OKLAHOMA DEPARTMENT OF CORRECTIONS
BARCODE MEDICATION REFILL FORM

Facility: _________________________________________ Date: _______________ Page: _________ of __________

Call Confirmation By: _____________________________ Date: _______________ Time: ______________________

Instructions:
DO NOT FAX ORIGINAL PEEL OFF LABELS – FAX PHOTOCOPY OF SHEET.
Please fax (1-800-523-0008) clean photocopy of “Barcode Medication Refill Form” to pharmacy using the “fine”
resolution function on your fax machine before 1300 CST cutoff time. This will increase the accuracy and timeliness of
processing your order. Please confirm by phone (1-800-882-6337) that the faxed order was received by the
pharmacy. Note by whom, date and time confirmed.

<table>
<thead>
<tr>
<th>Rx Number</th>
<th>Medication Name</th>
<th>Rx Number</th>
<th>Medication Name</th>
<th>Rx Number</th>
<th>Medication Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>BARCODE LABEL</td>
<td></td>
<td>BARCODE LABEL</td>
<td></td>
<td>BARCODE LABEL</td>
</tr>
<tr>
<td>Inmate Name</td>
<td>Inmate Number</td>
<td>Inmate Name</td>
<td>Inmate Number</td>
<td>Inmate Name</td>
<td>Inmate Number</td>
</tr>
</tbody>
</table>

Order By: (Print) ___________________________________________ Date: ______________________

Signature: ___________________________________________ Title: ______________________

FAX: (1-800-523-0008)
PHONE: (1-800-882-6337)