

ELMHURST HOSPITAL CENTER

"NON-FORMULARY DRUG REQUEST FORM"

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

Patient's address plate

NOTE: *Non-formulary drugs are not routinely stocked in the Pharmacy. Sufficient time (at least 24 hours) 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):

Dr. Joseph Lieber (EXT. 3446) _____
Date

Pharmacist's Comments: _____