

## NEW DRUG REQUEST

<b>THRU:</b> <i>(Specify Department)</i> <b>Chief</b>		<b>TO:</b> <b>Chief Pharmacy Services</b>		<b>FROM:</b> <i>(Physician's Name and Location)</i>	
1. GENERIC NAME		2. TRADE NAME(S)		3. MANUFACTURER	4. DOSAGE FORM(S)
					5. MONTHLY US- AGE <i>(Estimated)</i>
6. RECOMMENDATIONS <input type="checkbox"/> GENERAL USE <input type="checkbox"/> CLINICAL TRIAL <input type="checkbox"/> RESTRICTIONS <i>(Specify)</i>		<input type="checkbox"/> ONE TIME PURCHASE		7. THERAPEUTIC INDICATIONS	
8. ADVANTAGES OF REQUESTED DRUG		9. DELETED DRUGS <i>(If new drug is approved)</i>			
DATE		TYPED NAME OF REQUESTING PHYSICIAN		SIGNATURE	
<i>FOR COMPLETION BY CHIEF OF DEPARTMENT</i>					
10. RECOMMENDATIONS <input type="checkbox"/> ONE TIME PURCHASE <input type="checkbox"/> GENERAL USE <input type="checkbox"/> RESTRICTIONS <i>(Specify in Item 11)</i> <input type="checkbox"/> CLINICAL TRIAL <input type="checkbox"/> DISAPPROVED		11. REMARKS			
DATE		TYPED NAME AND TITLE		SIGNATURE	
<i>FOR COMPLETION BY CHIEF, PHARMACY SERVICE</i>					
12. REMARKS/RECOMMENDATIONS					
13. COST COMPARISON					
<i>FOR COMPLETION BY THERAPEUTIC AGENTS BOARD</i>					
14. RECOMMENDATIONS <input type="checkbox"/> ONE TIME PURCHASE ONLY <input type="checkbox"/> GENERAL USE <input type="checkbox"/> CLINICAL TRIAL <input type="checkbox"/> STANDARDIZATION <input type="checkbox"/> RESTRICTIONS <i>(Specify in Item 15)</i> <input type="checkbox"/> DISAPPROVED <i>(Specify in Item 15)</i>		15. REMARKS			
DATE		TYPED NAME AND TITLE		SIGNATURE	