



CORRECTIONAL CARE

Medical Provider Appointment Schedule

Please note that you must indicate a reason code for each inmate for tracking purposes.

REASON CODES

CC Chronic Condition
CW Chemical Withdrawal
DEN Dental Issues
INF Infection

INJ Injury
MED Medications
MH Mental Health Issues
OTH Other

REV Review – Chart/Labs
SKN Rash/Skin Issues
SUC Suicide

Date: _____

	Name	Reason
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
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11.	_____	_____
12.	_____	_____
13.	_____	_____

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