"NON-FORMULARY DRUG REQUEST FORM"

CITY HOSPITAL CENTER AT ELMHURST 79-01 BROADWAY ELMHURST, NEW YORK, 11373

Patient's addressoplate Non-formulary drugs are not routinely stocked in the Pharmacy. Sufficient time (at least 24 hours) NOTE: should therefore be allotted for delivery of the medication. Drug (generic and trade name): Manufacturer, if known: Strength and dosage form: Directions for administration of the drug: Approximate quantity required during hospitalization: Reason for requesting drug: Attending Physician Name: ______ Service: _____ (Please stamp Physician's Name) Signature, Attending Physician: ______ Date: _____ Signature, Chief of Service: Date: _____ Approved by Chairman of the Committee on Pharmacy and Formulary (not required for HOSPICE patients): (EXT.3446) Date Dr. Joseph Masci Pharmacist's Comments: