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 (1-800-523-0008) 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 (1-800-882-6337) that the faxed order was received by the pharmacy. Note by whom, date and time confirmed.

Rx Number  Medication Name
BARCODE LABEL
Inmate Name  Inmate Number

Rx Number  Medication Name
BARCODE LABEL
Inmate Name  Inmate Number

Rx Number  Medication Name
BARCODE LABEL
Inmate Name  Inmate Number

Order By: (Print) __________________________________________ Date: ______________________

Signature: __________________________________________ Title: _________________________

FAX: (1-800-523-0008)
PHONE: (1-800-882-6337)