

Medical Provider Appointment Schedule

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

<u>REASON CODES</u>		
CC	Chronic Condition	INJ Injury
CW	Chemical Withdrawal	MED Medications
DEN	Dental Issues	MH Mental Health Issues
INF	Infection	OTH Other
		REV Review – Chart/Labs
		SKN Rash/Skin Issues
		SUC Suicide

Date: _____

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

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