MEDICAL APPOINTMENT ORDER

OP-040111
Attachment D

Facility: _____ **Appointment Date:** _____

Please Print

DOC #	Last Name	First Name	Medical Device/Aids	Transporting To	City Transporting To	ER or Planned (ER or P)	Appt. Time (Military)

Special Instructions: _____

_____

_____

Medical Special Instructions (Prioritization of medical need and protective equipment required e.g. mask, gloves, etc.) To be completed and signed by medical. For security reasons, ensure and validate any prosthetic devices, e.g. cast, splint, cane, wheelchair that are assigned to the inmate.

Check if Applicable: ☐ Medical Escort to Accompany Security Staff ☐ Transfer of Medical Information ☐ Ambulance Transport ☐ Med Flight

Original CHIEF OF SECURITY
CC TRANSPORTATION OFFICER
CENTRAL CONTROL
SHIFT SUPERVISOR
MEDTRANS@DOC.OK.GOV

_____

Signature of Medical Staff **Date**

(9/18)