



**AcuDose-Rx OVERRIDE:**  
**Request for Emergency Access to Medications**  
*Please fax completed form to Kristen Baker at 2-7564*

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

**Name of Medication:** \_\_\_\_\_

**Strength and Form:** \_\_\_\_\_

**Explanation of why emergency access is needed for this medication:**

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**Nursing Unit:** \_\_\_\_\_

**Nurse Manager Signature:** \_\_\_\_\_

**Pharmacy Management Team review status:**

**APPROVED      NOT APPROVED**

***PMT Comments:***

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