VETERANS ADMINISTRATION
303 Mesquite
~~Corpus Christi, Texas~~
February 28, 1950

YOUR FILE REFERENCE:

IN REPLY REFER TO:

SALAZAR, Manuel
C-5 459 224

Dr. Hector Garcia
3024 Morgan
Corpus Christi, Texas

Dear Hector:

I am pleased to be able to advise you that the captioned veteran will be called for Advisement at the local Guidance center next Tuesday. This step is preliminary to induction into training.

For your information, the file shows that he has refused training three times, the last time being November 22nd, according to Mr. Kaderli at the Guidance Center.

This letter is for your information, since you are interested in this case.

Yours very truly

Ray S. Carney
Contact Representative

An inquiry by or concerning an ex-service man or woman should, if possible, give veteran's name and file number, whether C, XC, K, N, or V. If such file number is unknown, service or serial number should be given.

VETERANS ADMINISTRATION

REGIONAL OFFICE
307 DWYER AVENUE
SAN ANTONIO 5, TEXAS

August 1, 1950

YOUR FILE REFERENCE:

IN REPLY REFER TO: 53R10BBF

Hector P. Garcia, M. D.
3024 Morgan
Corpus Christi, Texas

Dear Dr. Garcia:

Reference is made to the examinations performed on Tomas Turrùviate and Juan Rodriguez.

It is requested that you submit an itemized bill for each of the $3.00 examinations rendered on May 4 and May 12, 1950. with the following certificate:

> "I certify that this account covering my services in this case is correct and just, and that payment therefor has not been received."

Thank you for your cooperation.

Very truly yours,

W. Carlton Curry

W. CARLTON CURRY
Administrative
Officer, Medical

An inquiry by or concerning an ex-service man or woman should, if possible, give veteran's name and file number, whether C, XC, K, N, or V. If such file number is unknown, service or serial number should be given.

VETERANS ADMINISTRATION
Regional Office
912 South Ervay Street
Dallas, Texas

YOUR FILE REFERENCE:

June 15, 1950

IN REPLY REFER TO: 61R4A

Dr. Hector Garcia
American GI Forum of Texas
Corpus Christi, Texas

Dear Dr. Garcia:

Your wire of June 14, 1950, requesting an immediate investigation of two subsistence checks for Bonifatio S. Garza, 1610 Mestina, Corpus Christi, Texas, has been received.

This office is unable to identify this veteran, and since Corpus Christi is located in the San Antonio Veterans Administration Regional Office area, it is quite possible that this account is handled by that office. It is felt that possibly this wire was intended for the Treasury Department located here in Dallas; however, they will be unable to handle same unless you can furnish complete information, such as veteran's name, claim number, and serial number of the Treasury checks.

It is suggested that you furnish the Veterans Administration Regional Office of San Antonio, Texas, sufficient information including complete name, claim number, and a statement in writing signed by the veteran to the effect that the veteran has not received the checks in question.

If this office can be of any further assistance to you, please advise.

Very truly yours

C. B. DRINKARD
Finance Officer

An inquiry by or concerning an ex-service man or woman should, if possible, give veteran's name and file number, whether C, XC, K, N, or V. If such file number is unknown, service or serial number should be given.

VETERANS ADMINISTRATION

AUTHORIZATION FOR FURNISHING MEDICAL SERVICE

C-No. 13 361 266

ORIGINATING OFFICE
Veterans Administration
Medical Department
San Antonio, Texas

SERVICE TO BE FURNISHED

NAME
MOLINA, Armando B.

ADDRESS
804 Illinois St.
Robstown, Texas

DATE
Feb. 16, 1950

TO: Confirming verbal authority of 2-13-50

Hector Garcia, M. D.
3024 Morgan Avenue
Corpus Christi, Texas

PLEASE
FOLLOW THE INSTRUCTIONS
ON THE REVERSE SIDE
OF THIS FORM

☐ The above-named veteran will report for service on or about

DATE _____

☐ You are requested to notify the above-named veteran when to report.

☐ The above-named veteran has been instructed to contact you for appointment.

NATURE OF SERVICE AUTHORIZED *(History, diagnosis, special instructions, etc.)*:
Physical examination to determine need for hospitalization.

