INSTALLATION: 27 Jul 67

b. FACILITY TRANSFERRED FROM: 106th General Hospital, APO SF 96503

c. INITIALLY ADMITTED (Facility): 18th Surgical Hospital (MA) RVN APO 96318

d. DATE INITIALLY ADMITTED: 15 JUU 67

ACTION BY THE BOARD

BY DIRECTION OF THE APPOINTING AUTHORITY, THE BOARD CONVENED TO EVALUATE THE PATIENT IDENTIFIED ABOVE

16. THE PATIENT [X] WAS [ ] WAS NOT PRESENT DURING THE PROCEEDINGS.

17. THE PATIENT [ ] DID [X] DID NOT PRESENT ANY VIEWS IN HIS OWN BEHALF. (If the patient did present views in his own behalf, include a summary of his statement in "Continuation", or attach additional sheet(s)).

AFTER CAREFUL CONSIDERATION OF CLINICAL RECORDS, LABORATORY FINDINGS, HEALTH RECORDS, AND MEDICAL EXAMINATIONS THE BOARD FINDS:

18. THE PATIENT IS [ ] MEDICALLY FIT [X] MEDICALLY UNFIT FOR FURTHER MILITARY SERVICE IN ACCORDANCE WITH CURRENT MEDICAL FITNESS STANDARDS.

19. THE PATIENT HAS THE FOLLOWING MEDICAL CONDITIONS AND/OR PHYSICAL DEFECTS: (List all diagnoses, whether or not disqualifying. Use Joint Armed Forces standard terminology and diagnostic code.)

1 8862-486-0447 Amputation, acquired, right thumb, long and index fingers, and partial amputation of ring finger. Al: Approximately 1830 hours, 15 June 1967, three miles from Dragon Mountain, Republic of Vietnam, the patient was injured by a blasting cap Claymore mine detonation. Unfitting for duty, AR 40-501, Section VII, paragraph 3-12a(1) and (2). Most closely corresponds to VA Code 5132.

2. 8160-444-0447 Fracture, proximal phalanx of ring finger, right, no artery or nerve involvement. Al as in Diagnosis 1. Not unfitting.

EXHIBIT A

n

20. DETAILS OF MEDICAL CONDITIONS AND/OR PHYSICAL DEFECTS LISTED UNDER ITEM 19

LINE OF DUTY	APPROXIMATE DATE OF ORIGIN	CAUSE INCIDENT TO SERVICE		EXISTED PRIOR TO ENTRY ON ACTIVE DUTY		AGGRAVATED BY ACTIVE DUTY		OPTIMUM HOSP IMPROVEMENT FOR DISPOSITION PURPOSES		MAXIMUM HOSP BENEFIT RECEIVED	
	b	c. YES	d. NO	e. YES	f. NO	g. YES	h. NO	i. YES	j. NO	k. YES	l. NO
No, due to own "misconduct	15 Jun 67	X			X	-	-	X		X	
(2) n	15 Jun 67	X			X	-	-	X		X	
(3)											
(4)											
(5)											

X-1

BEST COPY

2'. -BRIEF SUMMARY OF MEDICAj CONDI BKs AND PHYSICAL DEFECTS IN NONTErCHNIC AL F'IGUAGE

Amputation of the right thumb, index and long fingers

22. THE BOARD RECOMMENDS THAT THE PATIENT BE:

Referred to Physical Evaluation Board.

23. the board recommends THE FOLLOWING ASSIGNMENT LIMITATIONS:

Not applicable.

R. A.

24. THE PATIENT [ ] DOES [X] DOES NOT DESIRE TO CONTINUE ON ACTIVE DUTY UNDER AR 6KKX1 . *(Complete when patient is found medically unfit.)* 635-40, Chap 10

(Complete Items 25 and 26 when answer to Item 24 is affirmative)

25. THE PATIENT [ ] IS [ ] IS not medically qualified for continuance on active duty,

26. the board recommen os [ ] continuation on active duty I Iprocessing for separation.

27. UNANIMOUS DECISION [X] YES [ ] NO

28. TYPED NAME. GRADE & BRANCH OF BOARD MEMBER *(President)* JOHN B, CHESTER) JR, LT COLONEL. MC	SIGNATURE
29. TYPED NAME. GRADE & BRANCH OF BOARD MEMBER ROBERT N. THOMPSON, M.D.	SIGNATURE
30. TYPED NAME. GRADE & BRANCH OF BOARD MEMBER RICHARD A. JOHNSON, CAPTAIN, MC	SIGNATURE

ACTION BY APPROVING AUTHORITY

31. [X] THE FINDINGS AND RECOMMENDATIONS OF THE BOARD ARE APPROVED.

32. [ ] THE PROCEEDINGS OF THE BOARD ARE RETURNED FOR RECONSIDERATION.

33. [ ] THE FINDINGS OF THE BOARD ARE DISAPPROVED AND FORWARDED TO THE SURGEON GENERAL. RECOMMENDATIONS ARE ATTACHED AS INCLOSURE NO.

34. TYPED NAME. GRADE 8 TITLE OF APPROVING AUTHORITY ROBERT D. ANDERSON, COLONEL, MC Chief, Professional Services	SIGN/rT'ORE	DATE 23 Aug. 68

ACTION BY PATIENT

35. 1 HAVE BEEN INFORMED OF THE APPROVED FINDINGS AND RECOMMENDATIONS OF THE BOARD. ~~-L-CLQ-N QI— AG FI£E WITHLTHE~~ BOiaa'S AC ZLD±4_.PJS22_Q.E5LFLE_LQ. AE EE.AJ ___tdY. Jt'B LTJEN-A-P-P-E A L 4S- AT-T-AOH-EO-AS-IN GL.QSJJ.e £AUX.

36. TYPED NAME. GRADE AND SERVICE NUMBER ROOSEVELT [redacted], PFC, RA16958476	SIGNATURE	DATE

FURTHER ACTION BY APPROVING AUTHORITY

37. THE APPEAL HAS BEEN CONSIDERED AND THE ORIGINAL BOARD ACTION IS [ ] CONFIRMED [ ] RETURNED FOR RECON SIDERATION. *(The Board's further action will be attached as fnclosure No. .)*

38. TYPED NAME. GRADE 8 TITLE OF APPROVING AUTHORITY	SIGNATURE	DATE

CONTINUATION *(Identify by item number)*

DA,o°r.M«8-118 PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE * U.S. GOVERNMENT PRINTING OFFICE : I»«6 O—Z1»-416

BEST COPY

8[redacted]76

CLINICAL RECORD COVER SHEET

1. ADMISSION NOTES

2. ADMITTING OFFICER
C J GRAHAM
CAPT USAF MC

3. REGISTER NO. (1-6): 26678 SUFFIX
4. LAST NAME— FIRST NAME —MIDDLE INITIAL: [redacted] Roosevelt Jr
5. GRADE: tVT
6. FLYING STATUS: tes
7. HOSPITAL CODE (7-10): 2655
8. TREATMENT FACILITY: 328th USAF Hospital! Richards -Gebaur AFB Missouri
9. RATING/DESIGNATION: lift
10. SERVICE NO. (11-18): irg6958476J SUFFIX
11. WARD: MED
12. TYPE CASE: DIS
13. PRESENT ORGANIZATION: Fitzsimons fW "Hosp Denver , Colo.
14. AGE (19-20): 19
15. LENGTH OF SERVICE (21-22): 1Yr
16. TIME ADMITTED: 1910
17. PREVIOUS ADMISSION: No
18. DEPARTMENT: Amr:
19. COMMAND OF ASSIGNMENT:
14A. (19-20)
15A. (21-22)
20. RELIGION: p
21. SOURCE OF ADMISSION:
22. EMERGENCY ADDRESSEE— RELATIONSHIP: Glendia [redacted] (w)
211 Waverly
Kansas City, Kansas
23. SEX: M
24. RACE: Neg
25. DATE THIS ADMISSION: iritec 67
26. DATE OF INITIAL ADMISSION:

CODES
9A. GRADE(23) FLYING STATUS/ RATING
19A. BENEFICIARY/ COMMAND OF ASSIGNMENT)24-25(
21A. HOSPITAL OF INITIAL ADMISSION (26-29)
24A. (30) SEX RACE
26A. (31-32) DATE OF INITIAL ADM.

27. PHYSICAL PROFILE

	P	U	L	H	E	S	R	T	D	O	N
PREVIOUS											
REVISED											

UNCHANGED

29. CLINIC SERVICE: Medicine
29A. (33) CLINIC
30. DISPOSITION: Duty
30A. (X) DISPOSITION
31. TIME OF DISPOSITION: 1000
32. DATE OF DISPOSITION: 18 Dec 67
32A. (35-36) DATE OF DISP.

28. SELECTED ADMINISTRATIVE DATA

Place of Occurrence: Kansas

(Check ☐ if continued on reverse)

DURATION	THIS FACILITY	TOTAL TO DATE
TOTAL DAYS	33. (37-39) 017	34. (40-42) 001
DAYS BED OCCUPIED	35. (43-45) 001	36. (46-48) 001
37. POSTOPERATIVE DAYS		(49-51) ---

38. CAUSE OF INJURY

(Check ☐ if continued on reverse)

38A. CAUSE OF INJURY CODE (S2-55) (Current injury Only)

40A. PRIMARY DIAGNOSIS CODE (56-59) (If more than one diagnosis coded below)

39. DIAGNOSES— OPERATIONS AND SPECIAL PROCEDURES

Observation for aspirin toxicity, none found

40. DIAGNOSIS (60-63)	40B. ANATOMIC LOCATION (64-67)	40C. PR/EPTS (68)	40D. INFECTION DATA (69)	40E. OPERATION (70-73)	OPERATION DATA	PRIORITY	UNDERLYING CAUSE
7934							

)Check ☐ if continued on reverse)

41. SIGNATURE OF ATTENDING PHYSICIAN
/s/ C J GRAHAM CAPT USAF LfC

42. SIGNATURE OF REGISTRAR/MEDICAL RECORDS OFFICER
PETER M GRAHAT 2/Lt USAF MSC

AF FORM MAK bl 565'5 REPLACES DD FORM 481 SERIES WHICH IS OBSOLETE IN THE USAF ☆U. S. GOVERNMENT PRINTING OFFICE: 1965—772-735

EXHIBIT G

Inc/#7

BEST COPY

CONTINUATION OF ITEM _____

40. DIAGNOSIS (60-63)	40B. ANATOMIC LOCATION (64-67)	40C. PAIN (68)	40D. IN DATA (69)	40E. OPERATION (70-73)	40F. OPERATION DATA (74)	40G. DIAGNOSIS PRIORITY (75)	40H. UNDERLYING CAUSE (76)

