

Marquette County EMS Medical Control Authority

Albuterol Restocking Form

Part 2, Sect. 3

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THIS FORM IS TO BE USED WHEN RESTOCKING ALBUTEROL AT HOSPITAL PHARMACIES.

Date:

EMS SERVICE:

Tissue Account Number:

Printed Name of Individual Picking up Albuterol: _____
(Must be Legible)

Signature of Individual Picking up Albuterol: _____

MGH Stock #	Quantity	Drug Name	Bell Memorial Stock #
308452	10	Ventolin (Albuterol) Unit Dose	

MGH Instructions: Bring Form to MGH pharmacy located on 3rd floor for immediate restocking.

Bell Instructions: Bring Form to pharmacy for restocking. Located on 1st floor. Restocking must be done during pharmacy hours. No extra Albuterol will be stocked in Emergency Department cabinet.

Initial Approval: 09/04/01
Form Date: 9/2001