

**Memorial  
Health Care System**

**NON-FORMULARY DRUG REQUEST**

**Patient Name:** \_\_\_\_\_ **Room #:** \_\_\_\_\_

*Completion of this form does not constitute a request for addition of this drug to the formulary. Proposals for addition to the formulary must be made on the "Formulary Additional/Deletion Request" form available from the Pharmacy.*

*A separate request must be completed for each patient for whom the following drug is prescribed.*

**Generic Name:** \_\_\_\_\_

**Trade Name(s):** \_\_\_\_\_

**Route:** \_\_\_\_\_

**Dosage:** \_\_\_\_\_

**Frequency:** \_\_\_\_\_

**Intended Therapeutic Use:** \_\_\_\_\_

**Reason(s) for using this drug rather than a drug listed in the formulary:** \_\_\_\_\_

**Expected duration of therapy with this drug while patient is hospitalized (Pharmacy will obtain an initial supply sufficient to treat this patient):** \_\_\_\_\_

***I UNDERSTAND THAT THE ABOVE DRUG HAS NOT BEEN ACCEPTED BY THE MEDICAL STAFF FOR USE IN THIS FACILITY AND IS NOT LISTED IN THE FORMULARY. I FURTHER UNDERSTAND THAT SINCE THIS DRUG MUST BE OBTAINED FROM OUTSIDE THE FACILITY, ITS PROCUREMENT MAY BE DELAYED.***

\_\_\_\_\_  
**Signature of Requesting Physician**

\_\_\_\_\_  
**Date:**