

ERIE COUNTY MEDICAL CENTER DEPARTMENT OF PHARMACEUTICAL CARE SERVICES
 ADVANCED LIFE SUPPORT LEVEL IV PARAMEDIC PROGRAM
 MEDICATION REQUISITION AND BILLING FORM

| INJECTABLES: | DP # | STOCK LEVEL | ORDER | FILLED | COST EACH | TOTAL |
|--|-------|-------------|-------|--------|-----------|-------|
| ADENOSINE INJ 6 MG / 2 ML VIAL | 34900 | 1 | | | | |
| ATROPINE INJ 1 MG / 10 ML SYRINGE | 34901 | 10 | | | | |
| BRETYLIUM INJ 50 MG/ML 10 ML SYRINGE | 34902 | 10 | | | | |
| CALCIUM CHLORIDE INJ 1 GM/10 ML SYRINGE | 34903 | 10 | | | | |
| * CALCIUM GLUCONATE 10% INJ 10 ML VIAL | 34904 | 25 | | | | |
| * CEFTRIAXONE 1 GRAM INJECTION | 34905 | 10 | | | | |
| DEXTROSE INJ 50% 25 GRAM/50 ML | 34906 | 10 | | | | |
| * DIMENHYDRINATE 50 MG/1 ML SYRINGE | 34907 | 10 | | | | |
| DIPHENHYDRAMINE INJ 50MG/1 ML TUBEX | 34908 | 10 | | | | |
| * DIPHENHYDRAMINE INJ 50 MG/1 ML VIAL | 34909 | 10 | | | | |
| DOPAMINE IN D5W 400MG / 250 ML MINIBAG | 34910 | 18 | | | | |
| EPINEPHRINE INJ 1 MG/1 ML (1:1000) AMP | 34911 | 25 | | | | |
| EPINEPHRINE INJ 1 1/2" SYRINGE 1 MG/10 ML (1:10,000) | 34912 | 10 | | | | |
| FUROSEMIDE INJ 40 MG/4 ML SYRINGE | 34913 | 10 | | | | |
| GLUCAGON INJ 1 MG/1 ML VIAL | 34914 | 1 | | | | |
| LABETALOL INJ 5MG/ML 20 ML VIAL | 34915 | 1 | | | | |
| LIDOCAINE 0.4% IN D5W (4MG/ML) 500 ML MINIBAG | 34916 | 18 | | | | |
| LIDOCAINE INJ 2% 5 ML SYRINGE | 34917 | 10 | | | | |
| MAGNESIUM SULFATE 1 GRAM/100 ML D5W | 34918 | 24 | | | | |
| METHYLPREDNISOLONE SS INJ 125MG/2 ML VIAL | 34919 | 1 | | | | |
| NALOXONE INJ 2 MG / 2 ML AMPULE | 34920 | 10 | | | | |
| PROCAINAMIDE INJ 100 MG/ML 10 ML VIAL | 34921 | 25 | | | | |
| SODIUM THIOSULFATE INJ 25% 12.5 GM/10 ML VIAL | 34922 | 1 | | | | |
| SODIUM BICARBONATE INJ 5 mEq/10 ML PEDIATRIC SYRINGE | 34923 | 10 | | | | |
| SODIUM BICARBONATE INJ 8.4% 50 mEq/50 ML SYRINGE | 34924 | 10 | | | | |
| * TERBUTALINE INJ 1 MG/1 ML AMPULE | 34925 | 10 | | | | |
| THIAMINE INJ 100 MG / 1 ML VIAL | 34926 | 25 | | | | |
| * VECURONIUM INJECTION 10 MG VIAL | 34927 | 10 | | | | |
| VERAPAMIL INJ 5 MG/2 ML SYRINGE | 34928 | 10 | | | | |
| | | | | | | |
| MISCELLANEOUS: | DP # | STOCK LEVEL | ORDER | FILLED | COST EACH | TOTAL |
| ALBUTEROL INHALATION SOLN 2.5 MG/3 ML | 34929 | 25 | | | | |
| BENZOCAINE SPRAY 20% 60 ML CAN | 34930 | 1 | | | | |
| *EPINEPHRINE RACEMIC INHAL SOLN 2.25% | 34931 | 1 | | | | |
| IPECAC SYRUP 30 ML | 34932 | 1 | | | | |
| LIDOCAINE JELLY 2% 5 ML TUBE | 34933 | 10 | | | | |
| NIFEDIPINE 10 MG CAPSULE U/D | 34934 | 100 | | | | |
| NITROGLYCERIN 2% OINTMENT 30 GRAM TUBE | 34935 | 1 | | | | |
| NITROGLYCERIN 0.4 MG SL TABLET (1/150 GR) | 34936 | 100 | | | | |
| | | | | | | |

