



## 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

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Emergency order # RX\_\_\_\_\_ needs to be replaced.

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

[ ☐ ] MIDAZOLAM Concentration: 5 MG/ML Size: 25 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