

PATIENTS' TRUST FUND AUTHORIZATION FOR DEPOSIT OR WITHDRAWAL OF FUNDS AND VALUABLES For use of this form, see AR 40-400; the proponent agency is Office of The Surgeon General.	DATE
PATIENT IDENTIFICATION <i>(For mechanical imprint, typewriter or hand)</i>	
TO: CUSTODIAN PATIENT'S TRUST FUND	
FOR DEPOSIT OR WITHDRAWAL FROM MY ACCOUNT	
DEPOSIT <i>(Specify amount of money or type of valuable)</i>	
WITHDRAWAL <i>(Specify amount of money or type of valuable)</i>	
SIGNATURE OF PATIENT	
SIGNATURE AND TITLE OF WITNESS	
RECEIVED THE ABOVE <input type="checkbox"/> AMOUNT <input type="checkbox"/> VALUABLES FOR DELIVERY TO <input type="checkbox"/> PATIENT <input type="checkbox"/> CUSTODIAN PATIENT'S TRUST FUND	
SIGNATURE OF RESPONSIBLE INDIVIDUAL	
RECEIVED THE ABOVE <input type="checkbox"/> AMOUNT <input type="checkbox"/> VALUABLES FROM RESPONSIBLE INDIVIDUAL.	
SIGNATURE OF PATIENT	

DA FORM 3983, DEC 72

REPLACES DA FORM 8-243, 1 FEB 59 WHICH WILL BE

USAPA V1.01