

**OKLAHOMA DEPARTMENT OF CORRECTIONS  
MEDICATION REFILL SLIP**

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

Refills must be submitted within 10 days\* before running out or 20 days from issue date.



Date: \_\_\_\_\_ Facility: \_\_\_\_\_ Housing Unit: \_\_\_\_\_ Bunk/Cell Number: \_\_\_\_\_

Inmate Name: \_\_\_\_\_ (Last, First) DOC #: \_\_\_\_\_

Prescription Number or Barcode Label	Medication Name

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- 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.

<b>TO BE COMPLETED BY HEALTH SERVICES</b>	
Date Received: _____	
<input type="checkbox"/> 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 1/18)

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

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