

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	5471339		
ALBUTEROL SQUIRTS 3ML	3321957		
ASPIRIN 81MG CHEW TAB (single dose)	4021556		
ATROPINE 1MG/10ML JET	4748877		
CALCIUM GLUCONATE 10% VIALS	5393525		
DEXTROSE 50% 25Gm/50ML JET	2961555		
DIPHENHYDRAMINE 50MG/ML VIAL	1020700		
DOPAMINE 800MG/500ML BAG	2126555		
EPINEPHRINE 1:10,000 10ML JET	2381176		
EPINEPHRINE 1MG/ML AMPS (1:1000)	5065461		
FUROSEMIDE 40MG/4ML VIAL	4936399		
GLUCAGON 1 MG/ML VIAL	5085329		
GLUCTOSE 15 GEL TUBE	3771813		
IPRATROPIUM 0.5 MG/VIAL SQUIRTS	3321965		
LIDOCAINE 100MG/5ML SYR	4786620		
MAGNESIUM SULFATE 2GM/50ML IVPB	3881877		
NALOXONE 2MG/2ML SYR	4585402		
NITROGLYCERIN 0.4 MG SL TAB BOTTLE	2994259		
ONDANSETRON ODT 4MG TAB	4029419		
ONDANSETRON IV 2MG/ML 2ML VIAL	4541025		
SODIUM BICARB 10MEQ/10ML SYR	2400455		
SODIUM BICARB 50MEQ/50ML JET	2381341		
SODIUM CHLOR 0.9% 10ML VIAL	1986298		
SOLU-MEDROL 125 MG/2ML VIAL	4267654		
TETRACAINE OPHTH DROPS 4ML	5294491		
EPIPEN ADULT	5315122		
EPIPEN JUNIOR	5315114		
MIDAZOLAM/VERSED 10MG/2ML VIAL	3698610		
MORPHINE 10MG/ML VIAL	5147608		
FENTANYL 100MCG/2ML VIAL	3691888		
KETAMINE 500MG/10ML VIAL	3699469		

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.

NARCOTICS ARE NOT FILLED UNTIL PICK UP – BRING EXPIRED VIALS

Policy 300-37d