BEST COPY

Standard Form 600
Nov. 1952
Bureau of the Budget
Circular A—32
600-102

328TH USAF HOSPITAI
RICHARDSTgeb a 4 Mo

HEALTH RECORD | CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
	[redacted]
	iiww.mi rAltuil—
	Send Records Tn:
	; Return Visit: YCS / 'No == - < 7 I I " /
	> >'evident nf:
	[redacted]

1 7 DEC 1967

NONAPPOINTMENT-MOD

1855

CC drug ingestion

Pt presumably took a number of aspirin because of marital problems. He was rushed to the VA where his stomach was pumped and transferred to the superior facilities of our 325 bed hospital for our non-existent psychiatric followup. Pt is now fully alert 3 hrs p ingestion c no evidence of intoxication. Will admit for observation + plan ultimate disposition in AM

[illegible]

18 Sept Pt alert + well. Will discharge

SEX	RACE	GRADE, RATING, OR POSITION	ORGANIZATION UNIT	COMPONENT OR BRANCH	SERVICE, DEPT. OR AGENCY
					AD-USA-Pvt

[redacted] MIDDLE NAME: Roosevelt Jr. DATE OF BIRTH (DAY-MONTH-YEAR): 1948 [redacted]

CHRONOLOGICAL RECORD OF MEDICAL CARE
Standard Form 600

DATE	SYMPTOMS. DIAGNOSIS. TREATMENT, TREATING ORGANIZATION (Sign each entry)
	Do not believe a serious suicide threat exists.
	H. O. Rudolph

U. S. GOVERNMENT PRINTING OFFICE : 1962 O—625713

BEST COPY

Standard Form 502
Rev. August 1954
Bureau of the Budget
Circular A—J2

U.S. GOVERNMENT PRINTING OFFICE1 626244

CLINICAL RECORD	NARRATIVE SUMMARY	
DATE OF ADMISSION 27 Jul 67	DATE. OF DISCHARGE	NUMBER OF DAYS HOSPITALIZED

(Sign and date at end of narrative (

MILITAR.Y HISTORY: The patient is a 19-year-old PFC, MOS 11C10, 4th Infantry Division, with one year and two months total time active duty in the Army. He spent two months at Fort Leonard Wood in basic training, then to Fort Polk, Louisiana, for AIT training for two months, then to Republic of Vietnam where he had been on active duty for one month when he was injured.

CHIEF COMPLAINT: Blasting cap injury to right hand.

HISTORY OF PRESENT ILLNESS: The patient is a 19-year-old PFC who on 15 June 1967 sustained a traumatic amputation of the right thumb and index finger and partial amputation of the right long finger, and fracture of the proximal phalanx of the right ring finger when a blasting cap of a Claymore mine exploded in his hand. He was initially treated at the 18th Surgical Hospital on Lhc date of injury where all wounds were debrided. He was then transferred to the 85th Evacuation Hospital and then to the 106th General Hospital for further therapy. Five days after admission to that hospital he was taken to the operating room where debridement and irrigation of the wound was performed. On 6 July 1967 he was again taken to the operating room where debridement of nonviable skin was performed. On 12 July 1967 he was again operated on under general anesthesia and split thickness skin graft was taken from the right thigh to cover all open areas. Skin grafts all took well and he was then transferred to this hospital for definitive care.

PAST MEDICAL HISTORY: The patient had a laparotomy at age four for an unknown reason. Remainder of the past history was noncontributory.

REVIEW OF SYSTEMS: Noncontributory.

PHYSICAL EXAMINATION UPON ADMISSION: The patient presented as a well developed, well nourished Caucasian male in no acute distress. He was alert and oriented. Positive physical findings were limited to the extremities where there was seen to be an amputation of the thumb, index and long fingers of the right hand with absence of the complete thumb and index ray, and partial amputation of the long finger. The tip of the ring finger was also amputated and split thickness skin graft covered the open areas. Sensation was lost on the radial side of the ring finger and over the graft sites. Range of motion of the wrist showed extension was 0 degrees, flexion 25 degrees. On the ring finger, there was no motion at the MP, PIP or DIP joints. The little finger showed MP motion with a range of 40 degrees, a PIP motion range of 75 degrees, and DIP motion normal. A* K-wire was present down the shaft of the proximal phalanx of the ring finger to immobilize a fracture of the proximal phalanx.

(C/so *additional sheets of this form (Standard Form 502) if more space is required)*

SIGNATURE OF PHYSICIAN	DATE	IDENTIFICATION NO.	OHGANIZATION
SRUCE Y/ Filler / M.'b	14 Feb 6q	[redacted]	Medical Holding Co.

PATIENT'S IDENTIFICATION (For *typed or written entries give: Name— list, first, middle; grade; date; hospital or medical facility)*	REGISTER NO.	WARD NO.
[redacted], Roosevelt Plj Trtzsimons General Hospital Denver, Colorado 80240	8243026	405

0 T J 2 2 "2 2915
File () Ho Reco
Date ____ Initials—
indexed RO Et.. L-

nIrratiye summary
IStandard Form C02
db 502-107-02

Standard Form 502
Rev. August 1954
-Bureau of the Budget
Circular A—52

U.S. GOVERNMENT PRINTING OFFICE: 620244

CLINICAL RECORD	narrative: summary	
DATE OF ADMISSION	date of Discharge	NUMBER OF DAYS HOSPITALIZED
27 Jul 67		

(Sign and date at end of narrative (

LABORATORY FINDINGS: Admitting urinalysis showed 50 to 60 WBC's, 20 to 25 epithelial cells and many bacteria. CBC was normal. Malaria smears repeatedly were normal. Repeat urinalysis on 10 October 1967 was normal and again on 16 November 1967. Repeat CBC 16 November 1967 was normal.