"If the veteran fails to report, or if service is not furnished within the authorized period, you must notify this office to that effect and return all papers. If neither the invoice nor the notification referred to above is received by this office within thirty days after the expiration of the authorization, the authorization will be canceled automatically."

Services of salaried physician not available.

INSTRUCTIONS.—Fee-basis treatment must be limited to the above-authorized service. Prior authority must be requested for any additional service. (*See billing instructions on reverse side.*)

NUMBER OF TREATMENTS AUTHORIZED
1 examination #0011

PERIOD COVERED BY THE AUTHORIZATION
February 13, 1950

FEE AUTHORIZED
$3.00 per examination

THE FOLLOWING PAPERS ARE ENCLOSED
None

FOR OFFICE USE WHEN FEE IS AUTHORIZED
(11) 3053-8610-0761-9. _____ $3.00
3600100.001 R&P 6479

AUTHORIZED BY
A. S. BRUSSELL, M. D.
Chief Medical Officer

VA FORM MAY 1947 10-2567 Replaces VA Form 10-2567, Nov 1946, which may be used.

msc 16—51859-2

INSTRUCTIONS TO DOCTOR OR HOSPITAL

1. This is your authorization to furnish the service indicated on the reverse side. This copy should be retained by you.

2. If the veteran fails to report or if no service was furnished within the authorized period, please so notify the originating office and return this authorization. If an extension of the period is desired, please request authority of the originating office.

3. Reports should be submitted on appropriate Veterans Administration medical forms.

4. PLEASE SUBMIT BILLS PROMPTLY.

   Bills must be submitted IN DUPLICATE.

   Bills must be ITEMIZED, showing DATE(S) SERVICES WERE RENDERED and NAME and C–NUMBER OF VETERAN.

   The original copy of the bill must bear the following signed certification:
   "I certify that this account covering my services in this case is correct and just, and that payment therefor has not been received."

16—51859-2 U. S. GOVERNMENT PRINTING OFFICE

VETERANS ADMINISTRATION

AUTHORIZATION FOR FURNISHING MEDICAL SERVICE

C-No. 6 877 086

ORIGINATING OFFICE
Veterans Administration
Medical Division
San Antonio, Texas

SERVICE TO BE FURNISHED
Medical 53RIOBBD

NAME
TELLEZ, Arnoldo

ADDRESS 601 Culberson Street
Corpus Christi, Texas

DATE
December 29, 1949

TO:

Hector P. Garcia, M. D.
204 Texas Building
Corpus Christi, Texas

PLEASE
FOLLOW THE INSTRUCTIONS
ON THE REVERSE SIDE
OF THIS FORM

☐ The above-named veteran will report for service on or about

DATE ----------

☒ You are requested to notify the above-named veteran when to report.

☐ The above-named veteran has been instructed to contact you for appointment.

NATURE OF SERVICE AUTHORIZED *(History, diagnosis, special instructions, etc.)*:

SCD: Gunshot wound, right shoulder and back, slight, muscle group I.

4 #0011 (Office treatments).

The professional services authorized hereon were emergent and/or required prompt attention. Request received by VA within 15 days.

R & P R 6060

"If the veteran fails to report, or if service is not furnished within the authorized period, you must notify this office to that effect and return all papers. If neither the invoice nor the notification referred to above is received by this office within thirty days after the expiration of the authorization, the authorization will be canceled automatically".

Services of a salaried physician not available.

INSTRUCTIONS.—Fee-basis treatment must be limited to the above-authorized service. Prior authority must be requested for any additional service. (*See billing instructions on reverse side.*)

NUMBER OF TREATMENTS AUTHORIZED
As listed above

PERIOD COVERED BY THE AUTHORIZATION
December 7 to 31, 1949

FEE AUTHORIZED
$3.00 per #0011

THE FOLLOWING PAPERS ARE ENCLOSED
Forms 10-2690 & 10-2690A

FOR OFFICE USE WHEN FEE IS AUTHORIZED
3600100.001
(11)3053-8610 -0762-7. 474 $12.00

AUTHORIZED BY
A. S. BRUSSELL, M. D.,
Chief Medical Officer

VA FORM MAY 1947 10-2567 Replaces VA Form 10-2567, Nov 1946, which may be used. OMH/sp

16—51859-2

INSTRUCTIONS TO DOCTOR OR HOSPITAL

1. This is your authorization to furnish the service indicated on the reverse side. This copy should be retained by you.

2. If the veteran fails to report or if no service was furnished within the authorized period, please so notify the originating office and return this authorization. If an extension of the period is desired, please request authority of the originating office.

3. Reports should be submitted on appropriate Veterans Administration medical forms.

4. PLEASE SUBMIT BILLS PROMPTLY.

   Bills must be submitted IN DUPLICATE.

   Bills must be ITEMIZED, showing DATE(S) SERVICES WERE RENDERED and NAME and C–NUMBER OF VETERAN.

   The original copy of the bill must bear the following signed certification:
   "I certify that this account covering my services in this case is correct and just, and that payment therefor has not been received."

16—51859-2 U. S. GOVERNMENT PRINTING OFFICE

VETERANS ADMINISTRATION

AUTHORIZATION FOR FURNISHING MEDICAL SERVICE

C-No. 4 868 307

ORIGINATING OFFICE

Veterans Administration
Medical Division
San Antonio, Texas

DATE

May 5, 1950

SERVICE TO BE FURNISHED TO

NAME

RODRIGUEZ, Juan

ADDRESS

Corpus Christi,
Texas

TO: Confirming verbal authority of 5-4-50

Hector Garcia, M. D.
3024 Morgan
Corpus Christi, Texas

PLEASE

FOLLOW THE INSTRUCTIONS

ON THE REVERSE SIDE

OF THIS FORM

☐ The above-named veteran will report for service on or about

DATE _____

☒ You are requested to notify the above-named veteran when to report.

☐ The above-named veteran has been instructed to contact you for appointment.

NATURE OF SERVICE AUTHORIZED *(History, diagnosis, special instructions, etc.)*:

Services of a salaried physician not available.

Physical examination to determine need for hospitalization

If the veteran fails to report, or if service is not furnished within the authorized period, you must notify this office to that effect and return all papers. If neither the invoice nor the notification referred to above is received by this office within thirty days after the expiration of the authorization, the authorization will be canceled automatically.

INSTRUCTIONS.—Fee-basis treatment must be limited to the above-authorized service. Prior authority must be requested for any additional service. *(See billing instructions on reverse side.)*

NUMBER OF TREATMENTS AUTHORIZED

As listed above #0011

PERIOD COVERED BY THE AUTHORIZATION

May 4, 1950

FEE AUTHORIZED

$3.00 per examination

THE FOLLOWING PAPERS ARE ENCLOSED

None

FISCAL SYMBOLS AND AUTHORITY

3600100.001 - R&P 6479
(11)3053-8610 - 0761-12._____$3.00

AUTHORIZED BY

A. S. BRUSSELL, M. D.,
Chief Medical Officer

msc

VA FORM AUG 1947 **10-2567** Replaces VA Form 10-2567, May 1947, which may be used.

16—51859-3

INSTRUCTIONS TO DOCTOR OR HOSPITAL

1. This is your authorization to furnish the service indicated on the reverse side. This copy should be retained by you.

2. If the veteran fails to report or if no service was furnished within the authorized period, please so notify the originating office and return this authorization. If an extension of the period is desired, please request authority of the originating office.

3. Reports should be submitted on appropriate Veterans Administration medical forms.

4. PLEASE SUBMIT BILLS PROMPTLY.

   Bills must be submitted IN DUPLICATE.

   Bills must be ITEMIZED, showing DATE(S) SERVICES WERE RENDERED and NAME and C–NUMBER OF VETERAN.

   The original copy of the bill must bear the following signed certification:
   "I certify that this account covering my services in this case is correct and just, and that payment therefor has not been received."

