Partners in Recovery

Emergency Floor Stock Medication Reorder Form

Fax to Pharmerica 800-354-0711

Clinic Site:_____ Date:_____

Nurse's Signature:_____ Telephone Number_____

Printed Name: _____ Clinic Fax Number:_____

Stock Medication Name, Strength, and Quantity	Quantity Ordered	Quantity Rec'd	Quantity Owed

***Limit of 2 vials at a time. TO BE USED ONLY IN AN EMERGENCY SITUATION PRIOR TO RE-ORDERING

Date Order Filled:_____

Special Delivery Instructions:

Courier Signature:_____

Signature of Receipt by Clinic Site Nurse:_____