X-RAY FINDINGS: #142137. X-ray of the chest on admission was normal. X-ray of the right hand showed the above-described amputations with the third finger amputated at the metacarpal head and a K-wire fixing a fracture of the distal shaft of the fourth proximal phalanx. Repeat examination on 4 August 1967 showed the wire removed and the fracture of the proximal phalanx unchanged in position and alignment with new bone formation present. R.epeat x-ray of the chest 10 October 1967 was normal. X-ray of the hand 15 November 1967 showed an osteotomy had been performed of the proximal IP joint of the ring finger. On 25 January 1968, repeat chest film was normal.

CONSULTATIONS: Urology consultation was obtained but is not reported on the chart. Urological abnormalities were apparently cleared up as seen on the laboratory reports. Physical Therapy consultation was obtained for range of motion of the PIP, DIP joints of the remaining fingers.

COURSE IN THE HOSPITAL: On admission the patient showed approximately 95% take of the skin grafts. He received physical therapy and occupational therapy initially. On 3 August 1967 he was taken to the operating room where the K-wire was removed from the ring finger. The PIP joint of the fourth finger did not regain good range of motion. Initial consideration was given to pollicizing the ring finger to act as a thumb, but this was thought to be incompatible with the ankylosis of the PIP joint of the fourth finger. He was then taken to the operating room 11 October 1967 where an osteotomy and arthrodesis at 65 degrees of the PIP joint were performed. This healed well postoperatively and the hand was felt to be as functional as possible after continued physical therapy post operatively, and he was felt ready for Medical Board.

PRESENT CONDITION: The patient has limited use of the right hand with amputation of the thumb and first metacarpal, amputation of the index and middle rays, amputation of the tip of the ring finger, and ankylosis of the ring finger PIP joint with 65 degrees of flexion. There is from 0 to 65 degrees of flexion at the ring MP joint. There is full function and range of motion of the small finger. There is normal range of motion of the right wrist. He is able to use the fingers for side-to-side pinch and has tactile sensation. The patient uses a thenar prosthesis to achieve pinch.

(t7sa additional sheets of this form (.Standard Form 502) if more space is required)

61 GNAT L-KCJDF PH Y St C!AN	DATE	IDENTIFICATION NO.	ORGANIZATION
"bruce" /?miller7 M.D.	14 Feb 68	RA16958476	Medical Holding Co.

PATIENT'S IDENTIFICATION (For typed or written entries fh . Nam&— last, first, middle; frade; date; hospital or medical facility)	REGISTER NO.	WARD NO.
[redacted], Roosevelt PFC Fitzsimons General Hospital Denver, Colorado 80240	8243026	405

NARRATIVE SUMMARY

Siaudard Form 50?
db SOZ-IOT-O?

Standard Form 502
Rev. August 1954
Bureau of the Budget
Circular A-52

o s government printing officEi £28244

CLINICAL RECORD

RARRATJVE SUMMARY

DATE OF ADMISSION	DATE OF DISCHARGE	NUMUER OF DAYS HOSPITALIZED
27 Jul 67		

(Sign and date at end of narrative)

FINAL DIAGNOSES: 1. 8862-486-0447 Amputation, acquired, right thumb, long and index fingers, and partial amputation of ring finger. Al: Approximately 1830 hours, 15 June 1967, three miles from Dragon Mountain, Republic of Vietnam, the patient was injured by a blasting cap Claymore mine detonation. LD:«X&« - Unfitting for duty, AR 40-501, Section VII, paragraph 3-12a(l) and (2). j Most closely corresponds to VA Code 5132.

LD: No, due to own misconduct

2. 8160-444-0447 Fracture, proximal phalanx of ring finger, right, no artery or nerve involvement. Al as in Diagnosis 1. LD: Not unfitting. /1g /A/ dpl.

7

OPERATIONS: 1. 20864-03 Removal of K-wire from right ring finger, 3 August 1967, under Xylocaine local anesthesia.

2. 2456-57 Arthrodesis, PIP joint, right ring finger, 11 October 1967, supraclavicular block and Fluothane, nitrous oxide and oxygen anesthesia.

RECOMMENDATIONS: The patient is disqualified for active military duty under provisions of AR 40-501, Chapter 3, Section VII, paragraph 3-12a(l) and (2). It is recommended that he meet a Physical Evaluation Board.

PROFILE: P U L H E S
1 4 1 1 1 1

(Use additional sheets of this form (.Standar d Form 502) if more space is required)

SIGNATURE OF PHYSICIAN	DATE	IDENTIFICATION NO.	ORGANIZATION
BRUCE A. MILLER, M.D.	14 Feb 68	RA16958476	Medical Holding Co.