16—51859-3 U. S. GOVERNMENT PRINTING OFFICE

VETERANS ADMINISTRATION

AUTHORIZATION FOR FURNISHING MEDICAL SERVICE

C-No. 15 498 751

ORIGINATING OFFICE

Veterans Administration
Medical Division
San Antonio, Texas

DATE

May 15, 1950

SERVICE TO BE FURNISHED TO

NAME

TURRUVIATE, Tomas

ADDRESS

Corpus Christi,
Texas

TO: Confirming verbal authority of 5-12-50

Hector P. Garcia, M. D.
3024 Morgan
Corpus Christi, Texas

PLEASE

FOLLOW THE INSTRUCTIONS

ON THE REVERSE SIDE

OF THIS FORM

☐ The above-named veteran will report for service on or about

DATE _____

☒ You are requested to notify the above-named veteran when to report.

☐ The above-named veteran has been instructed to contact you for appointment.

NATURE OF SERVICE AUTHORIZED *(History, diagnosis, special instructions, etc.)*:

Services of a salaried physician not available.

Physical examination to determine need for hospitalization.

If the veteran fails to report, or if service is not furnished within the authorized period, you must notify this office to that effect and return all papers. If neither the invoice nor the notification referred to above is received by this office within thirty days after the expiration of the authorization, the authorization will be canceled automatically.

INSTRUCTIONS.—Fee-basis treatment must be limited to the above-authorized service. Prior authority must be requested for any additional service. *(See billing instructions on reverse side.)*

NUMBER OF TREATMENTS AUTHORIZED

As listed above #0011

PERIOD COVERED BY THE AUTHORIZATION

May 12, 1950

FEE AUTHORIZED

$3.00 per examination

THE FOLLOWING PAPERS ARE ENCLOSED

Forms 10-2690 & 10-2690A

None

FISCAL SYMBOLS AND AUTHORITY

3600100.001 -R&P 6479
(11)3053-8610 -0761-12._____$3.00

AUTHORIZED BY

A. S. BRUSSELL, M. D.,
Chief Medical Officer

VA FORM AUG 1947 **10-2567** Replaces VA Form 10-2567, May 1947, which may be used.

msc

16—51859-3

INSTRUCTIONS TO DOCTOR OR HOSPITAL

1. This is your authorization to furnish the service indicated on the reverse side. This copy should be retained by you.

2. If the veteran fails to report or if no service was furnished within the authorized period, please so notify the originating office and return this authorization. If an extension of the period is desired, please request authority of the originating office.

3. Reports should be submitted on appropriate Veterans Administration medical forms.

4. PLEASE SUBMIT BILLS PROMPTLY.

   Bills must be submitted IN DUPLICATE.

   Bills must be ITEMIZED, showing DATE(S) SERVICES WERE RENDERED and NAME and C–NUMBER OF VETERAN.

   The original copy of the bill must bear the following signed certification:
   "I certify that this account covering my services in this case is correct and just, and that payment therefor has not been received."

16—51859–3 U. S. GOVERNMENT PRINTING OFFICE

VETERANS ADMINISTRATION

AUTHORIZATION FOR FURNISHING MEDICAL SERVICE

C-No. 7 239 073

ORIGINATING OFFICE

Veterans Administration
Medical Division
San Antonio, Texas

DATE JUL 1 9 [illegible]

SERVICE TO BE FURNISHED TO

NAME
PEREZ, Benito F.

ADDRESS
2221 Soledad St.
Corpus Christi, Texas

TO:

Hector P. Garcia, M. D.
204 Texas Building
Corpus Christi, Texas

PLEASE FOLLOW THE INSTRUCTIONS ON THE REVERSE SIDE OF THIS FORM

☐ The above-named veteran will report for service on or about

DATE _____

☒ You are requested to notify the above-named veteran when to report.

☐ The above-named veteran has been instructed to contact you for appointment.

NATURE OF SERVICE AUTHORIZED *(History, diagnosis, special instructions, etc.)*:

Services of a salaried physician not available.

SCD: Wound, right leg muscle Group XI, moderate.

4 #0011 (Office Visits).

The professional services authorized hereon were emergent and/or required prompt attention. Request received by VA within 15 days.

R & P R 6060

If the veteran fails to report, or if service is not furnished within the authorized period, you must notify this office to that effect and return all papers. If neither the invoice nor the notification referred to above is received by this office within thirty days after the expiration of the authorization, the authorization will be canceled automatically.

