This Form to be used only by Doctors on salary

DOCTORS' MONTHLY REPORT

Population of Band	Address		
Total miles travelled	Month reported on		13
NAME OF PATIENT	DISEASE	SERVICE RENDE	RED RES
lary Chatika lyra Jackson	Indigestion Conjunctivities Mainutrition Trachema Cut Rheumatium Trachema T B Gland of neck Indigestion wat Round worms Baby, Conjunctivitis Valvular insuffici Inflamatory Rheuma	Consult and med Consult and med Consult and tre	stment twent reatment.
by giving us	6811.		
OLUMN 2—Give a definite and oLUMN 3—State clearly the examinations, o	of every patient treated during mand accurate diagnosis, if possible, service rendered each patient—nuperations, etc. —better, worse, died, recovered, decovered, de	umber of calls at home or ho	spital, office consultation

ONE COPY TO REACH THE DEPARTMENT AT OTTAWA EVERY MONTH

Form No. 8

Indian Affairs (RG 10, Volume 1015)

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