

OKLAHOMA DEPARTMENT OF CORRECTIONS

Correctional Center

Involuntary Medication Appeal Decision

Facility

Offender Name

Offender Number

On _____ (Date), at _____ (Facility),
an Involuntary Medication Review Hearing was held.

The offender exercised his/her right to appeal the Medication Review Committee decision.

The following materials were submitted for review in this appeals process:

- Involuntary Medication Request Form
- Notice of Hearing and Offender Rights Form
- Offender Staff Representative Fact Sheet
- Involuntary Medication Review Committee written decision
- Other: _____

Based on a review of the materials submitted, it is my opinion that:

- The Medication Review Committee decision is upheld
- The Medication Review Committee decision is reversed

Optional Comments: _____

This decision has been provided to _____ (Offender Name)
on _____ (Date).

Physician (Printed Name)

Signature

cc: Warden
Medical File