

ATTENTION: Employee Health Contact _____

(Name of Employee Health Nurse)

2023
EMPLOYEE HEALTH FLOOR STOCK REQUEST
GENESIS MEDICAL CENTER

CHARGE NUMBER	DRUG	PAR	ORDER/ CHARGE QTY
700005	Acetaminophen 500 mg caplets (Tylenol)	1 Box of 100	
715132	Hepatitis B Vaccine 20mcg/ml Adult - Engerix	1 Box of 10	
727044	Ibuprofen 200 mg tablets (Motrin)	1 Box of 100	
715410	M-M-R Virus Vaccine, Live with Diluent	1 Box of 10	
251338	Boostrix - Tetanus Diphtheria Pertussis	1 Box of 10	
251422	TD – Tetanus Diphtheria	1 Box of 10	
251023	Varivax - Varicella Vaccine, Live with Diluent	1 Box of 10	

Filled / Validated By: _____/_____

Received By: _____ Date / Time: _____/_____

Please, indicate campus: Aledo DeWitt East Silvis West

Please send on Pharmacy rounds by _____ on _____

Please notify, if unable to be delivered on rounds.

Will pick up on _____.

Please call Employee Health at _____ when ready for pick-up.

Pharmacy Fax #: 421-6197 – East 421-1197 – West 281-5039 – Silvis

Date Ordered: _____

Cost Center Bill #: 100.82000.35000

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