

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 **(1-888-200-7774)** 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 **(1-888-321-7774)** that the faxed order was received by the pharmacy. Note by whom, date and time confirmed.

Rx Number Medication Name
BARCODE LABEL
Inmate Name Inmate Number

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Order By: (Print) _____ Date: _____

Signature: _____ Title: _____

FAX: **(1-888-200-7774)**

PHONE: **(1-888-321-7774)**