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HOME FOR THE SUMMER STUDENTS – THINGS TO DO PRIOR TO DEPARTURE

1. Make contact with your preceptor/site coordinator to outline your career interests, personal interests and what you expect to gain from this year’s program. Also include the following:
   - Your address and phone number (home and present rotation, if applicable) to facilitate contact
   - Family commitments, health or social situations, which may influence your participation in this rotation
   - General background including family background, premedical undergraduate education, medical rotations completed to date, previous general experience, interests, outside medicine
   - Previous exposure to family practice
   - Transportation arrangements while doing this rotation
   - Confirm what time and where you are to meet your preceptor on the first day of work.

2. For students with no existing personal contact to the site, confirm your accommodations during your time in the community with the site coordinator from the RHA. This will be the person who confirmed your position. The cost of accommodations will be covered by the ORNH.

3. Written Project (Case Report) Outline & Final Draft:
   - Prior to your departure, please carefully review the “Written Project Requirements/PowerPoint Guidelines” on page 8/9 of this handbook and contact Wayne Heide directly if you have any questions. The project is a required component of the Home for the Summer program. Please note that the outline of your case report/project is to be emailed to Wayne on Friday June 10/16 and a copy of the completed case report or project is to be sent on August 12/16, an electronic copy (WORD 2003, 2007 or 2010) is to be sent.

   - If you are interested in perusing 2015 Home for the Summer student projects, they are available on the ORNH website under Initiatives-Medical Students-Home for the Summer: [http://www.ornh.mb.ca/medical_home_for_the_summer_program](http://www.ornh.mb.ca/medical_home_for_the_summer_program)
THINGS TO DO PRIOR TO DEPARTURE (Cont’d)

4. Project

➢ Please contact Tania Gottschalk, Education Services Librarian for the Neil John Maclean Health Sciences Library at either 789-3365 or Tania.Gottschalk@ad.umanitoba.ca for guidance regarding remote library access/resources available for your written project. Relevant library websites that will help you with accessing Library online resources and services include:

Neil John Maclean Health Sciences Library homepage
http://libguides.lib.umanitoba.ca/health/

Literature Search Request Form (students who are off-campus are entitled to use this service)
https://www.umanitoba.ca/libraries/units/health/secure//literaturesearch.ssl.php

Medical Student Toolkit
http://libguides.lib.umanitoba.ca/medicalstudent

Drop & Copy Service
http://libguides.lib.umanitoba.ca/content.php?pid=228773&sid=1892148

Requesting Articles & Books
http://libguides.lib.umanitoba.ca/content.php?pid=228773&sid=1899335
OTHER IMPORTANT INFORMATION

1. If you have any questions/concerns during your time in the rural community, please contact your site coordinator or Wayne.

2. With the exception of weekends, you are expected to be at your site for the entire program. For any absences from work, your RHA site coordinator is to be notified regarding the reason for the absence. In addition, you should expect to be on-call for 3 (out of 10) weekends and also a call night during the week. If your preceptor doesn’t do call, try to work in the emergency room once a week - OR ask to be called anytime - if anything of interest occurs.

3. The Project Presentation Evening will be held on Wed, Sept 7th, and invited guests include a group of academics affiliated with the Home for the Summer Program, Summer Work Preceptors for this year and, Dean Postl/designate. Please ensure that you note this date/time, as attendance is mandatory. The venue is 204 Brodie (Theatre B & Room 540) and the start time is 5:00pm. Further details will be provided in July/August.

4. The salary which you will receive for the summer will be paid by the RHA/work site and they will make all payroll arrangements.

5. All Home for the Summer participants will need be registered with the “Summer Early Exposure Program”. Please click on the following link to access the registration form http://bit.ly/2ObzMZ1 Registration fees to cover insurance costs will be reimbursed to you by the ORNH. You will need to submit an expense claim form (included at the end of this booklet) to receive this reimbursement.

