



### Non-Formulary Drug Request Form

This form must be forwarded to the pharmacy along with the physician's medication order.

The non-formulary drug will be dispensed *only* if this form is completed in its entirety.

<b>Date:</b> _____	<b>Time:</b> _____
<b>Drug:</b> _____	
<b>Dosage and Dosage Form:</b> _____	
<b>Expected Duration of Therapy:</b> _____	
<b>Therapeutic Advantage over Formulary Drug:</b> _____	
<b>Submitted by (please print):</b> _____	
<b>Signature:</b>	<b>M.D.</b>
<b>Location:</b> _____	
<b>Telephone Number (or Pager Number):</b> _____	

*There may be a Delay in Obtaining a Non-Formulary Drug*

For Pharmacy Use Only	
<b>Patient care area notified of delay</b>	_____
<b>Name of Physician or Nurse Contacted</b>	_____
<b>Date Filled</b>	_____
<b>Pharmacist's Signature</b>	_____
<b>Authorized Signature</b>	_____
<b>Date Discontinued/Signature</b>	_____