MEDICAL APPOINTMENT ORDER

OP-040111 Attachment D

Facility:				Appointment Date:			cnment D
		<u>P</u>	lease Print				
ODOC#	Last Name	First Name	Medical Device/Aids	Transporting To	City Transporting To	ER or Planned (ER or P)	Appt. Time (Military)
Special Inst	tructions:						
Medical Spe reasons, ensu	ecial Instructions (Prioritization of ure and validate any prosthetic devi	medical need and protective equipoles, e.g. cast, splint, cane, wheelch	oment required e.g. ma air that are assigned to	sk, gloves, etc.) To be complethe inmate.	eted and signed l	oy medical. F	or security
Check if App	plicable:	company Security Staff	er of Medical Information	n Ambulance Transport	☐ Med Flight		
Original CC	CHIEF OF SECURITY TRANSPORTATION OFFICEI CENTRAL CONTROL SHIFT SUPERVISOR	R					
		Signature	e of Medical Staff		Date		

(R 11/21)