6. The logbook is formative and meant to be a guide for students’ experience regarding exposure to clinical situations and procedures and is not handed in. Students are to fill it out in whatever way works best for them.
Home for the Summer Program (Medical Student Component)

Goals and Objectives

The goal of the program is to provide first or second year medical students an opportunity to experience life and health care work in rural Manitoba with the intent to promote rural physician recruitment.

By the end of the experience the student will be able to:

1. Describe the role of the rural family physician:
   a. In the office
   b. In the hospital on ward rounds, in the emergency department, working with the health care team
   c. In providing care to neighboring communities
   d. On house-calls and personal care home visits
   e. In fulfilling other commitments to the community e.g. medical examiner, education talks, etc.
   f. With his/her family
   g. When off duty

2. Discuss the availability and function of various health care facilities and their personnel such as the hospital, the clinic, seniors' housing and personal care facilities, shelters, foster homes and the public health unit.

3. Describe the availability and function of other services, which contribute to health care such as ambulance, police, fire and pharmacy and dental.

4. Discuss the role of the Regional Health Authority.

5. Other Requirements – Written Project (Case Report)/PowerPoint Presentation
   a. Students are required to complete a project identified by the site/region or write a Case Report as per the "How to Write a Case Report" guidelines.
   b. If possible, students arrange with their preceptor to present their project at an informal rounds session, and include as many physicians and staff as possible.
   c. Students give a 10-minute PowerPoint presentation of their Case Report at the Home for the Summer Project Presentation Evening held each September.

6. Demonstrate enhanced clinical skills.
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Non articular m.s. pain Additional Cases:
Name: Chest pain Skin biopsy (punch, shave, excision)
Date: Arthralgia Skin suture
Low back pain Dermaglue
Fatigue Suture removal
URTI, including tonsillitis Electrodeiccation
Key: Asthma Cryotherapy
1-Discussed Case
2-Managed Case
3-Preceptor Signature

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| Key: Asthma           |                |              |                  |                |                       |
| UTI                  |               |              |                  |                |                       |
| Otitis media         |               |              |                  |                |                       |
| Abdominal pain       |               |              |                  |                |                       |
| STD including vaginal discharge |            |              |                  |                |                       |
| COPD                 |               |              |                  |                |                       |
| Hypertension         |               |              |                  |                |                       |
| Diabetes             |               |              |                  |                |                       |
| Common skin lesions  |               |              |                  |                |                       |
| Anxiety              |               |              |                  |                |                       |
| Depression           |               |              |                  |                |                       |
| Smoking cessation    |               |              |                  |                |                       |
| Periodic health exam |               |              |                  |                |                       |
| Normal pregnancy     |               |              |                  |                |                       |
| Contraception        |               |              |                  |                |                       |
| Confusion in elderly |               |              |                  |                |                       |
| Multiple sclerosis   |               |              |                  |                |                       |
WRITTEN PROJECT (CASE REPORT) REQUIREMENTS/POWERPOINT PRESENTATION GUIDELINES

Written Project

The written project will either be a project identified by your host region/site or a clinical case study that you select in consultation with your preceptor if the site has not identified a project.

The written project provides Home for the Summer students with the opportunity to undertake a small research project or capture interesting or unique scientific observations in the form of a Case Report. The patient chosen should be one that you have encountered during your summer exposure.

Written Project Requirements

1. Please refer to the document titled, “How to Write a Case Report”, which are included on pages 10 - 14 of this handbook.
2. It is anticipated that your preceptor will provide input as needed for your project. Also, if possible, arrange with your preceptor to present your project at an informal rounds session and include as many staff and physicians as possible.
3. Your Case Report needs to be brief as per the guidelines.
4. The file format (WORD 2003, 2007 or 2010) and deadlines for submission of the outline and final draft of the Case Report are noted on page 3 of this handbook.
5. Below is an example of the template to use for your cover page (please ensure that you include page #’s).

