

**OKLAHOMA DEPARTMENT OF CORRECTIONS
ORTHOSES, PROSTHESES, AND OTHER AIDS TO IMPAIRMENT
APPLIANCE RECORD**

I have, on this date, received the following orthoses, prostheses, and other aids to impairment appliance(s):

1. _____

Permanent Temporary Start Date: _____ End Date: _____

2. _____

Permanent Temporary Start Date: _____ End Date: _____

I have received instructions in the care of this (these) appliance(s) and understand that I am not to make adjustments to or alter the appliance(s) in anyway.

I understand that in the event of loss, breakage, or damage due to negligence or abuse, the appliance(s) will be replaced at my expense.

Special Instructions: _____

Appliances loaned to an inmate from the health services unit will be returned in the same condition. Failure to do so will result in the offender being charged for the item(s).

Inmate Signature: _____ Date: _____

Inmate Name:
(Last, First)

ODOC #: