CONTROLLED SUBSTANCE REQUISITION FORM

LOCATION: __PACU_____ **DATE:**_____ **REQUESTED BY (Legibly Print):**_____

REQUESTED BY (Signature):_____

For 1300 delivery, submit orders to pharmacy satellite personnel by 0900 on Mondays, Wednesdays, and Fridays (excluding holidays). Orders written after 0900 on these days or anytime on other days, must be delivered to the Main Pharmacy and picked up after filling requests.

*******PHARMACY USE ONLY*******

_____
FILLED BY/ DATE

_____
RECEIVED BY/ DATE
(DIFFERENT FROM REQUESTOR)

DRUG		QTY	DRUG	QTY
FENTANYL 100MCG/2ML INJ	10s			
HYDROMORPHONE 2MG/ML INJ	1s			
MORPHINE 10MG/ML INJ	10s			
MORPHINE 30MG/30ML PCA	1s			