

OKLAHOMA DEPARTMENT OF CORRECTIONS

Correctional Center

Involuntary Medication Appeal Decision

Facility

Inmate Name

ODOC Number

On _____ (Date), at _____ (Facility),
an Involuntary Medication Review Hearing was held.

The inmate exercised their right to appeal the Medication Review Committee decision.

The following materials were submitted for review in this appeals process:

- ☐ Involuntary Medication Request Form
- ☐ Notice of Hearing and Inmate Rights Form
- ☐ Inmate Staff Representative Fact Sheet
- ☐ Involuntary Medication Review Committee written decision
- ☐ Other: _____

Based on a review of the materials submitted, it is my opinion that:

- ☐ The Medication Review Committee decision is upheld
- ☐ The Medication Review Committee decision is reversed

Optional Comments: _____

This decision has been provided to _____ (Inmate Name) on
_____ (Date).

Psychiatric Provider (Printed Name)

Signature

cc: Facility Head
Medical File