(Header Note: From the second page on, the header should include the Case Report title)

TITLE (bold, all caps)

By: Student Name

Home for the Summer Program - May to August, 2016

Town/City, Manitoba

Supervisor: Preceptor Name

(Footer Note: From the second page on, page numbers are to be included)

Note - Consider submitting you work to a Journal. Guidelines regarding how to do this are included in the “How to Write a Case Report” document. Your preceptor would be the second author.
WRITTEN PROJECT REQUIREMENTS/
POWERPOINT PRESENTATION GUIDELINES (Cont’d)

PowerPoint Presentation
1. Length is 10 minutes (including questions)
2. General guidelines for oral presentations/presentation content:
   - Present title of presentation.
   - Introduce the topic (what is this presentation about?)
   - Summarize key elements of issue.
   - State appropriate conclusions and/or recommendations.
3. Organization and Delivery of Presentation
   - Be prepared. Rehearse the presentation until you feel comfortable.
   - Prepare speaking notes, but do not read from them. Highlight, rather than read information on slides and overheads.
   - Speak slowly and clearly.
   - Organize your material so that it will be presented in a logical and interesting manner.
   - Make effective use of learning aides. (only include a few key points on PowerPoint slides).
   - Be concise: Address key issues only
   - Cover the material in the time allotted with sufficient time for questions and answers.

Evaluation
- This is a PASS/FAIL project.

Important Note: Students will either use the ORNH (PC) laptop or connect their laptop to a SMART Board prior to presenting their project. Unfortunately, SMART Boards are PC compatible only and the University does not provide MAC support. As such, if you are a MAC user, to enable a proper connection from your laptop to the SMART Board for your presentation, you will need to ensure that you bring the appropriate adapter for your laptop. Alternatively, students can save their presentation as a PowerPoint (2003, 2007 or 2010) on a USB Key and use the ORNH laptop for their presentation. Also, 204 Brodie has been booked as of 1pm on Wed, Sept 7th, and students are encouraged to access the room sometime during the afternoon so that they can do a trial run of the set-up of their presentation to ensure that they can easily connect to the SMART Board. Please note that IT recommends that the laptop screen resolution be set at 1024 x 768 to provide the best display on the SMART Board.
How to Write a Case Report

Laine H. McCarthy, MLIS; Kathryn E.H. Reilly, MD, MPH

**Background:** Since before Hippocrates, case reports have provided a rich resource for teaching and research in medicine. Case reports are published by many prominent journals—more than 140,000 case reports are indexed in MEDLINE from 1966 to the present—and a number of narrative guidelines for the preparation of case reports have appeared in the medical literature. To facilitate the preparation of case reports, we reviewed the existing guidelines and a random sampling of published case reports and created a fill-in-the-blanks worksheet for physicians to use to capture unique scientific observations. Although originally developed to assist family practice residents to write case reports, the case report worksheet can be used by physicians in any practice setting and any discipline to collect and report interesting, unusual, or newsworthy cases.

(Fam Med 2000;32(3):190-5.)

[A] striking anecdote was the case of Phineas Gage, the man who had a 4-ft iron bar blown through his frontal lobes and whose immortal remains are now in the Harvard Museum . . . . Had it been realized that one could interfere with large masses of the cerebral hemispheres without killing the patient and that great damage to the frontal lobes need cause no obvious intellectual defect, neurosurgery might have been conceived 40 years earlier.¹

Since before Hippocrates, case reports have made a valuable contribution to the advancement of medical science.²³ A search of the MEDLINE database from 1996 to the present using the Medical Subject Heading (MeSH) term case report retrieved more than 140,000 citations. Several prominent medical journals have demonstrated an interest in increasing the number and quality of published case reports.³⁴⁻⁵²

