



CORRECTIONAL CARE

## Medical Provider Appointment Schedule

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

### REASON CODES

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

**Date:** \_\_\_\_\_

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

**Date:** \_\_\_\_\_

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