INSTRUCTIONS.—Fee-basis treatment must be limited to the above-authorized service. Prior authority must be requested for any additional service. *(See billing instructions on reverse side.)*

NUMBER OF TREATMENTS AUTHORIZED

As listed above

PERIOD COVERED BY THE AUTHORIZATION

July 1 to 31, 1950

FEE AUTHORIZED

$3.00 per #0011

THE FOLLOWING PAPERS ARE ENCLOSED

Forms 10-2690 & 10-2690A

FISCAL SYMBOLS AND AUTHORITY

3600100.001
~~(11)~~3053-861~~0~~ -0762-1. $12.00

AUTHORIZED BY

A. S. Brussell
A. S. BRUSSELL, M. D.
Chief Medical Officer

VA FORM AUG 1947 10-2567 Replaces VA Form 10-2567, May 1947, which may be used. OHW/dm

16—51859-3

INSTRUCTIONS TO DOCTOR OR HOSPITAL

1. This is your authorization to furnish the service indicated on the reverse side. This copy should be retained by you.

2. If the veteran fails to report or if no service was furnished within the authorized period, please so notify the originating office and return this authorization. If an extension of the period is desired, please request authority of the originating office.

3. Reports should be submitted on appropriate Veterans Administration medical forms.

4. PLEASE SUBMIT BILLS PROMPTLY.

   Bills must be submitted IN DUPLICATE.

   Bills must be ITEMIZED, showing DATE(S) SERVICES WERE RENDERED and NAME and C–NUMBER OF VETERAN.

   The original copy of the bill must bear the following signed certification:
   "I certify that this account covering my services in this case is correct and just, and that payment therefor has not been received."

16—51859–3 U. S. GOVERNMENT PRINTING OFFICE

VETERANS ADMINISTRATION

AUTHORIZATION FOR FURNISHING MEDICAL SERVICE

C-No. 11 561 085

ORIGINATING OFFICE
Veterans Administration
Medical Division
San Antonio, Texas

DATE
Aug. 8, 1950

SERVICE TO BE FURNISHED TO

NAME
SOLIS, Romeo T.

ADDRESS
Corpus Christi
Texas

TO: Confirming verbal authority of 8-4-50

Hector Garcia, M. D.
3024 Morgan
Corpus Christi, Texas

PLEASE
FOLLOW THE INSTRUCTIONS
ON THE REVERSE SIDE
OF THIS FORM

☐ The above-named veteran will report for service on or about

DATE _____

☒ You are requested to notify the above-named veteran when to report.

☐ The above-named veteran has been instructed to contact you for appointment.

NATURE OF SERVICE AUTHORIZED *(History, diagnosis, special instructions, etc.)*:

Services of a salaried physician not available.

Examination to determine need for hospitalization.

If the veteran fails to report, or if service is not furnished within the authorized period, you must notify this office to that effect and return all papers. If neither the invoice nor the notification referred to above is received by this office within thirty days after the expiration of the authorization, the authorization will be canceled automatically.

INSTRUCTIONS.—Fee-basis treatment must be limited to the above-authorized service. Prior authority must be requested for any additional service. *(See billing instructions on reverse side.)*

NUMBER OF TREATMENTS AUTHORIZED
As listed above #0011

PERIOD COVERED BY THE AUTHORIZATION
August 4, 1950

FEE AUTHORIZED
$3.00 per examination

THE FOLLOWING PAPERS ARE ENCLOSED
None

FISCAL SYMBOLS AND AUTHORITY
3600100.001 B&P 6479
(11)3053-8610 -0761-2. $3.00

AUTHORIZED BY
A. S. BRUSSELL, M. D.,
Chief Medical Officer

VA FORM AUG 1947 10-2567 Replaces VA Form 10-2567, May 1947, which may be used.

msc

16—51859-3

INSTRUCTIONS TO DOCTOR OR HOSPITAL

1. This is your authorization to furnish the service indicated on the reverse side. This copy should be retained by you.
2. If the veteran fails to report or if no service was furnished within the authorized period, please so notify the originating office and return this authorization. If an extension of the period is desired, please request authority of the originating office.
3. Reports should be submitted on appropriate Veterans Administration medical forms.
4. PLEASE SUBMIT BILLS PROMPTLY.

