

**OKLAHOMA DEPARTMENT OF CORRECTIONS  
MEDICAL PROVIDER ORDERS**

**Allergies/Sensitivities:** \_\_\_\_\_

Date/Time	

Offender Name: \_\_\_\_\_ DOC #: \_\_\_\_\_ Location: \_\_\_\_\_  
(Last, First)

Date/Time	

Offender Name: \_\_\_\_\_ DOC #: \_\_\_\_\_ Location: \_\_\_\_\_  
(Last, First)

Date/Time	

Offender Name: \_\_\_\_\_ DOC #: \_\_\_\_\_ Location: \_\_\_\_\_  
(Last, First)