

Silver Cross Hospital Pharmacy phone number 815-300-7082.

This form is for System use only. Vehicle/Location for agency use of multiple vehicle order.

DRUG NAME/DOSAGE	ITEM #	QUANTITY	VEHICLE/LOCATION
ADENOSINE 6MG/2ML VIAL	5450887		
ALBUTEROL 2.5MG/3ML SQUIRTS	3321957		
AMIODARONE 450MG/9ML VIAL	3673506		
ASPIRIN 81MG CHEW TAB (single dose)	5552914		
ATROPINE 1MG/10ML JET	5702519		
CALCIUM GLUCONATE 1GM/10ML VIAL	5393525		
DEXTROSE 50% 25GM/50ML JET	2961555		
DIPHENHYDRAMINE 50MG/ML VIAL	1020700		
EPINEPHRINE 1:10,000 10ML JET	4763983		
EPINEPHRINE 1MG/ML AMPS (1:1000)	5065461		
FUROSEMIDE 40MG/4ML VIAL	4936399		
GLUCAGON 1 MG/ML VIAL	5250220		
GLUTOSE 15 GEL TUBE	4551479		
IPRATROPIUM 0.5 MG/2.5ML SQUIRT	3321965		
MAGNESIUM SULFATE 2GM/50ML IVPB	3881877		
NALOXONE 2MG/2ML SYR	4585402		
NITROGLYCERIN 0.4 MG SL TAB BOTTLE	5258595		
ONDANSETRON ODT 4MG TAB	4029419		
ONDANSETRON IV 2MG/ML 2ML VIAL	4541025		
SODIUM BICARB 10MEQ/10ML SYR	5663208		
SODIUM BICARB 50MEQ/50ML JET	5680335		
SODIUM CHLOR 0.9% 10ML VIAL	1986298		
SOLU-MEDROL 125 MG/2ML VIAL	4267654		
TETRACAINE OPHTH DROPS 4ML	5294491		
TRANEXAMIC ACID 1 GM/10ML VIAL	5099510		
MIDAZOLAM/VERSED 10MG/2ML VIAL	3698610		
FENTANYL 100MCG/2ML VIAL	3691888		
KETAMINE 500MG/10ML VIAL	5309810		

PRINT Name of Person Placing Order-PRINT: _____

FD/Agency Name: _____ Call-Back Phone #: _____

Date: _____ Time: _____

**Fax this form to Silver Cross Pharmacy at 815-300-2713
or email this form to NLPHARMORDRSEMS@silvercross.org**

Wait at least 24 hours then bring this form AND FD ID with you to pick up your order.