



REQUEST FOR SPECIAL PURCHASE OF NON-FORMULARY



MEDICATION

Note: Request for non formulary items should be made to save life and/or prevent suffering when no suitable formulary agent can be substituted

Date: -----

Important Instructions:- Forms to be filled and signed by the Consultant, please deposit form at Apex Medicos pharmacy (Mr.Kanhiya or Mr.Sandeep Jhawar).

- **Name of the Drug :**

- **Company and Division**
In 1st 100/ Not in 1st 100. (According to ORG Survey)
❖ list available with pharmacy and on www.apexhospital.in

- **Company contact in Jaipur:**

- **Name of consultant :**

1.	Signature
2.	Signature
3.	Signature
4.	Signature

- **Approximate use per month:-----**
- **Approved by: MD/Director**

- **Form Date ----- Till ----- (Approximate date for using above medicine)**

- ❖ **Forms available at pharmacy and can be downloaded from www.apexhospital.in**