



REPLY TO  
ATTENTION OF

DEPARTMENT OF THE ARMY  
U.S. ARMY MEDICAL DEPARTMENT ACTIVITY  
FORT CARSON, COLORADO 80913-5101



HSXE-L (40a)

Date \_\_\_\_\_

To whom it may concern:

Patient: \_\_\_\_\_

Sponsor Name/Rank: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

The above patient has been authorized to have a Sweat Chloride Test performed at government expense.

Please bill Evans Army Community Hospital, Department of Pathology, Fort Carson, Colorado 80913 for the cost of the test.

\_\_\_\_\_  
Requesting/Authorizing Physician

Prepare in duplicate:

1. Original to civilian laboratory
2. Copy for Department of Pathology files