OKLAHOMA DEPARTMENT OFCORRECTIONS
MEDICATION REFILL SLIP
(To be used for provider's prescription medication(s))
Refills will be submitted within ten days* before running out or 20 days from issue date.

Date: _____ Facility: _____Housing Unit: _____ Bunk/Cell Number: _____

Inmate Name: _____ ODOC #: _____
(Last, First)

Prescription Number or Barcode Label	Medication Name	Prescription Number or Barcode Label	Medication Name

- **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.**

TO BE COMPLETED BY HEALTH SERVICES

Date Received: _____

❑ 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 will be maintained on file by CHSA for 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.**