

**MEDICAL REFERRAL TO U OF I HOSPITALS  
(For State Work Release/OWI Offenders)**

FORM 2343B-20

Residential Facility \_\_\_\_\_ Address \_\_\_\_\_ Phone No. \_\_\_\_\_

Offender Name \_\_\_\_\_ ICON Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Clinic/Person Referred To \_\_\_\_\_

Offender Medication(s) \_\_\_\_\_ Date Referral Written \_\_\_\_\_

The above-named offender is being referred for care in reference to the following problem(s):

\_\_\_\_\_  
\_\_\_\_\_

(Appointment Date/Time)

(Referring Physician)

**BELOW TO BE FILLED OUT BY THE ATTENDING PHYSICIAN**  
(Recommended orders, including medication and duration of therapy, are to be included as part of the plan.)

S: \_\_\_\_\_

O: \_\_\_\_\_

A: \_\_\_\_\_

P: \_\_\_\_\_

Signature of Attending Physician: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Physician \_\_\_\_\_ Physician's Number \_\_\_\_\_

**TO FACILITATE CONTINUITY OF CARE UPON DISCHARGE PLEASE FORWARD THIS COMPLETED FORM TO: Iowa DOC Central Office WR/OWI Coordinator/Designee, 510 E. 12<sup>th</sup> Street, Des Moines, Iowa 50319.**

cc: Facility File  
U of I Emergency Registration Desk/Clinical Area  
Offender Record - Medical File

Effective: Aug. 2006. Revised: May 2008. Reviewed: April 2009, April 2010. Revised: Jan. 2013. Reviewed: Dec. 2013, Dec. 2014, Dec. 2015. Revised: March 2017.

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