

For Physician's Office - Injectable Drug Replacement / Request Form

Fax to Pharmacy Services at **855-811-9332**, or call **888-602-3741**

to speak to a representative. **Form must be completed for processing.**

Patient's Name: _____

Patient ID #: _____

Address: _____

Apt # or Suite #: _____

City: _____ State: _____

Zip Code: _____

Phone #: _____ Height: _____ Weight: _____ lbs = _____ Kg

Birth Date: _____

Physician's Name: _____

License #: _____

Address: _____

Apt # or Suite #: _____

City: _____ State: _____

Zip Code: _____

Contact Person: _____ Phone #: _____

Fax #: _____ E Mail: _____

To be Administered from (on): _____ to _____ or was administered on: _____ to be replaced to physician's office.

Drug Name (see below): _____

Sig (How Administered): _____

Diagnosis: _____

ICD-9 Diagnosis Code: _____

Justification for use (add attachment if necessary) _____

Physician Antibiotics	Strength	Steroids	Strength
Ampicillin Sodium	500mg	Aristospan Parenteral	20mg/mL, 1mL
Ampicillin Sodium,	1g	Aristospan Intralesional	5mg/mL, 5mL
Ampicillin Sodium,	2g	Celestone Soluspan	3-3mg/mL, 5mL vial,
Ampicillin Sodium	250mg	Decadron LA	8mg/mL, 1mL
Bicillin LA	300,000u/ml 10mL	Decadron w/ Xylocaine	4-10mg/mL, 5mL vial,
Bicillin LA	1.2mu/2mL	Depo-Medrol	40mg/mL , 1mL
Bicillin LA	2.4mu/4mL	Depo-Medrol	80mg/mL, 1mL
Bicillin C-R	1.2mu/2mL	Methylprednisolone Sod. Suc.	40mg/mL, 1mL
Bicillin C-R	2.4mu/4mL	Prednisolone Tebutate (TBA)	20mg/mL,10mL
Cefazolin Sodium	500mg	Triamcinolone Acetonide	40mg/ml, 1mL,
Cefazolin Sodium	1g	Hormones	Strength
Gentamycin	10mg/ml, 2mL	Depo-Testosterone	100mg/mL, 10mL
Gentamycin	40mg/mg, 2mL	Depo-Testosterone	200mg/mL, 1mL
Gentamycin	40mg/mL, 20 mL	Depo-Estradiol	5mg/mL, 5mL
Pen G Potassium	5mu/ vial,	Estrone Aqueous	5mg/mL 10mL
Rocephin	250mg	Nandrolone Decanoate	50mg/mL, 2mL
Rocephin	500mg	Nandrolone Decanoate	100mg/mL, 2mL
Rocephin	1g	Nandrolone Decanoate	200mg/mL, 1mL
Rocephin	2mg	Miscellaneous	Strength
Tobramycin	40mg/mL, 2mL,	Calcitonin Salmon	200mcg/mL, 2mL
Tobramycin	10mg/mL, 30mL,	Cyanocobalamin	1000mg/mL, 1mL,
Vancomycin HCl	500mg	Dicyclomine	10mg/mL, 2mL
Vancomycin HCl	1g	Other (Write in):	
Arthritis Treatment	Strength		
Methotrexate Sodium	25mg/mL, 2mL		

Prescriber Signature: _____ Date: _____