

**CORRECTIONAL MANAGED CARE  
DOCUMENT CLARIFICATION**

**Patient Name:**                      **TDCJ#:**                      **Date:**                      **Facility:**

**Housing:**   **Age:**              **Race: R**   **Sex:**

**Most recent vitals from: <date>**      BP:      Wt:      Pulse:              Resp:              Temp:              BMI:

*CURRENT PEAK FLOWS: PF 1: ; PF 2: ; PF 3:*

*PRIOR PEAK FLOWS: PF1 :; PF 2: ; PF 3:*

**Allergies:** **BEETS, SULFA (SULFONAMIDES)**

<b>Patient Language:</b>	<b>Name of interpreter, if required:</b>
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Current Medications:

**DOCUMENT TITLE:** <NAME OF ORIGINAL DOCUMENT>

**DATE OF DOCUMENT:** <DATE OF ORIGINAL DOCUMENT>

The attached document is clarified as follows:

This document has been sent for signature, but has not yet been reviewed

