

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

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
TEMS	1	atropine	8 mg/20 ml vial			
TEMS	1	Cyanokit	5 g vial			
TEMS	2	diphenhydramINE (Benadryl)	50 mg/1 ml vial			

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