Case reports are “scientific observations . . . that are carefully documented so that they may be a valuable education and research resource.”⁶ Sir William Osler, himself the author of many such scientific observations, encouraged other physicians to “Always note and record the unusual . . . When you have made and recorded the unusual or original observation . . . publish it.”⁷ A case report, published in the American Journal of Dermatopathology in 1981, was one of the first published accounts of what is now called AIDS.⁸

To help practitioners write case reports, we developed an outline-style worksheet. We began by searching the MEDLINE database from 1966 to the present using the MeSH terms case report and publishing to extract citations about writing case reports.⁹¹₀¹¹ We also combined the term case report with keywords for various disciplines (eg, obstetrics and gynecology, pediatrics, neurology and neurosurgery, dermatology, general internal medicine, family medicine)¹²⁻¹³ and selected a random sampling of published case reports. We studied these articles to determine the content and format that comprises published case reports.

**The Content**

**What Kinds of Cases Should Be Reported**

Much has been written about what type of case is worthy of reporting and publishing. Nathan¹⁴ makes a strong case for reporting cases that “appeal to the emotions.” He also points out that although an observation may be uncommon, unless it is reported, the frequency of its occurrence cannot be tabulated. Throughout history, reports of unusual cases have led to significant research and resulted in important clinical advances.¹⁶⁻¹²¹³ What guidelines, then, should a potential author use for deciding whether “this” case is significant enough to warrant writing?

To answer this difficult question, we reviewed previous published guidelines and examined the content of published case reports. Most case reports concern
specially and subspecialty topics that describe uncommon or unique clinical encounters, in keeping with the history of published case reports. The MEDLINE database from 1996 to the present are included under primary care. Other cases, although reporting unusual outcomes or events, went on to describe lessons learned from patient interactions and interventions.

Our own review of published cases and existing guidelines suggest that case reports should describe a unique presentation, and its uniqueness should simply be a variation from a previously reported case. For example, a new or unusual location for a previously recognized disease does not constitute a unique event unless it is accompanied by previously undocumented symptoms or unless it required a particularly lengthy and costly diagnostic process.

Examples of observations that meet the uniqueness criteria are cases with characteristics such as those shown in Table 1. Most existing guidelines were published in the specialty and subspecialty literature. Two exceptions are a 1988 article in the Journal of the American Medical Association by Roland, who represented the Scientific Publications Division of the American Medical Association, and Squires' 1989 article that appeared in the Canadian Medical Association Journal. Both of these articles state that the purpose of case reporting is to describe the unique, new, worthy, or unusual. Since much of family practice is caring for common problems, and it is the unusual or unique presentation that forms the basis for a case report, it would seem appropriate for the editorial boards of the various family practice journals to define the criteria for accepting case reports and describe those criteria in their instructions to authors.

The Format of a Case Report

Most previously published material about how to prepare case reports identified three major components: introduction, case presentation, and discussion. Although suggested that a brief, highly focused literature review be included, usually as part of the introduction section. In our guidelines for preparing a case report, by Dellakay and DelPace expanded this format to five sections: introduction, description of the case, discussion, literature review, and summary/conclusions.

Noting the previously published guidelines for case reports suggested the inclusion of an abstract, and few journals include abstracts in case reports they publish. We advocate for the inclusion of an abstract (perhaps in lieu of the introduction) so that more information about the case can be retrieved from electronic databases such as MEDLINE. Since about 1970, the MEDLINE record has included abstracts with all indexed articles that have an author-written abstract attached. Squires noted that for a case report to be worth writing and publishing, physicians must be able to "anticipate its interest and relevance to them and their practice." Without an abstract available in an electronically searchable database, the likelihood that physicians will be able to anticipate the relevance of a particular case is diminished.

Taking all of the suggestions from previous published guidelines together with the structural components of several recently published reports and our own observations, we recommend that these five sections be included in a case report: 1) abstract/introduction, 2) case history/description, 3) literature review, 4) discussion, 5) conclusions/recommendations.

