



Request for Return of Expired Emergency Order and Pump

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

Emergency order # RX_____ has expired.

[] MORPHINE SULFATE Concentration: 5 MG/ML Size: 100 ML bag

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

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

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

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

Pump# _____ needs to be **RETURNED**

RX# _____ needs to be **RETURNED**

Bayview Pharmacy at 401-284-4506



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