



W.R. Hold Chapter 147
Killeen, TX 76541

Care Civilian/ Military Medical History

This form is to be used to list all Military and Civilian Medical facilities. This information will later be used to fill out various VA Forms.

Approximate Date: _____

Notes:

Name of Doctor or Facility: _____

Address: _____

Contact Number: _____

Email: _____

POC: _____

Approximate Date: _____

Notes:

Name of Doctor or Facility: _____

Address: _____

Contact Number: _____

Email: _____

POC: _____

Approximate Date: _____

Notes:

Name of Doctor or Facility: _____

Address: _____

Contact Number: _____

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