

DEPARTMENT OF CORRECTIONS

STATE OF CALIFORNIA

REQUEST FOR AUTHORIZATION OF TEMPORARY REMOVAL FOR MEDICAL TREATMENT

NAME:	NUMBER	INSTITUTION
		PELICAN BAY STATE PRISON

NAME OF HOSPITAL, CLINIC, OFFICE, OR OTHER PLACE RECOMMENDED	APPT DATE	CHECK OUT	APPT TIME
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REASON FOR REQUEST (STATEMENT OF CHIEF MEDICAL OFFICER)

DESCRIPTION OF CONDITION SUGGESTING REMOVAL

Housing:

TB CODE:

DESCRIPTION OF EXAMINATION OR THERAPY RECOMMENDED

NATURE AND IMMEDIACY OF SERVICE: MANDATORY, EMERGENCY, OR ELECTIVE
(a) WHY CAN THE PROCEDURE NOT BE DONE INTRAMURALLY?

(b) IF ELECTIVE, ARE FUNDS EARMARKED FOR THIS PURPOSE AVAILABLE?

N/A

ESTIMATED TIME AWAY FROM INSTITUTION (NOT MORE THAN 3 DAYS)

ESTIMATED COS

REMARKS

SIGNATURE OF CHIEF MEDICAL OFFICE

DATE

08/25/2009

CUSTODIAL STATUS (STATEMENT OF ASSOCIATE SUPERINTENDENT-CORRECTIONAL INSTITUTION)

OFFENSE	COMMITTED FROM	DATE RECEIVED
TERM	RELEASE DATE	CUSTODIAL CLASSIFICATION
CONDUCT DURING INCARCERATION	ESCAPE RISK	

REMARKS

SIGNATURE OF ASSOCIATE WARDEN-CORRECTIONAL INSTITUTION

DATE

UNDER THE PROVISIONS OF SECTION 2690 OF THE PENAL CODE, AUTHORIZATION IS GIVEN FOR THE TEMPORARY REMOVAL OF THE ABOVE-NAMED FROM THE INSTITUTION IN WHICH HE IS NOT CONFINED IN ORDER THAT HE MAY RECEIVE MEDICAL TREATMENT IN ACCORDANCE WITH THE ABOVE NAMED RECOMMENDATIONS.

SPECIAL CONDITIONS:

SIGNATURE OF WARDEN/SUPERINTENDENT

DATE