PATIENT'S IDENTIFICATION (For typed or written entries five : Na me— las t. firat. middle; grade; date; hospital or medical facility)

REGISTER NO.	WARD NO.
8243026	405

[redacted], Roosevelt PFC
Fitzsimons General Hospital
Denver, Colorado 80240

H RRATiVE SUMMARY
Ifetaiidard Form 502
idb S02,107,02

3

BEST COPY

HR. VP

INFORMAI

PHYSICAfEVALUATION board proceedings

(AR 635-40)

☐ FORMAL
☒ informal

ON THE TDRL
1 [YES jnt NO

1. NAME (Last, First, Middle Initial)	4. PMOS	6. APPROX ACT SVC	
[redacted]. Roosevelt Jr	11C10	YEARS	MON THS
2. SERVICE NO. /SOCIAL SECURITY NO. / 3. GRADE	5. BRANCH AND COMPONENT	1	3
R* 16 958 476 / 487-52-4134 / PFC E-3	Tlnfiacri . RA		

7. THE BOARD CONVENED AT (Location including ZIP Code)	DATE	TIME
Fitsslaons General Hospital Denver, Colorado, 80240	8 March 1968	1040

8- THE FOLLOWING NAMED MEMBERS, APPOINTED ON THE ORDERS ATTACHED AS EXHIBIT A, WERE SWORN:

a. NAME	b. SERVICE NUMBER	C. GRADE	d. BRANCH AND COMPONENT
Harry L Hopkinson	060879	COL	AGC RA
Joseph Piserchia	060656	LTC	•RTY PA \
Nicholas C Beth leaf al vay	093025	MAJ	MC RA \

9- FOR FORMAL HEARINGS, THE FOLLOWING IS REPORTED:

a. THE INDIVIDUAL ELECTED |__| TO APPEAR |__| NOT TO APPEAR, AND |__| DID |__| DID NOT APPEAR.

b. TkjEMEMBER WAS REPRESENTED BY THE REGULARLY APPOINTED COUNSEL, OR INDIVIDUAL COUNSEL SELECTED BY THE MEMBERAS INDICATED IN EXHI BI T _____. THE COUNSEL'S NAME IS _____.

C. IF THE MEMBER'S CASE WAS REFERRED FROM ANOTHER STATION, THE PHYSICAL EVALUATION BOARD LIAISON OFFICER'S NAME IS _____.

d. IF THE MEMBER WAS NOT PRESENT BECAUSE HE IS A DELETERIOUS TYPE CASE, OR OTHERWISE UNABLE TO COOPERATE IN A REQUIRED FORMAL HEARING, _____ | | WAS |__| WAS NOT PRESENT TO
(Next-of-kin or guardian)
REPRESENT HIS INTERESTS/ NEXT-OF-KIN OR GUARDIAN'S ELECTION IS AT EXHIBIT _____.

10. \hE FOLLOWING PERSONNEL WERE ALSO PRESENT AND SWORN:

a. CORDERjggjggj y OWET&, JR	b. REPORTER	c. INTERPRETER (If any)
WD1, 173101600, US -USAR		

11. THE BOARD CONSIDERED EACH DIAGNOSIS RECORDED ON THE ATTACHED MEDICAL BOARD. ANY DIAGNOSIS NOT SIGNIFICANT IN ADJUDICATING THE MEMBER'S CASE IS OMITTED HERE. IN ARRIVING AT THE RECOMMENDED FINDINGS, THE BOARD CONSIDERED THE EFFECT ON THE MEMBER OF EACH DIAGNOSIS LISTED BELOW. IF MORE THAN ONE DIAGNOSIS IS LISTED, THEIR OVER-ALL EFFECT ON THE MEMBER WAS CONSIDERED. (List and number each diagnosis in descending order of significance. If Item 12a is checked, omit VASRD entries.)

a. DISABILITIES DIAGNOSES FROM MEDICAL BOARD (Continue in Item 17 or on continuation sheet, if necessary)	VA DISABILITY SCHEDULE b. SEVERITY	C. DISABILITY CODE
1. Amputation, acquired, right thumb, long and index fingers, and partial amputation of ring finger, right (MD BD Diag 1)	1. Thumb, index, middle. Major	i. 5132
2. Finger, ring, ankylosis of, right (MD BD Diag 2, Text of MD BD Prcdga)	2. Major	2. 5227

12. THE BOARD MADE THE FOLLOWING RECOMMENDED FINDINGS:

a. ☐ THE MEMBER IS PHYSICALLY Fit. (Complete only Items 18 through 22)

b. jCXi THE MEMBER IS UNFIT BECAUSE OF PHYSICAL DISABILITY TO PERFORM THE DUTIES OF HIS OFFICE, RANK OR GRADE. (If retirement or other separation action is recommended, complete all the items on the reverse as appropriate. If continuance on active duty (Chapter 10, AR 635-40) is recommended, omit Items 13 and 16.)