Although previously published guidelines have been thorough, they have mostly been narrative. Only one guideline offered a graphic representation of a case report—that guideline was prepared from the perspective of the reviewer, which would an excellent resource for revising and editing a case paper once the first draft has been written but does not present enough detail to serve as a worksheet. Using the five basic sections as a framework, we developed an outline template that can be filled in by physicians interested in writing and publishing a case report. We call this template the case report worksheet (Figure 1). The following subsections describe the content of each field.
### Figure 1

**Case Report Worksheet (Content of a Case Report)**

**Author(s):**

**Title:**

1) **Abstract**
   - Clinical question/problem
   - Analysis of literature review
   - Summary

2) **Case history/report**
   - A. Description of patient
   - B. History of presenting condition
   - C. Physical exam
   - D. Relevant lab/X-ray/other tests
   - E. Initial diagnosis and treatment
   - F. Expected outcome
   - G. Actual outcome

3) **Literature search**
   - A. MEDLINE/other database
   - B. Search terms
   - C. Results of search (# relevant, citations, what you learned)

4) **Discussion (significance, why you’re writing this)**
   - A. Relevant literature
   - B. Hypothesis
   - C. Diagnostic process/course of illness
      - i. Table of diagnostic process
      - ii. Figures, photographs, imaging
   - D. Outcomes
      - i. Drug-drug interactions
      - ii. Drug-condition interactions
      - iii. Other conflicting outcomes/observations

5) **Conclusions/recommendations (lesson learned)**

**References**
of the template and provide examples to facilitate preparation of a case report using the worksheet.

1) Abstract

Along with the title, abstracts are an important component of the electronic bibliographic record of each article in databases such as MEDLINE. Abstracts allow readers to quickly scan the content of an article to determine whether it is sufficiently relevant to merit further reading. Without abstracts, many articles that may be pertinent to a clinical situation may be overlooked.

In lieu of or in addition to an introduction, we suggest adding a brief abstract that contains the clinical question or problem, an analysis of the literature review, and a brief statement summarizing why this case is unusual and noteworthy. Here is an example of an abstract of less than 100 words:

A 10-year-old boy presented with a 4-year history of recurrent perioral rash. A MEDLINE search to answer the question, "What could cause intractable perioral rash in a 10-year-old boy?" yielded several case reports describing unusual perioral rashes caused by the ingredients found in toothpaste. Given the history and unique pattern of the rash, the diagnosis of contact dermatitis caused by allergy to toothpaste was made. Minimal lifestyle changes resulted in resolution of the rash. Toothpaste allergy may be more common than currently thought, because of the difficulty of arriving at the diagnosis.

2) Case History/Report

The second section is the case history or case report, which is typically drawn from chart notes and is a central part of published case reports. It should begin with an introduction to the patient(s) and should provide a history of the current situation. Details about the physical exam and any test results that provide insights into the current case should be included, but authors should refrain from providing all test results and should be careful not to include "red herrings" unless they are likely to help the reader understand the diagnosis. Minimal lifestyle changes resulted in resolution of the rash. Toothpaste allergy may be more common than currently thought, because of the difficulty of arriving at the diagnosis.

3) Literature Review

The literature review is an integral part of the case report and should provide a structured review of the literature. It should focus on the relevant literature in the context of the current case, describing why the case being reported is a new and noteworthy or unique observation. A hypothesis about the new condition might be generated from the review of literature in relation to existing information. The manner in which the data (scientific) is collected and assembled (eg, a chronology of events from the perspective of the physician or the patient) should be described as part of the diagnostic/evaluation process. A short decision tree or algorithm might also be useful. Graphics can serve to replace words in these brief publications. A discussion of the literature should be included. This section should justify the publication of the case report.

4) Summary/Conclusions/Recommendations Section

Finally, the paper should include a brief summary, conclusion, or recommendations section—the take-home message. Lessons learned from caring for this patient—family, social or quality-of-life lessons, physician-patient communication barriers, or
compliance issues—should be described in this section. Ask questions like, “What would I do differently next time now that I’ve had this experience?” or “What recommendations can I offer to other clinicians?” Recommendations for research should also be included. This section should likewise be brief, generally only one or two paragraphs.

