

**CUI (when filled in)**

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

<b>REQUEST FOR TRANSFER OF OUTPATIENT RECORD</b> <small>(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)</small>					
<b>I. REQUEST THAT THE OUTPATIENT RECORD(S) OF INDIVIDUAL(S) LISTED BELOW BE TRANSFERRED TO THIS TREATMENT FACILITY</b>	<b>INSTRUCTIONS TO SPONSOR</b> Complete Sections I and II of form. Deliver form to U.S. Military outpatient clinic which will next provide outpatient care for the dependents.				
<b>PRINT NAME (Last, First, Middle Initial) AND RELATIONSHIP TO SPONSOR (Family member prefix code). EMBOSSED PATIENT'S CARD MAY BE USED.</b>	<b>II. SPONSOR INFORMATION</b>				
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<b>III. REQUESTING FACILITY</b>					
<b>FROM: (Complete mailing address of requesting facility)</b>          					
<b>DATE</b>	<b>REQUESTER (Signature, grade, title)</b>				

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REPLACES AF FORM 275, MAR 71, WHICH IS OBSOLETE.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