

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.

MEDICATION NAME/DOSAGE	ITEM	QUANTITY	VEHICLE/LOCATION
ADENOSINE 6MG/2ML VIAL	4230231		
ALBUTEROL SQUIRTS 3ML	3321957		
ASPIRIN 81MG CHEW TAB (single	4021556		
ATROPINE 1MG/10ML JET	4748877		
CALCIUM GLUCONATE 10% VIALS	5073440		
DEXTROSE 50% 25Gm/50ML JET	2961555		
DIPHENHYDRAMINE 50MG/ML VIAL	3386067		
DOPAMINE 800MG/500ML BAG	2126555		
EPINEPHRINE 1:10,000 10ML JET	4763983		
EPINEPHRINE 1:1000 1MG/ML AMPS	4907945		
FUROSEMIDE 40MG/4ML VIAL	4936399		
GLUCAGON 1 MG/ML VIAL	5085329		
GLUCTOSE 15 GEL	3771813		
IPRATROPIUM 0.5 MG/VIAL SQUIRTS	3321965		
LIDOCAINE 100MG/5ML SYR	4786620		
NALOXONE 2MG/2ML SYR	4585402		
NITROGLYCERIN 0.4 MG SL TAB	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	1165810		
SOLU-MEDROL 125 MG/2ML VIAL	4267654		
TETRACAINE OPHTH DROPS	1074939		
EPIPEN ADULT	3214152		
EPIPEN JUNIOR	3214160		
MIDAZOLAM/VERSED 10MG/2ML VIAL	3698610		
MORPHINE 10MG/ML VIAL	5147608		
FENTANYL 100MCG/2ML VIAL	4726162		
KETAMINE 500MG/10ML VIAL	3699469		

Name of Person Placing Order-PRINT: _____

Signature of Person Placing Order: _____

FD/Agency Name: _____ Phone Number: _____

Date: _____ Time: _____

Fax this form to Silver Cross Pharmacy at 815-300-2713

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