Overcoming Barriers to Writing Case Reports

Practitioners interested in writing case reports or other manuscripts for publication face a number of barriers. The greatest barrier is time. The case report worksheet can streamline the process of writing a case report by directing the clinician’s data collection (those scientific observations that comprise a case report). Once completed, the notes and observations can be readily formatted into a manuscript for submission.

Another obstacle is that practitioners may be intimidated by the publication process. The guideline published by DeBakey and DeBakey provides a simple and thorough discussion of the publication process. This guideline is especially useful for the novice author who would like a more in-depth discussion of the publication process than a more-experienced writer might need.

The case report worksheet has categories for all material appropriate for a brief case report (although not all information on the worksheet is appropriate for all topics) in a standard publication format. Instructions to authors for the journal should be consulted early in the writing process, so the manuscript can be prepared in the appropriate style. All journals print instructions for authors regularly, and many journals now publish their instructions on-line (e.g., www.stfm.org/instruct.html and www.ajp.org/journal.htm). The “Uniform Requirements for Manuscripts Submitted to Biomedical Journals” form the basis for most journal instructions and should be consulted to answer format and content questions not addressed by the journal’s instructions. The “Uniform Requirements” are also available on-line at the American Medical Association Web site (jama.ama-assn.org/infc/aumst.html).

When the manuscript is received by the journal, it will go through a brief editorial review to determine potential suitability for the journal, followed, if appropriate, by a peer-review process, during which reviewers comment on the article’s significance and its relevance to the journal’s scope and readership. While many manuscripts are rejected, some are returned to the author with an invitation to revise and resubmit the manuscript for further consideration. The comments from reviewers help authors revise and edit manuscripts, which can then be resubmitted for publication. A detailed letter to the editor describing how the reviewer’s comments were addressed should accompany the revised manuscript.

Table 2
Partial Listing of Primary Care Journals That Accept and Publish Case Reports

| Academic Emergency Medicine |
| American Family Physician |
| Archives of Family Medicine |
| Archives of Internal Medicine |
| Journal of Family Practice |
| Journal of the American Board of Family Practice |
| Lancet |
| New England Journal of Medicine |

A final obstacle is that physicians may not know which publications accept case reports. In Table 2, we have listed several primary care journals that publish case reports. The New England Journal of Medicine accepts case reports in the form of letters to the editor. In addition, many local and state medical associations publish case reports, as do specialty journals. Pediatrics publishes many case reports as e-pages (electronic pages) on its Web site (www.pediatrics.org).

Summary
The case report worksheet was designed to help guide the process of collecting observations of unusual cases in a scientific and structured manner and to overcome some of the barriers and anxieties physicians might encounter when preparing case reports. Adjusting the previously accepted structure of case reports (introduction/discussion/conclusion) to include an abstract and a brief literature review increases the usefulness and retrievability of case reports.

Case reports must be brief, present new or unique material, and provide a standard, structured approach to organizing and presenting clinical observations. Editors and editorial boards for primary care and family medicine journals should determine the specific criteria for accepting case reports (type of report, length, etc) and print those criteria in the instructions for authors for each journal. The case report worksheet provides a uniform approach to preparing case reports and can be used to collect and organize scientific observations into interesting and publishable case reports.

Acknowledgment: This work was presented at the 1999 Society of Teachers of Family Medicine Annual Spring Conference in Seattle.
# Home For The Summer Expense Claim 2016

**NOTE:** All claims must have proof of purchase/receipts attached.

**Send Claim to:**
Manitoba’s Office of Rural and Northern Health
Unit D – 101 1st Avenue N.W.
Dauphin, MB R7N 1G8
**Phone:** 204-622-6210  **Fax:** 204-622-6211

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