MONTHLY RECORD OF CIVILIAN MEDICAL SERVICES For use of this form, see USMEPCOM Reg 37-1; RCS: MEPCRM-FM-26	MONTH

NAME (Doctor, Firm, Laboratory, etc.)	ADDRESS

Date	Type Service (Noun Description)	Number Examined			Total Cost
		On Site	Off Site	Total	

Replaces USMEPCOM Form 709-R-E, 1 Sep 81 which is obsolete