



Oregon Department of Corrections  
 Health Services Section  
 Non-Formulary Medication Exception Request

\_\_\_\_\_ Institution

*Please fill out all entries. Incomplete forms will not be processed. This order form must be filled out and signed by the Practitioner and Designated Reviewer at each Institution. The request is valid for the duration of the order.*

<b>Non-Formulary Medication Requested:</b>	
<b>Dx for which med is required:</b>	
<b>Reasons Formulary Medication not used:</b>	
<b>Provider Signature:</b>	<b>Date:</b>
<b>URGENT NEED:</b> <input type="checkbox"/> < 24 hrs <input type="checkbox"/> < 7 days	
<b>Comments:</b>	
<b>Reviewer Signature:</b>	<b>Date:</b>
<b>To Med Review Committee:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No, Urgent Medication	
<b>Medication Review Committee Comments:</b>	
<b>Approved:</b> <input type="checkbox"/> yes <input type="checkbox"/> 1 Mo <input type="checkbox"/> 3 Mos <input type="checkbox"/> 6 Mos <input type="checkbox"/> 1Yr <input type="checkbox"/> Other  <input type="checkbox"/> not medically indicated	
<b>Signatures:</b>	<b>Date:</b>

Name: _____
SID#: _____
DOB: _____