DA AW., 199 REPLACES PREVIOUS EDITIONS, WHICH ARE OBSOLET INFORMAL

BEST COPY

13. THE BOARD MADE THE FOLLOWING RECOMMENDED FINDINGS FOR EACH DISABILITY. *(Number each entry to correspond with those in Item 11. Check "YES" or "NO", as appropriate, to each diagnosis, except in Block g, where numerical values will be stated using the VASRD and special rating instructions in AR 635-40.)*

a. INCURRED OR AGGRAVATED WHILE ENTITLED TO BASIC PAY			b. PERMANENT			C. MAY BE PERMANENT			d. RESULT OF INTENTIONAL mis-CONDUCT CR WILLFUL. NEGLECT OR INCURR ED DURING A PERIOD OF UNAtJTH ORIZEP iBSENCF		
ENTRY NO.	YES	NO	ENTRY NO.	YES	NO	ENTRY NO.	YES	NO	ENTRY NO.	YES	NO
1.	—X~		1.	X		1.			1.		
2.	X		1.	X					(Sea	Item 17)	

e. INCURRED OR AGGRAVATED IN LD IN TIME OF WAR OR NATIONAL EMERGENCY			f. PROXIMATE RESULT OF PERF AD OR INAC T DY TNG *(Appt to Table 2-3 actions only)*			g. PERCENTAGE OF DISABILITY		
ENTRY NO.	YES	NO	ENTRY NO.	YES	NO	*(1)* AT TIME OF EVALUATION	*(2)* LESS NONSERVICE FACTOR	*(3)* NET RATING
1	(S	se Itei	p 17)			1.		r 60
								2. o
						(4) BILATERAL FACTOR		*(5)* COMBINED RATING 60

14. the MEMBER |__| HAS [redacted] HAS NOT APPLIED FOR CONTINUANCE ON ACTIVE DUTY IN ACCORDANCE WITH CHAPTER 10. AR 635- 40. IF HE HAS SUBMITTED AN APPLICATION, IT IS ATTACHED AS EXHIBIT ____.

15. THE BOARD RECOMMENDS THAT THE MEMBER BE:

a. HQE permanently retired from the service.

b. PLACED ON THE TEMPORARY DISABILITY RETIRED LIST WITH REEXAMINATION DURING _____. *(Month and year)*

C. |__| SEPARATED FROM THE SERVICE WITH SEVERANCE PAY.

d- |__| SEPARATED FROM THE SERVICE WITHOUT ENTITLEMENT TO DISABILITY BENEFITS FROM THE SERVICE.

e. |__| CONTINUED ON ACTIVE DUTY IN ACCORDANCE WITH CHAPTER 10. AR 635- 40.

f- [ ] RETAINED ON THE TEMPORARY DISABILITY RETIRED LIST WITH REEXAMINATION DURING _____. *(Month and year)*

g. [ ] OTHER fSpecifyJ

16. IF RETIRED BECAUSE OF DISABILITY, THE BOARD MAKES THE RECOMMENDED FINDING THAT THE MEMBER'S RETIREMENT [redacted] IS [ ] Is NOT BASED ON DISABILITY RESULTING FROM INJURY OR DISEASE RECEIVED IN LINE OF DUTY AS A DIRECT RESULT OF ARMED CONFLICT OR CAUSED BY AN INSTRUMENTALITY OF WAR AND INCURRED IN LINE OF DUTY DURING A PERIOD OF WAR AS defined by LAW.

17. REMARKS AND CONTINUATIONS ™ 1O CUI Mit 1■ ili ddilbt . AttCntlOn IS Invited to let Indorsement, H ; 4th Inf Div, to CG, Fitaeimone Cen Hosp, attached as Mhiblt C. The D.D Form 261 inclosed does not indicate final approving action Atteomts to obtain further inf oration from TAGO at both Washington and Fort Benjamin Harrfckm were negative. Since there is insufficient information on which to base a line*ef£duty

(Contd on attchd page)

18. A MINORITY REPORT |__| WAS pCf WAS NOT SUBMITTED AND, IF SUBMITTED, IS ATTACHED AS EXHIBIT *(The PEB member submitting a minority report will sign the exhibit.)*

19. BD ADJOURNED	20. TYPED NAME, GRADE, BRANCH OF RECORDER	SIGNATURE
a. TIME 1050	HE3ERT W OWENS, JI W01, USA-USAR	
b. DATE 8 Harch IMS	21. TYPED NAME, GRADE, BRANCH OF PRESIDENT HARRY L HM»KXNSON, COL, AGORA	SIGN ATURE

22. EXHIBITS adenti/ upcj g *formal board, Exhibit B will be the transcript.)* i V.bit D - DA Form v-' 1

E *hibit A - WV MkUl!Uy hp orders with amendments, if any.

Ex hibit B - Report of Im

Exhibit C - *

Exhibit E - DA Form 261

Exhibit F - DA Fem 20

Exhl bit C - PGH C/g JS243O>&. 07055 ;

26318, 1331; '283,y.

U. S. GOVERNMENT PRINTING OFFICE: 1967 O - 259-762

lafOTsaal FEB Proceedings la the case of TTC E-3 Roosevelt Aberercsbie, Jr
RA 16 £56 476 >

ITEM 17 (Continued)

detet'sdnation, thia Bosrd has acted on the assort ion that the llne«of»duty status was *l££t* ¥es_> subject to final de tewi nation at Itu OepartflMt &£ Hwt Array. This has beeu explained to th® &es*ber*.

X-1

BEST COPY

Standard Form 88
(Rev. Jun. 1956)
Bureau of the Budget
Circular A-32 (Rev.)

