

**STATE OF FLORIDA
DEPARTMENT OF CORRECTIONS
INTEROFFICE MEMORANDUM**

MEMO TO: Regional Medical Executive Director

FROM: [insert name] , M.D. (or D.O.)
[name of Correctional Institution]

DATE: [MM DD, YYYY]

SUBJECT: [Inmate name and DC#]

It is recommended that inmate [insert name of inmate] be considered for conditional medical release.

___ Terminally Ill 947.149 (1)(b), F.S. ___ Permanently Incapacitated 947.149 (1)(a), F.S.

Clinical Report (in medical terms, include diagnosis, prognosis, lab tests, results, medications, treatment regimen):

In lay Terms:

Current Special Needs (what are the inmate's physical/medical needs at the present time?):

Physical Capabilities (state current physical capabilities; the degree to which the inmate is diminished to the point where he/she is no longer a danger to society, cannot do harm to self or others):

Life Expectancy (although difficult to predict, estimate in terms of months. State the reason, if appropriate. Use statistics when available):

Future Special Needs (if inmate is released, state the inmate's needs; include: dialysis, hospital, nursing home, hospice, outpatient care, etc.):

Chief Health Officer

CHO/xyz

cc: Regional Medical Executive Director
Warden

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