

**OKLAHOMA DEPARTMENT OF CORRECTION
ON-CALL LOG REPORT**

MRSA 140117.01
Attachment C
(R 11/10)

Offender Name:				DOC #:	Facility:
Date	Time	Source of call	Complaint	Action	Signature of Nurse

Offender Name:				DOC #:	Facility:
Date	Time	Source of call	Complaint	Action	Signature of Nurse

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