

**OKLAHOMA DEPARTMENT of CORRECTIONS
Health Care Leave Request Form**

Inmate Requesting Leave: _____ ODOC Number: _____

First Name MI Last Name

Address of Appointment: _____ City: _____ State: _____

Type of Appointment: Dental Medical Mental Health Vision

Provider Name: _____ Title: _____ Phone Number : (____) _____

Date of Proposed Appointment: ____/____/____ Time of Proposed Appointment: _____ AM/PM
(Month) (Day) (Year)

Request Review: (Comments, Notes and Pertinent Information)

Unit Manager/Case Manager IV/Captain

- Yes No Is the inmate eligible for escorted leave per OP-031001 entitled "Inmate Escorted Leave/Activities?"
Custody Level: _____ Assigned Staff Signature: _____
- Yes No Does the inmate require an escort? If inmate requires an escort, provide name and contact Information
Escort Name: _____
Contact Information: _____
- Yes No Did the Inmate sign the "Affidavit of Financial Responsibility for Medical, Mental Health, Dental, and/or Vision Care?" (DOC 140121D)

Comments _____

Unit Manager's/Case Manager IV/Captain Signature: _____ Date: _____

Health Service Administrator or Designee (for minimum security and higher only)

- Yes No Did the inmate meet with their ODOC provider and complete a "Waiver of Treatment/Evaluation?" (DOC 140117D)
Date "Waiver of Treatment completed: _____ Staff Signature: _____

Deputy Warden/Assistant Regional Supervisor

Comments: _____

- Recommend Approval Recommend Denial

Deputy Warden/Assistant District Supervisor Signature: _____ Date: _____

Warden/ regional Supervisor

Comments: _____

Approved Denied Warden/ Regional Supervisor Signature: _____
Date: _____

Approved Denied Division Administrator Signature: _____
Date: _____

Approved Denied Safety Administrator: _____ Date: _____

(If inmate has ever been convicted of violent or sex offense(s), the regional director must review)

Direction to Location: _____

Date of Departure: _____ Time of Departure: _____

Date of Estimated Return to Facility: _____ Time of Estimated Return to Facility: _____

Transportation Orders: _____

Special Instructions:

INMATES WILL NOT CHANGE CLOTHES OR RIDE IN A PRIVATE VEHICLE. THE INMATE, WITH THE EXCEPTION OF PREGNANT INMATES, WILL BE IN FULL RESTRAINTS AT ALL TIMES (MAY NOT APPLY FOR COMMUNITY CORRECTIONS INMATES).