

FOR: _____ OBSCIS# _____

ADDRESS: _____

R_x

KOP _____ SM-SS _____ SM-ML _____ MSAM _____

REFILL _____ TIMES DR. _____

DEA NO. _____ Date: _____ Time: _____

*Department Of Corrections - Inmate Health
Form #807.05C Rev. 01/10/01*

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