* DENOTES MERCY FLIGHT ONLY!

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| DESCRIPTION | DP # | STOCK LEVEL | ORDER | FILLED | COST EACH | TOTAL |
|--------------------------------------|-------|-------------|-------|--------|-----------|-------|
| DIAZEPAM INJECTION 10 MG / 2 ML VIAL | 34937 | 25 | | | | |
| MORPHINE INJECTION 10 MG / 1 ML VIAL | 34939 | 25 | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

REQUESTER'S AUTHORIZED SIGNATURE _____

PARAMEDIC ID
 NUMBER _____

AMBULANCE UNIT NUMBER _____

PHARMACIST'S
 SIGNATURE _____

DATE
 DISPENSED _____

SUBTOTAL _____

HANDLING CHARGE
 (10% OR \$ 5.00 MIN) _____

TOTAL _____

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BILL TO : (CIRCLE ONE)

BIG TREE VOLUNTEER FIRE CO., INC
7 SOUTH PARK AVENUE
BLASDELL, NEW YORK 14219
898-3580

CATTARAUGUS AREA AMBULANCE SERVICE
MEMORIAL DRIVE
P.O. BOX 44
CATTARAUGUS, NEW YORK 14719
257-5177

COLDEN FIRE COMPANY
8448 GUTEKUNST ROAD
COLDEN, NEW YORK 14134
941-5353

ELMA VOLUNTEER FIRE CO., INC.
2945 BOWEN ROAD
ELMA, NEW YORK 14059
652-2122

GOWANDA AMBULANCE SERVICE
P.O. BOX 143
10 MILL STREET
GOWANDA, NEW YORK 14070
532-2323

HILLCREST VOLUNTEER FIRE COMPANY
C/O ORCHARD PARK FIRE DISTRICT
30 SCHOOL STREET
ORCHARD PARK, NEW YORK 14127
662-5774

HOLLAND FIRE DEPARTMENT
49 N. MAIN STREET
HOLLAND, NEW YORK 14080
652-4333

LAKESHORE VOLUNTEER FIRE CO.
4591 LAKESHORE ROAD
HAMBURG, NEW YORK 14075
882-8400

LANCASTER AMBULANCE SERVICE
P.O. BOX 164
40 EMBRY PLACE
LANCASTER, NEW YORK 14086-0164
683-3282

MEMORIAL VOLUNTEER PARAMEDICS
P.O. BOX 3
CHAFFEE, NEW YORK 14030
496-9934

MERCY FLIGHT, INC.
455 DELAWARE AVENUE
BUFFALO, NEW YORK 14202
849-9438

NEWTON-ABBOTT FIRE COMPANY
ABBOTT ROAD
P.O. BOX 2001
BLASDELL, NEW YORK 14219
825-3663

NIAGARA FRONTIER TRANSIT AUTHORITY
251 CAYUGA DRIVE
CHEEKTOWAGA, NEW YORK 14225
630-6011

RURAL METRO AMBULANCE SERVICE
600 DELAWARE AVENUE
BUFFALO, NEW YORK 14202
882-8400

SCRANTON VOLUNTEER FIRE CO.
5395 SCRANTON ROAD
HAMBURG, NEW YORK 14075
648-4563

TWIN CITY AMBULANCE SERVICE
365 FILLMORE STREET
TONAWANDA, NEW YORK 14150
692-2342

WEST FALLS FIRE COMPANY
1864 DAVIS ROAD
WEST FALLS, NEW YORK 14170
652-1353