



DEPARTMENT OF THE NAVY  
BUREAU OF MEDICINE AND SURGERY  
2300 E STREET NW  
WASHINGTON DC 20372-5300

Canc frp: Aug 2010  
IN REPLY REFER TO  
BUMEDNOTE 6320  
BUMED-M00C  
4 Aug 2009

BUMED NOTICE 6320

From: Chief, Bureau of Medicine and Surgery

To: Ships and Stations Having Medical and Dental Department Personnel

Subj: DEPARTMENT OF DEFENSE (DOD) EXCEPTION TO OF 522 MEDICAL RECORD –  
REQUEST FOR ADMINISTRATION OF ANESTHESIA AND FOR PERFORMANCE  
OF OPERATIONS AND OTHER PROCEDURES AND INTERIM CHANGE TO  
MANMED CHAPTER 16

Ref: (a) NAVMED P-117, Chapter 16  
(b) NAVMEDCOMINST 6320.3B  
(c) BUMEDINST 6300.9A  
(d) BUMEDINST 6300.16  
(e) BUMEDINST 5210.9A

Encl: (1) Revised page 16-30

1. Purpose. To announce DoD Exception to OF 522 and the discontinued Department of the Navy (DON) use of OF 522.

2. Background. The Association of Perioperative Registered Nurses (AORN) Standards, Recommended Practices, and Guidelines for 2006 have provided guidance on the role of Health Care Industry Representatives in the perioperative setting. As such, AORN guidance directs that documentation of patient consent should be included in the patient's medical record regarding their knowledge of the presence of a health care industry representative during operative or other invasive procedures. DoD Exception to OF 522 provides the necessary changes to OF 522.

3. Action

a. Effective immediately, DON use of OF 522 (Rev. 8/2003) is prohibited. DoD Exception to OF 522 will replace all DON use of OF 522.

b. Remove current page 16-30 from reference (a) and replace with the revised page in enclosure (1).

c. All uses of OF 522 (Rev. 8/2003) in references (b) through (d) are hereby replaced with DoD Exception to OF 522.

d. No overprints or exceptions to OF 522 can be used. Follow reference (e) for guidance on gaining approval for an overprint to DoD Exception to OF 522.

4 Aug 2009

4. Form. OF 522 (GSA Approved DoD Exception), Medical Record – Request for Administration of Anesthesia and for Performance of Operations and other Procedures is available electronically from the forms tab at:

<http://navymedicine.med.navy.mil/default.cfm?selTab=Directives>.

5. Cancellation Contingency. Retain until incorporated into references (a) through (d).

A handwritten signature in black ink that reads "A. M. Robinson, Jr." with a stylized, cursive script.

A. M. ROBINSON, JR.

Distribution is electronic only via the Navy Medicine Web site at:

<http://navymedicine.med.navy.mil/default.cfm?selTab=Directives>

(d) Left Side of HREC Folder (Top to bottom with most current entry on top within group of forms):

| Form Number and Title   | HREC/EMF | OREC |
|---|----------|------|
| <b>Left Side - Part 1: Record of Preventive Medicine and Occupational Health</b>  |          |      |
| NAVME 6150/20, Summary of Care Form ( <i>Always top form</i> )  | X        | X    |
| SF 601, Immunization Record   | X        | X    |
| NAVME 6000/2, Chronological Record of HIV Testing   | X        |      |
| DD 771, Eyewear Prescription  | X        | X    |
| NAVME 6470/10, Record of Occupational Exposure to Ionizing Radiation  | X        |      |
| NAVME 6470/11, Record of Exposure to Ionizing Radiation from Internally Deposited Radionuclides ( <i>Interfile behind 6470/10 with corresponding dosimetry issue period</i> ) | X        |      |
| DD 2215, Reference Audiogram  | X        |      |
| DD 2216, Hearing Conservation Data  | X        |      |
| NAVME 6224/1, TB Contact/Reactor  | X        | X    |
| NAVME 6260/5, Asbestos Medical Surveillance Program   | X        |      |
| DD 2493-1, Asbestos Exposure-Part I, Initial Medical Questionnaire ( <i>Attach to correspondence NAVME 6260/5</i> )   | X        |      |
| DD 2493-2, Asbestos Exposure-Part 1, Periodic Medical Questionnaire   | X        |      |
| OPNAV 5100/15, Medical Surveillance Questionnaire   | X        |      |
| Other 5100 Forms - Occupational Health Series Forms   | X        |      |

**Right Side - Part 2, Section A: Record of Medical Care and Treatment**

|   |   |   |
|---|---|---|
| OPNAV 5510/415 (Rev. 3-94), Record Identifier for Personnel Reliability Program (PRP) ( <i>Always top form, except for deaths</i> )<br><i>File all forms below in chronological order with most current form on top, regardless of form number. Be sure to group episodes of care together.</i> | X | X |
| SF 558, Medical Record-Emergency Care and Treatment Record of Ambulance Care  | X | X |
| SF 600 HREC - Chronological Record of Medical Care ( <i>If for outpatient surgery, dictate or document immediately after surgery and file with corresponding SF 516. Otherwise file as exhibited here.</i> )  | X | X |
| SF 513, Medical Record-Consultation Sheet   | X | X |
| DD 2161, Referral For Civilian Medical Care   | X | X |

**Top Forms In Part 2, Section A: When Patient is Deceased**

|  |   |   |
|--|---|---|
| Attestation Sheet                          | X | X |
| DD 2064, Certificate of Death              | X | X |
| SF 503, Autopsy Protocol                   | X | X |
| SF 523, Authorization for Autopsy          | X | X |
| SF 523A, Disposition of Body               | X | X |
| OF 523B, Authorization For Tissue Donation | X | X |

