OKLAHOMA DEPARTMENT OF CORRECTIONS

NOTIFICATION OF INMATE ADMISSION TO LOCAL/OUMC/LMH HOSPITAL

Note: For admissions outside Lindsay Memorial Hospital or Oklahoma University Medical Center, the facility CHSA shall notify the Chief Medical Officer or designee by the next working day. Fax completed form to Medical Services Central Office (405) 962-6147.

Date: _____ Facility: _____ Submitted By: _____

Inmate Name: _____ODOC #: _____ DOB: _____ SSN: _____

Admission Date: _____ Hospital Name: _____ Hospital Number: _____

City Where Hospital is Located: _____ Accepting Physician's Name: _____

Admitting Diagnosis: _____ Unit/Floor at Hospital: _____

Hospital Case Worker: _____ Phone Number _____ Pager: _____

Was OUMC/LMH Contacted: _____ Yes _____ No Person Contacted: _____

Comments: _____

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Describe physical injury or illness for which hospitalization is sought: _____

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Medical Staff Signature: _____ Date: _____

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