

NORTHERN PACIFIC BENEFICIAL ASSOCIATION

PHYSICIANS ORDER AND REPORT FORM

(Bylaws - Art. 1 - "This order is good only until and including the last day of the month in which issued. Where service or benefit overlaps from one month to another, an order must be obtained and presented each month.")

_____ Station _____ 195_____

Dr. _____ At _____

The bearer _____ a member of this Association,
1ST. NAME MIDDLE INITIAL LAST NAME

employed as _____ has continued membership since

_____ OCCUPATION

_____ 19 _____, has paid all current dues, and requires professional care

DATE

account of (Circle One): Illness, Injury on Duty, Injury off Duty.

If Injury off Duty - explain how _____

Department Head

Foreman

Title _____

PHYSICIAN'S TREATMENT RECORD

Did condition exist prior to employment? Yes _____ No _____

(Bylaws - Art. 5 Sec. 5-"Condition, which existed prior to membership, will not be treated at the expense of the Association.")

Date _____ 195_____

To Line Physician:

Extend treatment in accordance with current Regulations.

Submit this Form to District Chief Surgeon the close of each month.

Diagnosis: _____

Treatment: _____

Disposition: _____

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

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

Remarks: _____

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Line Physician _____

Chief Surgeon Review _____