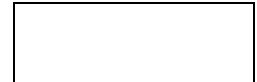


**MEDICATION
 REQUEST**



Agency Name			Reporting Period From: _____ To: _____		
Shipping Address					
City	State	Zip Code			

MEDICATION	BEGINNING INVENTORY	AMOUNT DISPENSED	EXPIRED, LOST, OR DESTROYED	ENDING INVENTORY	AMOUNT REQUESTED		AMOUNT SHIPPED
					QUANTITY	DISPENSING UNIT	
Azithromycin (250 mg) <i>250 mg / 30 per bottle</i>						Bottle(s)	
Azithromycin (500 mg) <i>500 mg / 30 pills per bottle</i>						Bottle(s)	
Aldara Cream (Imiquimod) <i>.25 mg Tube / 12 tubes per box</i>						<input type="checkbox"/> Tube(s) <input type="checkbox"/> Box(es)	
Bicillin LA (Benzathine-Penicillin) <i>1,200,000 ul/4 ml / 10 syringes per box</i>						<input type="checkbox"/> Box(es) <input type="checkbox"/> Unit(s)	
Bicillin LA (Benzathine-Penicillin) <i>2,400,000 ul/4 ml / 10 syringes per box</i>						<input type="checkbox"/> Box(es) <input type="checkbox"/> Unit(s)	
Bactrim (Sulamethaxazol/Trimethoprim) <i>800 mg Sulam, 160 mg Trim / 100 per bottle</i>						Bottle(s)	
Doxycycline <i>100 mg / 50 per bottle</i>						Bottle(s)	
Elimite/Acticin Cream 5% (Permetherin) <i>60 gram / 24 tubes per case</i>						<input type="checkbox"/> Tube(s) <input type="checkbox"/> Box(es)	
Erythromycin (Ery-Tab) <i>250 mg / 30 per bottle</i>						Bottle(s) (of 30)	
Erythromycin (Ery-Tab) <i>250 mg / 100 per bottle</i>						Bottle(s) (of 100)	
Lidocaine w/preservative (multi dose) <i>50 ml / 25 units per box</i>						<input type="checkbox"/> Unit(s) <input type="checkbox"/> Box(es)	
Metronidazole (Flagyl) <i>250 mg / 100 per bottle</i>						Bottle(s)	
Rocephin (Ceftriaxone) <i>250 mg / 6 cc / 10 units per box</i>						<input type="checkbox"/> Unit(s) <input type="checkbox"/> Box(es)	
Sterile Water <i>10 ml / 10 cc / 25 units per box</i>						<input type="checkbox"/> Unit(s) <input type="checkbox"/> Box(es)	
Terconazole (Terazol) <i>0.71 oz., 20 gram / Single Units</i>						Unit(s)	
Diflucan (Fluconazole) <i>200 mg / 30 per bottle</i>						Bottle(s)	

Requested By (Print)	Signature	Phone	Date
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FOR STATE USE ONLY	Approved to Ship	Approved Date	Order No.	Shipped By	Date Shipped
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