OKLAHOMA DEPARTMENT OF CORRECTIONS
INFIRMARY LOG

FACILITY: _____ **MONTH/YEAR:** _____

CODE:　　I = *Infirmary Admission*　　　O = *Observation*　　　C = *Convalescent*

Date/Time	Name	DOC#	Diagnosis/Comments	Code	Discharged/ Released Date/Time	Discharged/ Released to (Unit/Facility)	Transferred to Hospital Name/Date/ Time	Returned from Hospital Date/Time

DOC 140119A (R 7/16)