

ILLINOIS CENTRAL RAILROAD HOSPITAL DEPARTMENT MONTHLY REPORT OF SICK CASES AND EMPLOYEES INJURED OFF DUTY

Treated at _____ P.O. or Station, During Month of _____ 19____
 (All medical cases treated should be reported on this form)

DATE	NAME	OCCUPATION	White or Colored	NATURE OF SICKNESS OR INJURY OFF DUTY	Date of Discharge, Transfer or Death	No. of Office Visits	No. of Residence or Hospital Visits	No. of Rx. written on Druggist or furnished from my private stock	No. of Rx. furnished from Company's stock

MAIL THIS REPORT AND ORDERS FOR TREATMENT, FORM 1516, TO CHIEF SURGEON, CHICAGO, ON THE LAST DAY OF EACH MONTH OR NEVER LATER THAN THE SECOND DAY OF FOLLOWING MONTH.

ILLINOIS CENTRAL HOSPITAL DEPARTMENT

Monthly Report of Sick Cases and
Employees Injured off Duty

Treated at _____

For Month of _____ 19____

____ M.D.

Title _____

SUMMARY	NUMBER
Carried over from last month	_____
New cases treated current month	_____
Total treated during month	_____
Discharged	_____
Transferred	_____
Died	_____
Remaining at end of month	_____
Office visits	_____
Residence visits	_____
Hospital visits	_____
Prescriptions written {	On Druggist.....
	Private Stock.....
	Company's Stock....

REMARKS

(Under this head note particulars of the transfers or death of patients reported on the other side and any additional information of interest concerning cases.)

NOTES—This report must be made the last day of each month and immediately forwarded to Chief Surgeon. If no cases have been treated during month, write "none" on inside of blank and send to Chief Surgeon. The names of all patients not discharged on this report should be taken up on your report for next month. Summary should always be made out by Surgeon making report.

(Back side of previous form)

Illinois Central System

HOSPITAL DEPARTMENT

To _____ *Druggist, Dr., At* _____

For prescriptions furnished the following employes during the month of _____ 19____

DATE	NAME	OCCUPATION	PRESCRIPTION NO.	AMOUNT	REMARKS
			TOTAL		

NOTE.—This form must be made out MONTHLY by druggist selected to fill Hospital Department prescriptions at a flat rate for each prescription, or by the Department Surgeons who dispense their own medicines.
 The Druggist or Surgeon may retain original prescriptions, but COPIES OF SAME must be made out and attached to this Statement for our information. This account should then be turned over to our Division, District or Local Surgeon for check, and if found correct, he will approve same, forwarding all papers by R. R. B. or U. S. Mail direct to the office of the Chief Surgeon for final approval and voucher, not later than the 10th of each month.

Correct: _____ Approved for Voucher: _____
 Division, District or Local Surgeon. Chief Surgeon.

Check if injured on duty.

R No. _____

ILLINOIS CENTRAL HOSPITAL DEPARTMENT

R

For _____ M. D.

Occupation _____ Address _____

Address _____ Doctor's Narcotic Reg. No. _____

City & State _____ Date _____ 19____

This prescription shall not be refilled except upon written authorization of Hospital Department Surgeon.

Doctor—Please write this R in duplicate.
Druggist—Attach duplicate to your monthly statement.

This prescription to be furnished at the expense of the Hospital Department, must be filled at
(Name of Druggist)

(Address of Druggist)

The Hospital Department will only be responsible for prescriptions authorized in accordance with the provisions of the following rule:

MEDICINES AND DRESSINGS

17. (A) Medicines and surgical dressings prescribed by Hospital Department surgeons will be furnished by them, or by prescriptions written on designated druggists.

(B) Drugs and pharmaceuticals furnished at the expense of the Hospital Department shall be limited to those listed in the U. S. Pharmacopeia, National Formulary, and to those new and non-official remedies, accepted by the Council on Pharmacy and Chemistry of the American Medical Association.

(C) When in the opinion of the attending Hospital Department surgeon, certain preparations not approved by the Council on Pharmacy and Chemistry of the American Medical Association are especially indicated, they shall be furnished at the expense of the Hospital Department.

(D) Insulin, cortisone, ACTH, liver extract, vitamins, viosterol, cod liver oil, halibut or olive oils, or any preparation in the nature of food extracts or food concentrates, when required for nutritional purposes, will not be furnished to employes not confined in hospitals.

(E) The Hospital Department will not furnish patent medicines, household remedies for self treatment, nor medicines prescribed by other surgeons, except as provided in Rules 10 (C) and 16 (A).