   Bills must be submitted IN DUPLICATE.

   Bills must be ITEMIZED, showing DATE(S) SERVICES WERE RENDERED and NAME and C–NUMBER OF VETERAN.

   The original copy of the bill must bear the following signed certification:
   "I certify that this account covering my services in this case is correct and just, and that payment therefor has not been received."

16—61859-3 U. S. GOVERNMENT PRINTING OFFICE

VETERANS ADMINISTRATION

AUTHORIZATION FOR FURNISHING MEDICAL SERVICE

C-No. 11 551 454

ORIGINATING OFFICE
Veterans Administration
Medical Division
San Antonio, Texas

DATE
Aug. 8, 1950

SERVICE TO BE FURNISHED TO

NAME
DELGADO, Santos

ADDRESS
Corpus Christi
Texas

TO: Confirming verbal authority of 8-3-50

Hector Garcia, M. D.
3024 Morgan
Corpus Christi, Texas

PLEASE
FOLLOW THE INSTRUCTIONS
ON THE REVERSE SIDE
OF THIS FORM

☐ The above-named veteran will report for service on or about

DATE _____

☒ You are requested to notify the above-named veteran when to report.

☐ The above-named veteran has been instructed to contact you for appointment.

NATURE OF SERVICE AUTHORIZED *(History, diagnosis, special instructions, etc.)*:

Services of a salaried physician not available.

Examination to determine need for hospitalization.

If the veteran fails to report, or if service is not furnished within the authorized period, you must notify this office to that effect and return all papers. If neither the invoice nor the notification referred to above is received by this office within thirty days after the expiration of the authorization, the authorization will be canceled automatically.

INSTRUCTIONS.—Fee-basis treatment must be limited to the above-authorized service. Prior authority must be requested for any additional service. *(See billing instructions on reverse side.)*

NUMBER OF TREATMENTS AUTHORIZED
As listed above #0011

PERIOD COVERED BY THE AUTHORIZATION
August 3, 1950

FEE AUTHORIZED
$3.00 per examination

THE FOLLOWING PAPERS ARE ENCLOSED
~~Forms 10-2490 & 10-2490A~~ None

FISCAL SYMBOLS AND AUTHORITY
3600100.001 -R&P 6479
(11)3053-8610 -0761-2. $3.00

AUTHORIZED BY
A. S. BRUSSELL, M. D.,
Chief Medical Officer

VA FORM AUG 1947 10-2567 Replaces VA Form 10-2567, May 1947, which may be used.

msc

16—51859-3

INSTRUCTIONS TO DOCTOR OR HOSPITAL

1. This is your authorization to furnish the service indicated on the reverse side. This copy should be retained by you.

2. If the veteran fails to report or if no service was furnished within the authorized period, please so notify the originating office and return this authorization. If an extension of the period is desired, please request authority of the originating office.

3. Reports should be submitted on appropriate Veterans Administration medical forms.

4. PLEASE SUBMIT BILLS PROMPTLY.

   Bills must be submitted IN DUPLICATE.

   Bills must be ITEMIZED, showing DATE(S) SERVICES WERE RENDERED and NAME and C–NUMBER OF VETERAN.

   The original copy of the bill must bear the following signed certification:
   "I certify that this account covering my services in this case is correct and just, and that payment therefor has not been received."

16—51859-3 U. S. GOVERNMENT PRINTING OFFICE

VETERANS ADMINISTRATION

AUTHORIZATION FOR FURNISHING MEDICAL SERVICE

C-No. 11 568 733

ORIGINATING OFFICE
Veterans Administration
Medical Division
San Antonio, Texas

DATE
Nov. 29, 1950

Medical — SERVICE TO BE FURNISHED TO

NAME
CURIEL, Antonio

ADDRESS
Corpus Christi
Texas

TO: Confirming verbal authority of 11-24-50

Hector Garcia, M. D.
3024 Morgan
Corpus Christi, Texas

PLEASE
FOLLOW THE INSTRUCTIONS
ON THE REVERSE SIDE
OF THIS FORM

☐ The above-named veteran will report for service on or about

DATE _____

☒ You are requested to notify the above-named veteran when to report.

