

**OKLAHOMA DEPARTMENT OF CORRECTIONS  
SICK CALL LOG**

**Facility:** \_\_\_\_\_

**Year:** \_\_\_\_\_

Date Received By Medical	Inmate Name	DOC #	Disposition						Complaint	Priority I - Emergency II - Urgent III - Routine	Appt. Date
			Medical Provider	Dental	Mental Health	Nursing Protocol	Optometric	Other			
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