

OKLAHOMA DEPARTMENT OF CORRECTIONS

Controlled Drug Stock Order Form

FAX #: 1-800-523-0008

Schedules III, IV, and V ONLY!

(NOT valid for Schedule II Controlled Drugs)

*****please use fax cover sheet when faxing order*****

CONTRACT PHARMACY VENDOR: _____

FACILITY NAME/CODE NAME: _____ DATE: _____

MEDICATIONS	MAX QUANTITY	QUANTITY ON HAND	QUANTITY REQUESTED
Acetaminophen w/ Codeine #3 (Tylenol #3) Tablets (30/card)			# of cards
Clonazepam (Klonopin) 0.5 mg Tablets (30/Manufactured Card)			# of cards
Clonazepam (Klonopin) 1 mg Tablets (30/Manufactured Card)			# of cards
Clonazepam (Klonopin) 2 mg Tablets (30/card)			# of cards
Diazepam (Valium) 2 mg Tablets (100/Box) UD			# of Boxes
Diazepam (Valium) 5 mg (30/card)			# of cards
Diazepam (Valium) 10 mg Tablet (30/card)			# of cards
Diazepam (Valium) 5 mg/mL (2 mL Syringe)			# of Syringes
Diphenoxalate/Atropine (Lomotil) Tablet (30/card)			# of cards
Lorazepam (Ativan) 2 mg/mL (1 mL Vial)			# of Vials
Phenobarbital (Luminal) 32.4 mg Tablets (30/card)			# of cards
Phenobarbital (Luminal) 65 mg Injection			# of Vials
Tramadol (Ultram) 50 mg Tablets (30/card)			# of Cards

**** At least one signature below must be a licensed practitioner**

Medical Provider Signature: _____

Date: _____

Medical Provider Printed Name: _____

Title: _____

DEA Number: _____

CHSA Signature: _____

Date: _____

NOTE: This does not take the place of documentation of individual use and count verification for controlled substances.

IMPORTANT: RECORD MUST BE MAINTAINED ON FILE BY CHSA FOR 5 YEARS