Oort of medkal EXAMI ATIO

88 109-04

1. LAST NAME—FIRST NAME—MIOOfcE NAME	2. GRADE AND COMPONENT OR POSITION	3. IDENTIFICATION NO.
[redacted], Roosevelt -	PFC E3	[redacted]

4. HOME ADDRESS (Number, street or RFD, city or town, tone and State)	5. PURPOSE OF EXAMINATION	6. DATE OF EXAMINATION
211 Waverly Kansas City, Kansas 66101	PEB	25 Jan 68

7. SEX	8. RACE	9. TOTAL YEARS GOVERNMENT SERVICE	10. AGENCY	11. ORGANIZATION UNIT
Male	Neg	Military £ 2/12 CIVILIAN -	DA	Medical Holding Company Fitzsimons General Hospital

12. DATE OF BIRTH	13. PLACE OF BIRTH	14. NAME. RELATIONSHIP. AND ADDRESS OF NEXT OF KIN
4 Mar 48 119)	Waskom, Texas	Glendia [redacted] (wife) 211 Waverly, Kansas City, Kansas 66101

15. EXAMINING FACILITY OR EXAMINER. AND ADDRESS	16. OTHER INFORMATION
Fitzsimons General Hospital, Denver, Colo. 80240	-

17. RATING OR SPECIALTY	TIME IN THIS CAPACITY (7W)	LAST SIX MONTHS
11C10 Infantry	1 yr	Patient

CLINICAL EVALUATION

NORMAL	(Check each item in appropriate column; enter "NF" if not evaluated .)	ABNORMAL
X	18. HEAD. FACE. NECK. AND SCALP	
X	19. NOSE	
X	20. SINUSES	
X	21. MOUTH AND tHROAT	
X	22. EARS—GENERAL (Auditary acuity under items 70 and 71)	
X	23. DRUMS (Perforation)	
X	24. EYES—GENERAL (and refraction under items 59. bO and 6?)	
X	25. OPHTHALMOSCOPIC	
X	26. PUPILS (Equality and reaction)	
X	27. OCULAR MOTILITY (Associated parallel movements. nv-'tadmu»)	
X	28. LUNGS AND CHEST (Include breasts)	
X	29. HEART (Thrust, size, rhythm, sounds)	
X	30. VASCULAR SYSTEM) VertcostZie.t, etc J	
X	31. ABDOMEN AND VISCERA (Include hernia)	
X	32. ANUS AND RECTUM (Prostate. if indicated)	
X	33. ENDOCRINE SYSTEM	
X	34. G-U SYSTEM	
	35. UPPER EXTREMITIES (Strength, range of motion)	X
X	36. FEET	
X	37. LOWER EXTREMITIES (Except foot. Strength. range of motion)	
X	38. SPINE. OTHER MUSCULOSKELETAL	
X	39. IDENTIFYING BODY MARKS. SCARS. TATTOOS	
X	40 SKIN. LYMPHATICS	
X	41. NEUROLOGIC (Equilibrium teete wider item 7i)	
X	42. PSYCHIATRIC (Specify any personality deviation <	
NA	43. PELVIC (Females only) (Check how done) □ vaginal O RECTAL	

NOTES. (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary .)

35. Right hand with thumb, index and long fingers missing, along with metacarpals. Has ring finger with partial amputation at distal end, and good little finger. Some hypesthesia of ring finger. He can write 'fairly well with the hand, and hold glass, coffee cup, etc.

(Continue in item 73)

44. DENTAL (Place appropriate symbols sboee or below number of upper and lower teeth, respectively.)

O—Restorable teeth
I—Nonrertorable teeth
X— Muting teeth
XXX— Replaced by dentures
(6 Xi<)— Fixed bridge, brackets to include abutments

RIGHT	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	LEFT
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

Acceptable
Class 1

LCORATOP.Y FINDINGS

45. URINALYSIS: A. SPECIFIC GRAVITY 1.025
B. ALBUMIN Neg
c. sugar Neg
d. microscopic few muc. threads few epith .cells .Lt amt amorph ..matter. U-Z WBC HP

46. CHEST X-RAY (Place, date, film number and result)
Fitzsimons General Hospital, 24 Jan 68 #142137 "Other than calcific changes of granuloma to EFs disease on the left no other abnormality is seen"

47. SEROLOGY (Specify test used and result)
Cardiolipin Microflocculation Negative

48. EKG
-

49. BLOOD TYPE AND RH FACTOR
-

50. other test
WBC 8000 Hematocrit 48

BEST COPY

MEASUREMENTS AND OTHER FINDINGS

51. HEIGKT	52. WEIGHT	53. COLOR HAIR	54. COLOR EYES	55. BUILD: (Check one)	SLENDER	MEDIUM	HEAVY	OBESE	55. TEMPERATURE
_ _7	140	Black	Brown		X				98.6

57. BLOOD PRESSURE (Arm at heart letel)						58. PULSE (Arm at heart lerel)				
sir	ING	SYS H4 / DIAS. 86	B. RECUM-BENT	SYS. – / DIAS. –	C. STANDING (5 min.)	SYS. – / DIAS. –	A SITTING 88	B. AFTER EXERCISE –	C. 2 MIN. AFTER –	D. RECUMBENT –	E. AFTER STANDING 3 MIN. –

59. DISTANT VISION	60. REFRACTION	61. NEAR VISION
RIGHT 20/ ,20 CORR. TO 20/	BY S. CX	J - 1 CORR. TO BY
LEFT 0/ 20 CORR. TO 20/	BY S. CX	J - I CORR. TO BY