☐ The above-named veteran has been instructed to contact you for appointment.

NATURE OF SERVICE AUTHORIZED *(History, diagnosis, special instructions, etc.)*:

Services of a salaried physician not available.

Examination to determine need for hospitalization.

If the veteran fails to report, or if service is not furnished within the authorized period, you must notify this office to that effect and return all papers. If neither the invoice nor the notification referred to above is received by this office within thirty days after the expiration of the authorization, the authorization will be canceled automatically.

INSTRUCTIONS.—Fee-basis treatment must be limited to the above-authorized service. Prior authority must be requested for any additional service. *(See billing instructions on reverse side.)*

NUMBER OF TREATMENTS AUTHORIZED
As listed above #0011

PERIOD COVERED BY THE AUTHORIZATION
November 24, 1950

FEE AUTHORIZED
$3.00 per examination

THE FOLLOWING PAPERS ARE ENCLOSED
~~Form 10-2600 & 10-2600a~~ None

FISCAL SYMBOLS AND AUTHORITY
3600100.001
~~III~~ 3053-8610 -R&P 6479
-0761-6. $3.00

AUTHORIZED BY
B. C. BULLEN, M. D.
Chief Medical Officer

VA FORM AUG 1947 **10-2567** Replaces VA Form 10-2567, May 1947, which may be used.

16—51859-3

INSTRUCTIONS TO DOCTOR OR HOSPITAL

1. This is your authorization to furnish the service indicated on the reverse side. This copy should be retained by you.

2. If the veteran fails to report or if no service was furnished within the authorized period, please so notify the originating office and return this authorization. If an extension of the period is desired, please request authority of the originating office.

3. Reports should be submitted on appropriate Veterans Administration medical forms.

4. PLEASE SUBMIT BILLS PROMPTLY.

   Bills must be submitted IN DUPLICATE.

   Bills must be ITEMIZED, showing DATE(S) SERVICES WERE RENDERED and NAME and C–NUMBER OF VETERAN.

   The original copy of the bill must bear the following signed certification:

   "I certify that this account covering my services in this case is correct and just, and that payment therefor has not been received."

16—51859-3 U. S. GOVERNMENT PRINTING OFFICE

VETERANS ADMINISTRATION

AUTHORIZATION FOR FURNISHING MEDICAL SERVICE

C-No. 13 361 961

ORIGINATING OFFICE

Veterans Administration
Medical Division
San Antonio, Texas

Medical SERVICE TO BE FURNISHED TO

NAME

VIERA, Juan

ADDRESS

Corpus Christi
Texas

DATE

Dec. 1, 1950

TO: Confirming verbal authority of 11-29-50

Hector P. Garcia, M. D.
3024 Morgan
Corpus Christi, Texas

PLEASE FOLLOW THE INSTRUCTIONS ON THE REVERSE SIDE OF THIS FORM

☐ The above-named veteran will report for service on or about

DATE _____

☒ You are requested to notify the above-named veteran when to report.

☐ The above-named veteran has been instructed to contact you for appointment.

NATURE OF SERVICE AUTHORIZED *(History, diagnosis, special instructions, etc.)*:

Services of a salaried physician not available.

Examination to determine need for hospitalization.

If the veteran fails to report, or if service is not furnished within the authorized period, you must notify this office to that effect and return all papers. If neither the invoice nor the notification referred to above is received by this office within thirty days after the expiration of the authorization, the authorization will be canceled automatically.

INSTRUCTIONS.—Fee-basis treatment must be limited to the above-authorized service. Prior authority must be requested for any additional service. (*See billing instructions on reverse side.*)

NUMBER OF TREATMENTS AUTHORIZED

As listed above #0011

PERIOD COVERED BY THE AUTHORIZATION

November 29, 1950

FEE AUTHORIZED

$3.00 per examination

THE FOLLOWING PAPERS ARE ENCLOSED

~~Forms 10-2600 & 10-2600A~~ None

FISCAL SYMBOLS AND AUTHORITY

3600100.001
~~(11)~~3053-8610 -R&P 6479
-0761-6._____$3.00

AUTHORIZED BY

B. C. BULLEN, M. D.
~~A. C. BULLEN, M. D.~~
Chief Medical Officer

VA FORM AUG 1947 10-2567 Replaces VA Form 10-2567, May 1947, which may be used.

