

**Request for Medical Care**

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **Location:** \_\_\_\_\_

**Prisoner's Name (Printed):** \_\_\_\_\_ **OTIS#:** \_\_\_\_\_

**Specific complaint or problem:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**How long has the problem existed?** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Prisoner's Signature:** \_\_\_\_\_

**Correctional staff comments:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Date and time:** \_\_\_\_\_ **Name:** \_\_\_\_\_

**To be filled out by medical staff, disposition and instructions:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Date and time:** \_\_\_\_\_ **Name:** \_\_\_\_\_

\_\_\_\_\_