OKLAHOMA DEPARTMENT OF CORRECTIONS
REQUEST FOR HEALTH SERVICES

TO BE COMPLETED BY INMATE

Facility: ______________________  Date: _______________

Inmate Name ________________________________ DOC # __________ Unit__________

I request the following service(s): (Check appropriate box(s))

☐ Medical  ☐ Mental Health  ☐ Dental  ☐ Optometry (eye)  ☐ Medication Renewal
(expired medications only)

Reason for service: ________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

I understand that in accordance with operations memorandum OP-140117 entitled, “Access to
Health Care”, I will be charged $ 4 for each medical service I request and a charge of $ 4 for
each medication(s) dispensed to me, with the exceptions noted in the above-reference
operations memorandum. There is no charge to the offender for mental health services and/or
mental health medications.

Inmate Signature________________________________________ Date: _______________

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Comment: _________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

_________________  ______________________
RN/LPN/Health Care Provider Signature  Date

“Return the “Request for Health Services” with the disposition of the inmate’s request in the comment section to
the inmate after scanning into the inmate’s EHR.

NOTE: All “Keep on Person” (KOP’s) medication refill requests must be submitted to the facility’s
health services unit or to the medical host facility, using the “Medication Refill Slip” (DOC 140130M).
“Medication Refill Slips” must be submitted within ten days of the date the medication expires or runs out. “Medication Refill Slips” are readily available and accessible at designated locations within the facility.