

HOSPITAL LETTERHEAD

**REQUISITION FOR DANGEROUS DRUG PREPARATION  
OR DRUG PREPARATION CONTAINING CONTROLLED CHEMICAL  
FOR IN-PATIENT USE**

Requisition No: # /Ward or Unit/Calendar Year

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

To: The Chief Pharmacist

Request for (Pls encircle, as appropriate: initial / replenishment) emergency/floor stock of the controlled drug named hereunder:

Name of controlled drug, dosage strength and form	Quantity	Ward/Unit where needed

*(Note: Only 1 drug strength and form per requisition)*

The undersigned undertakes to submit the corresponding Administration Sheet to fully account the disposition of the requested controlled drug and to facilitate replenishment of stock. Further, take full responsibility and accountability on subject controlled drug.

\_\_\_\_\_  
*Printed Name and Signature of Nurse-In-Charge*

Conforme:

\_\_\_\_\_  
*Printed Name and Signature of Physician on duty*

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This portion to be filled-out by the Pharmacist:

[  ] APPROVED.

[  ] DISAPPROVED.

\_\_\_\_\_  
*Printed Name, Signature of Dispensing Pharmacist / Date*

State reason: \_\_\_\_\_

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\_\_\_\_\_  
*Printed Name, Signature of Receiving Nurse /Date)*

