

Request For Non-Formulary Drug

<u>Patient Status:</u>				<input type="checkbox"/> Emergency		<input type="checkbox"/> Non-Emergency	
<u>Name of Patient (Print) :</u>						<u>Date of Birth:</u>	
<u>Ward/Clinic:</u>		<u>Service:</u>		<u>Date:</u>		<u>Medical Record No:</u>	
<u>Name of Drug, Dosage Form, Strength, Frequency and Duration of Use:</u>							
<u>State reason for Non-Formulary Drug Use:</u>							
<u>Has the need for the drug been documented in the patient's Medical Record:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No				<u>Which Formulary medications were tried?</u>			
<u>Name of Prescribing Physician (Print):</u>			<u>Signature of Physician:</u>			<u>Date:</u>	<u>Time:</u>
<u>Attending Physician Contacted by Telephone</u> <input type="checkbox"/> Yes <input type="checkbox"/> No			<u>Approval Granted by Attending Physician</u> <input type="checkbox"/> Yes <input type="checkbox"/> No				
<u>Name of Attending Physician Granting Approval:</u>				<u>Date:</u>		<u>Time:</u>	
<u>Signature of Attending Physician:</u>				<u>Date:</u>		<u>Time:</u>	
<u>Instructions:</u>							
1. Complete Entire Form, including the name and signature of the Attend Physician							
2. Attach Supporting documentation: (Professional literature, Studies, etc.)							
3. Email completed form and documentation to KCHCNonFormulary@nychhc.org							
To be completed by Pharmacist/Technician receiving form:							
Quantity on Hand _____							
<u>Signature, Director of Pharmacy</u>						<u>Date</u>	<u>Time</u>