

**OKLAHOMA DEPARTMENT OF CORRECTIONS  
ORTHOSES, PROSTHESES, AND OTHER AIDS TO IMPAIRMENT  
APPLIANCE RECORD**

I have, on this date, received the following orthoses, prostheses, and/or other aid to impairment appliance(s):

1. \_\_\_\_\_

Permanent  Temporary Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

2. \_\_\_\_\_

Permanent  Temporary Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

I have received instructions in the care of this/these appliance(s) and understand that I am not to make adjustments to or alter the appliance(s) in any way.

I understand that in the event of loss, breakage, or damage due to negligence or abuse, the appliance(s) will be replaced at my expense.

Special Instructions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Appliances loaned to an inmate from the health services unit will be returned in the same condition. Failure to do so will result in the inmate being charged for the item(s).

Inmate Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Inmate Name:  
(Last, First)

\_\_\_\_\_  
ODOC #: