

**OKLAHOMA DEPARTMENT OF CORRECTIONS
INFIRMARY DISCHARGE SUMMARY**

INMATE NAME	DOC NO.	DATE OF BIRTH	AGE	SEX
ATTENDING PHYSICIAN	INSTITUTION	ADM. DATE	DISCH. DATE	

ADMISSION DIAGNOSIS:

DISCHARGE DIAGNOSIS:

BRIEF HISTORY CONCERNING INFIRMARY ADMISSION:

DIAGNOSTIC TEST RESULTS:

PRESCRIBED MEDICATIONS AT DISCHARGE:

BRIEF SUMMARY OF INFIRMARY CARE PROVIDED:

FOLLOW-UP:

DATE

SIGNATURE OF CLINICIAN

INMATE NAME
(Last, First)

DOC #