

**ARIZONA DEPARTMENT OF CORRECTIONS
PHARMACY SERVICES STATISTICAL STATEWIDE REPORT**

CONTRACTOR NAME: _____

For Month and Year: _____ **Date Submitted:** _____

ARIZONA STATE PRISON COMPLEX	Number of inmates served	Number of scripts written	Number of inmates who received over-the-counter medications	Number of inmates who received prescription medications
Douglas				
Eyman				
Florence				
Lewis				
Perryville				
Phoenix				
Safford/Ft. Grant				
Tucson				
Winslow				
Yuma				
TOTAL				
COSTS				