

CUI (when filled in)

(To mail, address and send through the Base Distribution System)

REQUEST FOR TRANSFER OF OUTPATIENT RECORD <i>(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974 - Use Blanket PAS - DD FORM 2005)(This form may be used only when requesting records from US Military Medical and Dental facilities)</i>	
I. REQUEST THAT THE OUTPATIENT RECORD(S) OF INDIVIDUAL(S) LISTED BELOW BE TRANSFERRED TO THIS TREATMENT FACILITY	INSTRUCTIONS TO SPONSOR Complete Sections I and II of form. Deliver form to U.S. Military outpatient clinic which will next provide outpatient care for the dependents.
PRINT NAME (Last, First, Middle Initial) AND RELATIONSHIP TO SPONSOR (Family member prefix code). EMBOSSED PATIENT'S CARD MAY BE USED.	II. SPONSOR INFORMATION
	GRADE NAME (Last, First, Middle Initial)
	DEPT SSAN
III. REQUESTING FACILITY	
FROM: <i>(Complete mailing address of requesting facility)</i>	
DATE	REQUESTER (Signature, grade, title)

DD FORM 2138, JAN 78

REPLACES AF FORM 275, MAR 71, WHICH IS OBSOLETE.

Controlled by: Air Force
CUI Category: PRVCY
LDC: FEDCON
POC: usaf.pentagon.saf-aa.AFDPO-PPL@mail.mil

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