

# Sick Call Request

**Part A: (to be completed by inmate/resident)**

Inmate/Resident Name: Brown, Anthony L.

Inmate/ Resident Number: 6555 Date: 8/23/5

Work Assignment: None

Work Hours: \_\_\_\_\_ Housing Assignment: LH103

Reason for requesting Health Services Appointment (**BE SPECIFIC**): On 8/19, during a visit with Dr. Stapler, she told me that she would review the protocol and proper dosages for Pegintron, the medication used in my HCV tx. Although the Doctor told me she would inform me, in writing, of my correct dosage, I have not received that information and my medical request of 8/17 was returned with a non-responsive answer. Please inform me of my proper Pegintron dosage.

How long have you had this problem? See file - chronic

Inmate/Resident Signature: *Anthony Lee Brown*

Print Name: Anthony Lee Brown

**↓ DO NOT WRITE BELOW THIS LINE ↓**

**Part B: (to be completed by Health Services personnel)**

Health Services Reply: PROVIDER ~~letter~~ review

PEGINTRON 150 mg WEEKLY  
REBAVIRIN 400 mg twice a day

Health Services Signature: *Dr. Stapler*

Date: 8/26/05

White Copy: To Medical Records

Yellow Copy: To Dr. Stapler, MD Inmate During Exam