

**OKLAHOMA DEPARTMENT OF CORRECTIONS
MEDICATION ADMINISTRATION RECORD**

Effective Dates	MEDICATION	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31			
			Original Order																																	
Discontinue																																				
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Original Order																																				
Discontinue																																				
Original Order																																				
Discontinue																																				
Initial	Signature	Initial	Signature															Initial	Signature																	
LOCATION	DATE OF BIRTH OR SOC.SEC. NO	ALLERGIES																				DIAGNOSIS														
OFFENDER NAME AND NUMBER										FACILITY					CHARTING FOR					THROUGH																