52. Ht TEROPHORIA (Specify distance) –

ES. EX" R. H. L. H. PRISM DIV. PRISM CONV. CT PC PD

». ACCOMMODATION	64. COLOR VISION (Test used and result)	65. DEPTH PERCEPTION (Test used and score)	UNCORRFCTED –
RIGHT _ left –	PIC 14/14	–	CORRECTED –

66. FIELD OF VISION	67. NIGHT VISION (Test used and score)	68. RED LENS TEST	69. INTRAOCULAR TENSION
–	–	–	–

70. HEARING

RIGHT WV /IS SV /IS

LEFT WV /IS SV /IS

71. AUDIOMETER

	250 tG6	500 bit	1COO lOn	2000 tai#	3000 S396	4000 S09C	6000 6144	80CO 8ifft
RIGHT	0	0	0	0	-	10	-	35
LEFT	0	0	0	0	-	10	-	0

72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score) –

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

)Ute additional sheets if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List d:cf noses with item number*)

35. Amputation of right thumb, long and index fingers, and partial amputation of ring finger.

75. RECOMMENDATIONS— FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

–

76. A. PHYSICAL PROFILE

P	U	L	H	£	S
1	4	1	1	1	1

77. EXAMINEE (Check)

A. O IS QUALIFIED FOR

a. a not qualified for military duty

B. PHYSICAL CATEGORY

78. IF NOT QUALIFIED. LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

35.

A	s	c	E

79. TYPED OR PRINTED NAME OF PHYSICIAN

BRUCE A. MILLER, M.D.

SIGNATURE

Bruce A. Miller MD

10. TYPED OR PRINTED NAME OF PHYSICIAN

SIGNATURE

11. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)

E. F. SWINTAK, MAJOR, DC

SIGNATURE

/s/ E. F. Swintak

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY

SIGNATURE

NUMBER OF ATTACHEO SHEETS

* U.S. GOVERNMENT PRINTING OFFICE : UGG O— 786-7JZ

REQUEST FOR RECORDS / OFFICIAL STATEMENT OF SERVICeTOFtHE ADJUTANT GENERAL

(See AR 40-3 Before Completing Form)

1. LAST NAME- FIRST NAME- MIDDLE NAME	2. ALL SERVICE NUMBERS	3. CURRENT GRADE	4. BRANCH AND COMPONENT
u n inrrwT.r	PA 16 K tilt	Pi 23	R. r.

5. Last permanent organization	6. NAME AND LOCATION OF REQUESTING HOSPITAL	7. DATE OF REQUEST
€-• b 3d Bn 8tu Iiu Uth Jlv APO SF fl 'o	flu— -mons General- ospital TV i n	17 Knv 67

STATEMENT OF SERVICE: SHOW ALL*SERVICE CREDITABLE FOR LONGEVITY PAY PURPOSES UNDER PUBLIC LAW 351, 81ST CONGRESS

SHOW ALL ENLISTED, WO, COMMISSIONED SERVICE IN CHRONOLOGICAL ORDER	COMPONENT: RA, RES, NG, AUS	ENTER DATES (Use Numerals) FROM DAY	FROM MONTH	FROM YEAR	TO DAY	TO MONTH	TO YEAR	UNAUTHORIZED ABSENCE (In Days)	SERVICE CREDITED YEARS	MONTHS	DAYS
W. ■ " - '	T? i	0	1*	66							
SHOW ALL PERIODS OF ACTIVE SERVICE								TOTAL			
								TOTAL			
								CONVERTED			

9. DATE OF BIRTH	9a. PLACE OF BIRTH
1. 1 0	LU.!,,

1V. Ilf tuSrfyE DATES OF ALCTTRTIT*r*I*0RIft'6*ABSENCES DURING CURRENT PERIOD OF ACTIVE SERVICE

nnVTT.Ti

11. GRADES HELD BY EM DURING CURRENT PERIOD OF ACTIVE SERVICE

U'' ■ *n

12. HIGHEST GRADE HELD ON ACTIVE DUTY AND DATE OF PROMOTION *(During Entire Service)*

D>? known

13. HAS MEMBER EVER APPEARED BEFORE ARMY RETIRING AND/OR PHYSICAL EVALUATION BOARD? IF YES, STATE WHEN AND WHERE.

Unknown

14. PLACES AND DATES OF PHYSICAL EXAMINATIONS AND/OR HOSPITALIZATIONS

« CYUIRIT F

15. REMARKS

Viovc infor'ir.Llon in not verified. P.rgor -1 roeor 4 o* enlisted w-ber have net v n receive' to d e, P:tlant 1- a-al.'-v ' r tcal ?□'' l*n? C -pviy thlg ho ll-*! ' v 11 iteci Physical Evaluation Board*

16. I HAVE STATED MY SERVICE TO THE BEST OF MY KNOWLEDGE *(Signature of Member Listed in Item 1)*

17. SIGNATURE AND TYPED NAME AND GRADE OF PERSONNEL OFFICER

Rex S. Roper

REX S. ROPER Major JAGC

DA FORM CC-i 1 AUG 57 4-U PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE.

18. ACTION BY THE ADJUTANT GENERAL'S OFFICE AND TRANSMITTAL LIST		
DATE RECEIVED IN TAGO		DATE OF DISPATCH FROM TAGO
NUMBER OF ORIGINALS	NUMBER OF PHOTOSTATS	DESCRIPTION
		PHYSICAL EXAMINATIONS
		OTHER RECORDS