

**DEPARTMENT OF
JUVENILE JUSTICE**



FAX : MEDICAL REVIEW REQUEST

To: Office of Health Services

Fax Number: (850) 922-0151

From:

Pages:

Phone:

Date:

Time:

Request : Please review the attached records for medical recommendation for residential program placement.

Youth's Name:

Youth's DJJ ID Number:

Commitment Manager:

Probation Officer:

Youth current location:

Level of Program for Commitment:

Is this a Priority Review? Yes No If yes, explain:

Programs for Consideration:

For Initial Review

Additional Documents as requested

If this is additional documents being submitted upon request for this youth: List documents provided below: