



**UConn Health/John Dempsey Hospital Department of Pharmacy Services**  
**Interdepartmental Pharmacy Requisition Form**  
**Phone: 860-679-7627 or 860-679-8707 Fax: 860-679-1231 or 860-679-1918**  
**(Please print legibly)**

<b>Department</b>	<input type="checkbox"/> OR <input type="checkbox"/> Procedure Center <input type="checkbox"/> Inst Rm
<b>Comments</b>	
<b>Once all areas completed below, fax for above departments ONLY to 860-679-1231</b>	

<b>Department</b>	
<b>Comments</b>	
<b>Once all areas completed below for above department, fax to 860-679-1918</b>	

<b>FUND</b>		<b>ORG</b>		<b>PGM</b>		<b>ACCT</b>	
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<b>Date</b>		<b>Ordered By</b>		<b>Phone Number</b>	
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<b>Only if order is patient specific.</b>			
<b>Order should be faxed with an approved UConn Health Fax Cover</b>			
<b>Patient Name</b>	<b>TOO</b>	<b>DOB</b>	<b>Allergies</b>

<b>PRODUCT (name, strength, vial size, etc.)</b>	<b>Quantity</b>	<b>Pharmacy Use</b>

Filled by: \_\_\_\_\_ Date: \_\_\_\_\_ Checked: \_\_\_\_\_