

Silver Cross Hospital Pharmacy phone number: 815-300-7082.

This form is for System use only.

Vehicle/Location column is for agency use of multiple vehicle/station orders.

| DRUG NAME/DOSAGE | ITEM # | QUANTITY | VEHICLE/LOCATION |
|-------------------------------------|---------|----------|------------------|
| ADENOSINE 6MG/2ML VIAL | 5450887 | | |
| ALBUTEROL 2.5MG/3ML SQUIRTS | 4580338 | | |
| AMIODARONE 450MG/9ML VIAL | 3673506 | | |
| ASPIRIN 81MG CHEW TAB (single dose) | 5552914 | | |
| ATROPINE 1MG/10ML JET | 5702519 | | |
| CALCIUM GLUCONATE 1GM/10ML VIAL | 5393525 | | |
| DEXTROSE 50% 25GM/50ML JET | 2961555 | | |
| DIPHENHYDRAMINE 50MG/ML VIAL | 1020700 | | |
| EPINEPHRINE 1:10,000 10ML JET | 4763983 | | |
| EPINEPHRINE 1MG/ML AMPS (1:1000) | 5065461 | | |
| FUROSEMIDE 40MG/4ML VIAL | 4936399 | | |
| GLUCAGON 1 MG/ML VIAL | 5250220 | | |
| GLUTOSE 15 GEL TUBE | 4551479 | | |
| IPRATROPIUM 0.5 MG/2.5ML SQUIRT | 4903357 | | |
| MAGNESIUM SULFATE 2GM/50ML IVPB | 5261078 | | |
| NALOXONE 2MG/2ML SYR | 4585402 | | |
| NITROGLYCERIN 0.4 MG SL TAB BOTTLE | 5258595 | | |
| ONDANSETRON ODT 4MG TAB | 4029419 | | |
| ONDANSETRON IV 2MG/ML 2ML VIAL | 4541025 | | |
| SODIUM BICARB 50MEQ/50ML JET | 5680335 | | |
| SODIUM CHLOR 0.9% 10ML VIAL | 1986298 | | |
| SOLU-MEDROL 125 MG/2ML VIAL | 4267654 | | |
| TETRACAINE OPHTH DROPS 4ML | 5294491 | | |
| TRANEXAMIC ACID 1 GM/10ML VIAL | 5099510 | | |
| MIDAZOLAM/VERSED 10MG/2ML VIAL | 3698610 | | |
| FENTANYL 100MCG/2ML VIAL | 3691888 | | |
| KETAMINE 500MG/10ML VIAL | 5309810 | | |

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.