

**OKLAHOMA DEPARTMENT OF CORRECTIONS
PHYSICIANS ORDERS**

Allergies/Sensitivities: _____

Date/Time	

Offender Name: _____ DOC #: _____ Location: _____
(Last, First)

Date/Time	

Offender Name: _____ DOC #: _____ Location: _____
(Last, First)

Date/Time	

Offender Name: _____ DOC #: _____ Location: _____
(Last, First)