

**OKLAHOMA DEPARTMENT OF CORRECTIONS  
AGREEMENT TO ATTEND OUTSIDE SPECIALTY APPOINTMENT**

Your health care provider has determined that your health problem requires you to be seen by an outside specialist. An appointment has been scheduled with an outside specialist. Security transport will call for you on the morning of appointment.

1. I have been given the opportunity to ask questions regarding the outside specialty care appointment.
2. I understand the purpose of and risks of not attending the outside specialty care appointment.
3. I understand that I have 24 hours after signing this "Agreement to Attend Outside Specialty Care Appointment" to request the cancellation of the appointment. The request to cancel will be submitted in writing using the "Request for Health Services" (DOC 140117A).
4. I understand that failure to cancel the appointment within 24 hours of signing this "Agreement to Attend Outside Specialty Care Appointment," I may be assessed the full cost of the outside specialist "No Show Fee".
5. I understand that failure to adhere to this agreement will be considered noncompliance.

**Please check one of the boxes below which describes your situation:**

- I have read and understand the information provided above regarding this agreement. I hereby agree to attend the outside specialty care appointment and if I fail to attend the outside specialty care appointment, I may be assessed the full cost of the outside specialist "No Show Fee".
- I do not speak or read English and an interpreter has explained this agreement to me. I hereby agree to attend the outside specialty care appointment and if I fail to attend the outside specialty care appointment, I may be assessed the full cost of the outside specialist "No Show Fee".

Inmate Signature: \_\_\_\_\_ Date: \_\_\_\_\_

QMHP/RN/LPN Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Inmate Name  
(Last, First)

ODOC Number