

Offender Request and Consent for Examination by a Private Practitioner

I, (Offender name) _____ (TDCJ number) _____ hereby request
examination by:

Practitioner's name): _____

(Address): _____

City/State/Zip: _____

Phone number: _____

License or Certification: _____.

I acknowledge that all fees and related costs are my responsibility, and arrangement for payment will be made prior to examination. I understand that (facility of assignment) _____ will provide appropriate examination space as available. I further understand that examination by the above named practitioner will begin at a time after 9:00 a.m. and conclude by 4:00 p.m. on a weekday convenient for the clinic.

A copy of all findings and/or recommendations must be provided to the Texas Department of Criminal Justice, Health Services Division and its contracted health care providers. Neither the Texas Department of Criminal Justice, Health Services Division nor its contracted health care providers are bound by the findings or recommendations of private practitioners.

Offender Signature	TDCJ#	Date	Time
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Signature of Witness		Date	Time
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Signature of Private Practitioner		Date	Time
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