



Request for Return of Expired Emergency Order

HOPEHEALTH
HULITAR HOSPICE CENTER
1085 N. Main Street
Providence, RI 02904
Phone: 401-351-5570
Fax: 401-351-2813

Emergency order # RX _____ needs to be replaced.

[] MORPHINE SULFATE Concentration: 10 MG/ML Size: 50 ML bag

[] HYDROMORPHONE HCL Concentration: 5 MG/ML Size: 50 ML bag

[] DEXMEDETOMIDINE HCL Concentration: 40 MCG/ML Size: 50 ML bag

[] KETAMINE HCL Concentration: 10 MCG/ML Size: 50 ML bag

[] MIDAZOLAM Concentration: 5 MG/ML Size: 50 ML bag

Please give the expired bag to our delivery driver to be returned to the pharmacy.

Pump# _____ will stay in the unit and will now correspond with the new emergency order

RX _____

Please see attached EMERGENCY USE PHYSICIAN ORDER that needs to be signed and faxed back to

Bayview Pharmacy at 401-284-4506



3844 Post Road
Warwick RI 02886
Ph: 401-284-4505
Fax 401-284-4506