DAILY RECORD OF CIVILIAN MEDICAL SERVICES

For use of this form, see USMEPCOM Reg 37-1; RCS: MEPCRM-FM-25

CONTROL NO.

This completed form will serve as a billing for services rendered.

FOR OFFICIAL USE ONLY

To effect timely payment:

1. For on-station services, this form should be turned in daily.
2. For off-station services, this form should be returned to the MEPS within 48 hours after completion of examination.

Physician's Name (Print)	Date

Patient' s Name (Print)	Services Performed	Cost
	TOTAL	

	Medical Examination	Physical Inspections	Cost
Daily Examinations Completed			
		TOTAL	

Physician's Signature	Date