

OKLAHOMA DEPARTMENT OF CORRECTIONS
MEDICATION REFILL SLIP

(To be used for provider's prescription medication(s))

Refills must be submitted within ten days* before running out or 20 days from issue date.



Date: _____ Facility: _____ Housing Unit: _____ Bunk/Cell Number: _____

Inmate Name: _____ ODOC #: _____

(Last, First)

Prescription Number or Barcode Label	Medication Name

Prescription Number or Barcode Label	Medication Name

- The prescription number can be found halfway down the left-hand side of the medication label (RX #).
- The medication name is located on the top left-hand corner of the medication label beneath the inmate's name.

TO BE COMPLETED BY HEALTH SERVICES

Date Received: _____

You have no refills left on your prescription(s) _____. You will need to submit a "Request for Medical Services" (DOC 140117A) to see the medical provider and get a renewal.

Medication Refill Slips must be maintained on file by CHSA 30 days after the medication has been issued or administered to the inmate.

*Subject to any limitations as may be specified by ODOC and imposed at its discretion.

CHSA File

DOC 140130M (R 12/21)

***** (Cut along dotted line) *****

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