Tulalip Clinical
PHARMACY
A TTFC Company

INTERDEPARTMENTAL PHARMACEUTICAL PRODUCTS ORDER FORM

Department Requesting: _____ **Date of Request:** _____

Requested By (Name/Title): _____ **Authorized Signature:** _____

Product Name	Form (Strips, Patch, etc.)	Strength (4mg, 21mg, etc.)	Flavor	Qty Per Box	Order Qty (Boxes)	Urgency (Routine / Urgent)

Delivery Instructions / Special Notes:

For Supply Chain / Pharmacy Use Only

Date Received: _____ Processed By: _____ Date Dispatched: _____