

OKLAHOMA DEPARTMENT OF CORRECTIONS

Record of Treatment by Community Health Care Provider

The information reported below is to inform the Oklahoma Department of Corrections of any care and interventions provided to inmates by health care providers in the community. This information is confidential and will be used only for the health and safety of the inmate and the facility.

Any medications prescribed for this individual will be subject to the review of the Oklahoma Department of Corrections provider at the facility. This review is necessary to protect the inmate and the facility. In the correctional environment, medications are particularly subject to abuse and misuse (e.g., misused, sold or bartered).

Please provide the following information:

Today's Date: _____

Printed Name of Provider: _____

Patient/Inmate Name: _____

Diagnosis/Diagnoses for which the inmate received treatment:

Medications Prescribed:

Date of Next Appointment: _____ Time of Next Appointment: _____

Signature of Community Provider: _____

Reviewed By: _____ Date: _____

Inmate Name: _____ DOC#: _____