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:

<table>
<thead>
<tr>
<th>Name of controlled drug, dosage strength and form</th>
<th>Quantity</th>
<th>Ward/Unit where needed</th>
</tr>
</thead>
</table>

(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

******************************************************************************

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)
# RECORD OF DANGEROUS DRUG PREPARATION AND DRUG PREPARATIONS CONTAINING CONTROLLED CHEMICAL DISPENSED TO IN-PATIENTS (THROUGH FLOOR STOCK)

With Reference to Requisition No: __________________________
Name of Controlled Drug Preparation: ______________________
Quantity: ________________________________________________

<table>
<thead>
<tr>
<th>Date of Adm</th>
<th>Time of Adm</th>
<th>Full Name of Patient</th>
<th>Patient Hospital ID No.</th>
<th>Room / Bed No.</th>
<th>Name of Prescribing Physician</th>
<th>S2 License No</th>
<th>Physician’s Signature</th>
<th>Name of Administering Nurse</th>
<th>PRC License No</th>
<th>Nurse’s Signature</th>
<th>Dose</th>
<th>Balance</th>
<th>Remarks (wastage, etc.)</th>
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I hereby certify that above information is true and correct: ___________________________________________________________

Printed Name and Signature of Head Nurse