OKLAHOMA DEPARTMENT OF CORRECTIONS INFIRMARY DISCHARGE SUMMARY

| INMATE NAME | ODOC NO. | DATE OF BIRTH | AGE | SEX | |
|--|-------------|------------------------|-------|---------|--|
| ATTENDING PHYSICIAN | INSTITUTION | ADM. DATE | DISCH | I. DATE | |
| ADMISSION DIAGNOSIS: | | I | | | |
| DISCHARGE DIAGNOSIS: | | | | | |
| BRIEF HISTORY CONCERNING INFIRMARY ADMIS | SION: | | | | |
| | | | | | |
| DIAGNOSTIC TEST RESULTS: | | | | | |
| | | | | | |
| PRESCRIBED MEDICATIONS AT DISCHARGE: | | | | | |
| | | | | | |
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| BRIEF SUMMARY OF INFIRMARY CARE PROVIDED | D: | | | | |
| | | | | | |
| FOLLOW-UP: | | | | | |
| | | | | | |
| | | | | | |
| DATE | SIGNA | SIGNATURE OF CLINICIAN | | | |
| INMATE NAME (Last, First) | Ol | DOC # | | | |