

**OKLAHOMA DEPARTMENT OF CORRECTIONS
ORTHOSES, PROSTHESES, AND OTHER AIDS TO IMPAIRMENT
APPLIANCE RECORD**

I have, on this date, received the following orthoses, prostheses, and/or other aid to impairment appliance(s):

1. _____

☐ Permanent ☐ Temporary Start Date: _____ End Date: _____

2. _____

☐ Permanent ☐ Temporary Start Date: _____ End Date: _____

I have received instructions in the care of this/these appliance(s) and understand that I am not to make adjustments to or alter the appliance(s) in any way.

I understand that in the event of loss, breakage, or damage due to negligence or abuse, the appliance(s) will be replaced at my expense.

Special Instructions: _____

Appliances loaned to an inmate from the health services unit will be returned in the same condition. Failure to do so will result in the inmate being charged for the item(s).

Inmate Signature: _____ Date: _____

Inmate Name:
(Last, First)

ODOC #: