



Plan Review Consultation Service Request Form

Instructions

- I. Read carefully and complete all portions of the form. Please type.
- II. OSDH Staff will work with the owner or representative to schedule a meeting as requested. Please be aware that meetings will be scheduled on a first come first serve basis and based on the availability of OSDH staff.
- III. Consultations will be virtual or held at OSDH if permitted. If a consultation is requested at another location, please contact Plan Review at 405-426-8620. Additional fees will be charged in accordance with the State Travel Reimbursement Act 74 O.S.85.451.
- IV. Consultation Fee is \$500.
- V. Submit a completed Consultation Service Request form along with a check payable to:
 - Oklahoma State Department of Health
 - Financial Management – Receipting Unit
 - PO Box 268823
 - Oklahoma City, OK 73126-8816
- VI. Submit a pdf attachment of the completed request form via email to: planreview@health.ok.gov. This will allow Plan Review to get the consultation scheduled in a timely manner.
- VII. Once the consultation has been scheduled, the Architect or Engineer will receive an invite to upload Construction Drawings to a Box folder.

FACILITY INFORMATION

Name of Facility

Finding Address

City/Town & Zip Code

Facility Contact Person & Title

Facility Contact Phone Number

Facility Contact Email

ARCHITECT/ENGINEER INFORMATION

Name of Architectural/Engineering Firm

Finding Address

City/Town & Zip Code

Contact Person & Title

Contact Phone Number

Email Address

CONSULTATION INFORMATION

Preferred Meeting Dates

Preferred Times

Project Attendees Name and Email Address

Project Attendees Name and Email Address

Project Attendees Name and Email Address

Project Attendees Name and Email Address

Project Attendees Name and Email Address

Project Attendees Name and Email Address

After OSDH Plan Review has received all information required for the consultation, an invite with a link will be distributed to all listed above (including the Architect and Facility Representative) for a virtual Teams Meeting or an in person meeting at OSDH.

PROJECT INFORMATION

Type of Facility: Hospital Outpatient Dept. Ambulatory Surgical Center Skilled Nursing IID/ICF
 Assisted Living Residential Hospice Inpatient Hospice Adult Day Care
 Abortion Facility Birthing Center

License Type: New License Amended License Other: _____

Brief Description of Project:

Specific Project Issue:

Specific Code, Regulation, or Guidelines at Issue:

Goals for this Consultation: