



FMOLHS Non-Formulary Request Form

Instructions & Information

- 1) Fill out all sections clearly (incomplete/illegible forms will not be accepted)
- 2) A separate request must be completed for each patient for whom the following drug is prescribed.
- 3) Completion of this form does **NOT** constitute a request for addition of this drug to the formulary. Proposals for addition to the formulary must be made on a **Request for Formulary Addition Form**. A copy of this form may be found on the pharmacy drug information page (www.formweb.com/ololrhc).

Patient Information

Patient Name:		Medical Record Number:	
Nursing Unit:			
Date/Time:			

Drug Requested

Generic Name:		Brand Name:	
Dose, Route & Frequency:			
Expected Duration (pharmacy will obtain an initial supply sufficient to treat this patient for the expected duration of therapy):			
1) Are there formulary medications similar to the requested drug?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
2) Does the patient have a documented allergic reaction to the formulary medications?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
3) Has the patient been taking the requested drug prior to admission?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
4) What makes the requested drug superior to the formulary medications?			
I understand that the above drug has not been accepted by the medical staff for use in this facility and is not listed in the formulary. I further understand that since this drug must be obtained from outside the facility, its procurement might be delayed. If the expected delay will exceed four hours, I will be so notified.		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Signature of Prescriber:		Phone Number:	