



# Non-Formulary Medication Request Form (Site-specific request)

Requested by		Phone	
Requested Date		Requesting Provider	
Affected site(s)	Iredell Memorial Hospital		
	Statesville ASC - Bryant		
	Statesville ASC - Davie		
	Mooresville ASC		

## Non-Formulary Medication Information

Medication and strength	
Brand	
Reason can't use formulary alternative medication	
Comments	

**Please fax completed form to Pharmacy: on-campus: x3590, off-campus: (704) 878 -7283**

## This Section for Pharmacy use

placeholder for "Please forward to..." field

This request applies to case #	
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1