



VETERANS ADMINISTRATION

REGIONAL OFFICE

307 DWYER AVENUE

SAN ANTONIO 4, TEXAS

June 4, 1964

YOUR FILE REFERENCE:

IN REPLY REFER TO: 3053-111B13
C 21 033 108
DE LA ROSA, Lucio

H. P. Garcia, M. D.
3024 Morgan Avenue
Corpus Christi, Texas

Dear Dr. Garcia:

We recently sent you an authorization to treat Mr. De La Rosa on one occasion to determine the amount of care required for his service-connected disabilities and also included a Form 10-7081 for you to give us your treatment program.

We have not as yet received this form, and if we do not hear from you within two weeks, we will assume treatment is not indicated and no further authorization will be prepared at this time. If Mr. De La Rosa reports to you for treatment of his service-connected disabilities, please request prior approval from this office before rendering treatment, or if emergent care is necessary, it must be reported within 15 days in order to be paid by the Veterans Administration.

Very truly yours,

J. J. NOVAK, M. D.
Director, Outpatient Clinic