

IHS-187
10/88

PATIENT'S IDENTIFICATION <i>(For typed or written entries. Give name - last, first, middle and register number.)</i>		DATE
		ADDRESS
HOME TELEPHONE NO.	OFFICE TELEPHONE NO.	GOVERNMENT DEPARTMENT <i>(If applicable)</i>
ARTICLE(S) LOANED		APPROXIMATE LENGTH OF TIME ARTICLE WILL BE NEEDED BY PATIENT
PATIENT'S SIGNATURE	PERSON LOANING ARTICLE	
RETURN OF ARTICLE TO STATION REQUESTED		

RECEIPT FOR EQUIPMENT LOANED TO PATIENT

Created by: PSC Media Arts Branch (301) 443-2454 EF

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