

REHAB/MED _____
 CLINIC ACCT NUMBER _____

DATE _____

CONTACT NAME _____
 PHONE NUMBER _____

| COMMON NAME | DRUG NAME | SIZE | ITEM # | ORDER QTY | FILL QTY |
|-----------------------|-----------------------------|------------|---------|-----------|----------|
| BUPIVICAINE | BUPIVAC 0.5 % VL | 10 ml | 1284728 | | |
| BUPIVICAINE | BUPIVAC 0.25 % VL | 25 x 10 ml | 1583293 | | |
| DEXAMETHASONE | DEXAMETH 4mg/ml | 25 x 1 ml | 1347004 | | |
| ETHYL CHLORIDE | ETHYL CHLORID MED SPRAY LIQ | | 1009281 | | |
| TRIAMCINOLONE | KENALOG 40 MG/ML VL | 1ml | 1284975 | | |
| TRIAMCINOLONE | KENALOG 40 MG/ML VL | 5ml | 1287176 | | |
| LIDOCAINE | LIDO 1 % T/T VL | 30 ml | 1057793 | | |
| LIDOCAINE | LIDO 1 % VL | 50 ml | 1540533 | | |
| LIDOCAINE | LIDO 1% 10mg/ml | 25 x 10 ml | 1161017 | | |
| LIDOCAINE/EPINEPRHINE | LIDO/EPI 1 % MDV | 30 ml | 1028281 | | |
| | SODIUM CHLOR 0.9% FTV | 25 x 10 ml | 1986298 | | |
| HYALURONATE | SYNVISIC SYRINGE | 3 X 2ML | 3648334 | | |
| updated 7/2006 | | | | | |