



## Pharmacy Order Form – Public Health Anaphylaxis Kits

Date: \_\_\_\_\_ Name of Public Health Nurse: \_\_\_\_\_

Public Health Office: \_\_\_\_\_

Street Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Product Name	Strength	Unit Description	# Units Requested
EPINEPHrine	1 mg/mL (1:1000) inj	1mL ampoules	
diphenhydrAMINE	50 mg/mL	1mL vial	

FAX order to nearest RHA Pharmacy site:

Portage District Hospital Pharmacy	Fax: 204-857-4356
Boundary Trails Pharmacy	Fax: 204-331-8911
Bethesda Hospital Pharmacy	Fax: 204-346-1088
Notre Dame Pharmacy	Fax: 204-248-2218
Altona Pharmacy	Fax: 204-324-1299
Carman Pharmacy	Fax: 204-745-3029
Morris Pharmacy	Fax: 204-746-8457

GL code:      Public Health 880-1-715521211