

Memorial EMS System (0327 and 0653) Medication Refill Request Form—EMR

Agency			Rig #		Date	
Contact Person				Contact Number		
Replacement Obtained By (Pharmacy Staff Member)				Date/Time		
Requested Picked Up By				Date/Time		
Level	Number Supplied	Medication	How Supplied	Quantity Needed	Date(s) Medications Expire (dd/yy)	Quantity Given by Pharmacy
EMR	2	Naloxone (Narcan)	2 mg/2 ml syringe			
EMR	2	Oral Glucose (to be purchased by agency)	15 g tube	NA		NA

*This count is per protocol and does not reflect changes due to shortages.
Always refer to active Memos regarding shortages.*