**Right Side - Part 2, Section B: Inpatient Care, Ambulatory Surgeries, etc.**

|  |          |          |
|--|----------|----------|
| NAVME 6300/5, Inpatient Admission/Disposition Record (Copy)  | X        | X        |
| SF 502, Medical Record, Narrative Summary (Copy)   | X        | X        |
| SF 539, Medical Record-Abbreviated Medical Record (Copy)   | X        | X        |
| SF 509, Progress Notes   | X        | X        |
| SF 516, Medical Record-Operation Report ( <i>Original for Outpatient Surgery: To be dictated immediately after surgery.</i> )  | X        | X        |
| SF 600 HREC-Chronological Record of Medical Care ( <i>Outpatient Surgery: To be dictated immediately after surgery</i> ) ( <i>File with corresponding SF 516</i> )         | X        | X        |
| OF 517, Anesthesia   | X        | X        |
| <b>DoD Exception to OF 522, Request for Administration of Anesthesia and for Performance of Operations and Other Procedures</b><br><b>(File with corresponding OF 517)</b> | <b>X</b> | <b>X</b> |
| SF 533 Medical Record-Prenatal and Pregnancy ( <i>Only for patients not admitted for delivery</i> )  | X        | X        |
| Civilian Medical Care Notes  | X        | X        |
| DD 602, Patient Evacuation Tag (staple to current SF 600)  | X        | X        |

(e) Right Side of HREC Folder

| Form Number and Title | HREC/EMF | OREC |
|-----------------------|----------|------|
|-----------------------|----------|------|

**Left Side - Part 3: Physical Qualifications, Administrative Forms**

|  |   |   |
|--|---|---|
| NAVME 1300/1, Medical, Dental, and Educational Suitability Screening for Service and Family Members            | X | X |
| NAVPER 1300/16, Report of Suitability For Overseas Assignment Parts I, II, and III                             | X | X |
| NAVME 6100/1, Medical Board Report Cover Sheet   | X |   |
| NAVME 6100/2, Medical Board Statement of Patient   | X |   |
| NAVME 6100/3, Medical Board Certificate Relative to a PEB Hearing  |   |   |
| NAVME 6100/5, Abbreviated Temporary Limited Duty Medical Board Report  | X |   |
| SF 2824-C, Physicians Statement for Employee Disability Retirement   | X |   |
| SF 47, Physical Fitness Inquiry For Motor Vehicle Operators  | X |   |
| SF 78, Certificate of Medical Examination  | X |   |
| SF 88, Report of Medical Examination or NAVME 6410/10, <i>Abbreviated Aeromedical Examination</i>              | X |   |
| SF 93, Report of Medical History ( <i>File behind corresponding SF 88 or SF 78</i> )                           | X |   |
| BUMED Waiver Letters with BUPERS Endorsement   | X |   |
| NAVME 6120/1, Competence for Duty Examination  |   |   |
| NAVME 6120/2, Officer Physical Examination Special Questionnaire ( <i>File in place of SF 93, when used.</i> ) | X |   |
| NAVME 6120/3, Annual Certificate of Physical Condition   | X |   |
| NAVME 6150/2, Special Duty Medical Abstract  | X |   |
| NAVME 6150/4, Abstract of Service and Medical History  | X |   |
| NAVJAG 5800/10, Injury Report  | X |   |
| NAVJAG Report - Investigation to inquire into the circumstances surrounding the injury of service member       | X |   |
| DD 2792, Exceptional Family Member (EFM) Program Application   | X | X |
| DD 2569, Third Party Collection Program ( <i>see BUMEDINST 7000.7 series for additional guidance</i> )         | X | X |
| Living Will or Medical Power of Attorney   | X | X |
| OPNAV 5211/9, Record of Disclosure, Privacy Act of 1974  | X | X |
| DD 877, Request for Medical/Dental Records   | X | X |
| DD 2005, Privacy Act Statement   | X | X |
| Deoxyribonucleic Acid (DNA) Analysis Sample Pouch  | X | X |

**Right Side - Part 4, Record of Ancillary Studies, Therapies, etc.**

|   |   |   |
|---|---|---|
| SF 217, Medical Report Epilepsy   | X | X |
| SF 515, Medical Record-Tissue Examination   | X | X |
| SF 519A, Radiographic Report  | X | X |
| SF 519B, Medical Record-Radiologic Consultation Request/Report                                    | X | X |
| SF 519, Medical Record-Radiographic Reports   | X | X |
| SF 518, Medical Record-Blood or Blood Component Transfusion                                       | X | X |
| SF 520, Clinical Record-Electrocardiographic Record   | X | X |
| SF 524, Radiation Therapy   | X | X |
| SF 525, Radiation Therapy Summary   | X | X |
| SF 526, Medical Record-Interstitial/Intercavitary Therapy   | X | X |
| SF 527, Group Muscle Strength, Join ROM, Girth and Length Measurements                            | X | X |
| SF 528, Medical Record-Muscle Function By Nerve Distribution: Face, Neck, and Upper Extremity     | X | X |
| SF 529, Medical Record-Muscle Function by Nerve Distribution: Trunk and Lower Extremity           | X | X |
| SF 530, Neurological Examination  | X | X |
| SF 531, Anatomical Figure ( <i>May also be filed under a corresponding SF 600, SF 513, etc.</i> ) | X | X |
| SF 541, Clinical Record-Cytology Examination  | X | X |
| SF 545, Laboratory Report Display   | X | X |
| SF 546-557, Laboratory Reports  | X | X |
| SF 559, Medical Record-Allergen Extract Prescription-New and Refill                               | X | X |
| SF 560, Medical Record-Electroencephalogram Request and History                                   | X | X |
| SF 511, Vital Signs Record  | X | X |
| SF 512, Plotting Chart  | X | X |