

## Remand Medication Form

Prisoner's name: \_\_\_\_\_

Obscis/MIS#: \_\_\_\_\_

Date of Remand: \_\_\_\_\_

### Medications/Doses Taken

	Time/Date:	Time/Date:	Time/Date:	Time/Date:	Time/Date:	Time/Date:
<u>Medication:</u>						
# of pills taken by prisoner:						
Med Staff Initials or "S":						
<u>Medication:</u>						
# of pills taken by prisoner:						
Med Staff Initials or "S":						
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