16—51859-3

INSTRUCTIONS TO DOCTOR OR HOSPITAL

1. This is your authorization to furnish the service indicated on the reverse side. This copy should be retained by you.

2. If the veteran fails to report or if no service was furnished within the authorized period, please so notify the originating office and return this authorization. If an extension of the period is desired, please request authority of the originating office.

3. Reports should be submitted on appropriate Veterans Administration medical forms.

4. PLEASE SUBMIT BILLS PROMPTLY.

   Bills must be submitted IN DUPLICATE.

   Bills must be ITEMIZED, showing DATE(S) SERVICES WERE RENDERED and NAME and C–NUMBER OF VETERAN.

   The original copy of the bill must bear the following signed certification:
   "I certify that this account covering my services in this case is correct and just, and that payment therefor has not been received."

16—51859-3 U. S. GOVERNMENT PRINTING OFFICE

VETERANS ADMINISTRATION

AUTHORIZATION FOR FURNISHING MEDICAL SERVICE

C-No. 7 260 948

ORIGINATING OFFICE

Veterans Administration
Medical Division
San Antonio, Texas

Medical — SERVICE TO BE FURNISHED TO

NAME: AREVALO, Mauricio, Jr.

ADDRESS: Corpus Christi, Texas

DATE: Dec. 1, 1950

TO: Confirming verbal authority of 11-29-50

Hector Garcia, M. D.
3024 Morgan
Corpus Christi, Texas

PLEASE FOLLOW THE INSTRUCTIONS ON THE REVERSE SIDE OF THIS FORM

☐ The above-named veteran will report for service on or about

DATE _____

☒ You are requested to notify the above-named veteran when to report.

☐ The above-named veteran has been instructed to contact you for appointment.

NATURE OF SERVICE AUTHORIZED *(History, diagnosis, special instructions, etc.)*:

Services of a salaried physician not available.

Examination to determine need for hospitalization.

If the veteran fails to report, or if service is not furnished within the authorized period, you must notify this office to that effect and return all papers. If neither the invoice nor the notification referred to above is received by this office within thirty days after the expiration of the authorization, the authorization will be canceled automatically.

INSTRUCTIONS.—Fee-basis treatment must be limited to the above-authorized service. Prior authority must be requested for any additional service. *(See billing instructions on reverse side.)*

NUMBER OF TREATMENTS AUTHORIZED: As listed above #0011

PERIOD COVERED BY THE AUTHORIZATION: November 29, 1950

FEE AUTHORIZED: $4.00 per bedside examination

THE FOLLOWING PAPERS ARE ENCLOSED: ~~Form 10-2690 & 10-2690A~~ None

FISCAL SYMBOLS AND AUTHORITY: 3600100.001 ~~(11)~~3053-8610 -R&P 6479 -0761-6. $4.00

AUTHORIZED BY: B. C. BULLEN, M. D.
~~XXXXXXXXXXXXXXXXXXXX~~
Chief Medical Officer

VA FORM AUG 1947 10-2567 Replaces VA Form 10-2567, May 1947, which may be used.

16—51859-3

INSTRUCTIONS TO DOCTOR OR HOSPITAL

1. This is your authorization to furnish the service indicated on the reverse side. This copy should be retained by you.

2. If the veteran fails to report or if no service was furnished within the authorized period, please so notify the originating office and return this authorization. If an extension of the period is desired, please request authority of the originating office.

3. Reports should be submitted on appropriate Veterans Administration medical forms.

4. PLEASE SUBMIT BILLS PROMPTLY.

   Bills must be submitted IN DUPLICATE.

   Bills must be ITEMIZED, showing DATE(S) SERVICES WERE RENDERED and NAME and C–NUMBER OF VETERAN.

   The original copy of the bill must bear the following signed certification:
   "I certify that this account covering my services in this case is correct and just, and that payment therefor has not been received."

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