

# OKLAHOMA DEPARTMENT OF CORRECTIONS BARCODE MEDICATION REFILL FORM

Facility: \_\_\_\_\_ Date: \_\_\_\_\_ Page: \_\_\_\_\_ of \_\_\_\_\_

Call Confirmation By: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Instructions:

**DO NOT FAX ORIGINAL PEEL OFF LABELS – FAX PHOTOCOPY OF SHEET.**

Please fax **(1-888-200-7774)** clean photocopy of “Barcode Medication Refill Form” to pharmacy using the “fine” resolution function on your fax machine before 1300 CST cutoff time. This will increase the accuracy and timeliness of processing your order. Please confirm by phone **(1-888-321-7774)** that the faxed order was received by the pharmacy. Note by whom, date and time confirmed.

Rx Number	Medication Name
<b>BARCODE LABEL</b>	
Inmate Name	Inmate Number

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Inmate Name	Inmate Number

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Order By: (Print) \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

FAX: **(1-888-200-7774)**

PHONE: **(1-888-321-7774)**