

AcuDose-Rx
Request for Medication Additions & Removals
Please fax completed form to 2-7387

Nursing Unit: _____ **Date:** _____

Name of Medication: _____

Strength and Form: _____

Reason for Request to ADD or REMOVE:

**Other concentrations of this drug already stocked in AcuDose
(for the same indication):**

Nurse Manager Signature: _____

Pharmacy Management Team review status:

Is the medication in "ready-to-administer" form, or what manipulations are needed prior to administration?

Approved

Not Approved

PMT comments:

