OKLAHOMA DEPARTMENT OF CORRECTIONS
MEDICATION REFILL SLIP
(To be used for provider's prescription medication(s))
Refills must be submitted within 10 days before run out or 20 days from issue date.

Date: _____ **Facility:** _____**Housing Unit:** _____ **Bunk/Cell Number:** _____

Inmate Name: _____ **DOC #:** _____
(Last, First)

Prescription Number or Barcode Label	Medication Name	Prescription Number or Barcode Label	Medication Name

- **The prescription number can be found halfway down the left-hand side of the medication label (RX #).**
- **The medication name is located on the top left-hand corner of the medication label beneath the inmate's name.**

TO BE COMPLETED BY HEALTH SERVICES

Date Received: _____

❑ You have no refills left on your prescription(s) _____. You will need to submit a "Request for Medical Services" (DOC 140117A) to see the medical provider and get a renewal.

Medication Refill Slips must be maintained on file by CHSA for 30 days after the medication has been issued or administered to the inmate.