

SICK CALL SLIP

PETICION PARA ATENCION MEDICA

1. WRITE YOUR PROBLEM IN THE AREA BELOW, AND THE DATE YOUR PROBLEM BEGAN

2. ONLY ONE SLIP PER PROBLEM

1. FAVOR DE ESCRIBIR SOLAMENTE SU PROBLEMA MEDICO Y POR CUANTO TIEMPO LO HA TENIDO

2. POR FAVOR, NO MAS QUE UN PROBLEMA EN ESTA HOJA

3. PONGA UN CIRCULO PARA MARCAR LA ATENCION QUE USTED BUSCA

1. MEDICAL/MEDICA

I NEED MEDICINE FOR PAIN  
All my BONES HURT. THANK YOU

2. DENTAL

3. PSYCHOLOGY/PSYCOLOGO:

NAME / NOMBRE:

ROBERTO LEDESMA

A - NUMBER / A - NUMERO:

78528918

POD / HOUSING UNIT (UNIDAD / HABITACION)

K.P.115

HERE FOR / AQUI PARA: IMMIGRATION 0 U.S. MARSHALL SERVICE

Date Received / Collected by Nursing \_\_\_\_\_ Date/Triaged \_\_\_\_\_

Date Resposed / Completed \_\_\_\_\_

NOV 27 2005