



# DRUG REQUISITION RETRIEVAL FORM

Provider Name: \_\_\_\_\_ Provider No. \_\_\_\_\_

Address: \_\_\_\_\_ Prepared by: \_\_\_\_\_

Date: \_\_\_\_\_

DRUG	BRAND	Pack Size	QUANTITY TO BE RETRIEVED	EXPIRY DATE	REASON FOR RETRIEVAL	INVOICE#	BATCH/LOT#
Acetazolamide Tablets 250mg							
Amitriptyline 25mg							
Amlodipine 10mg							
Amlodipine 5mg							
Aspirin 81mg							
Atenolol Tablets 100mg							
Atenolol Tablets 50mg							
Atorvastatin Tablets 10mg							
Atorvastatin Tablets 20mg							
Atorvastatin Tablets 40mg							
Beclomethasone Inhaler 50mcg/dose							
Bendrofluazide (Bezide) 2.5mg Tablets							
Bendrofluazide 5mg/Reserpine 0.15mg							
Benztrapine Tablets 2mg							
Betaxolol Eye Drops 0.25%							
Brimonidine Eye Drops 0.2%							
Canasol Eye Drops 0.1%							
Captopril 25mg Tablets							
Captopril 50mg Tablets							
Carbamazepine 200mg Tablets							
Carbamazepine 400mg Tablets							
Diclofenac Tablets 50mg							
Diclofenac 75mg SR Tablets							
Digoxin Tablets 0.125mg							
Diosmin 450mg/Hesperidin 50mg							
Dorzolamide Eye Drops 2%							
Enalapril Tablets 5mg							
Enalapril Tablets 10mg							
Enalapril Tablets 20mg							
Felodipine 10mg							
Felodipine 5mg							
Finasteride 5mg Tablets							
Fluoxetine 20mg Capsules							
Furosemide Tablets 40mg							
Glibenclamide Tablets 5mg							
Gliclazide (MR) Tablets 30mg							
Gliclazide (MR) Tablets 60mg							
Gliclazide Tablets 80mg							
Glimepiride Tablets 2mg							
Glimepiride Tablets 4mg							
Haloperidol Tablets 5mg							
Ibuprofen Tablets 400mg							
Indapamide (SR) Tablets 1.5mg							
Insulin 70:30 Injection (100u/ml)							
Insulin N Injection (100u/ml)							
Insulin Glargine 100 u/ml							
Insulin Regular Injection (100u/ml)							
Insulin Lantus Solostar Pen 3ml							
Isosorbide Dinitrate Tablets 10mg							
Latanoprost Eye Drops .005%							
Lisinopril Tablets 10mg							
Lisinopril Tablets 20mg							
Lisinopril Tablets 5mg							
Loratadine 10mg Tablets							



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Losartan 25mg Tablets							
Losartan 50mg Tablets							
Meloxicam 15mg Tablets							
Meloxicam 7.5mg Tablets							
Metformin Tablets 500mg							
Metformin XR Tablets 500mg							
Methyldopa Tablets 250mg							
Methyldopa Tablets 500mg							
Nifedipine Tablets CR 10mg							
Nifedipine Tablets SR 20mg							
Pentoxifylline Tablets 400mg							
Perindopril 2mg/Indapamide 0.625mg							
Pilocarpine Eye Drops 2%							
Pilocarpine Eye Drops 4%							
Pioglitazone Tablets 15mg							
Pioglitazone Tablets 30mg							
Potassium Chlor. (SR) Tablets 600mg							
Pravastatin 10mg Tablets							
Pravastatin 20mg Tablets							
Risperidone Tablets 1mg							
Risperidone Tablets 2mg							
Salbutamol Inhaler 100mcg/dose							
Simvastatin 10mg Tablets							
Simvastatin 20mg Tablets							
Simvastatin 40mg Tablets							
Tamsulosin Capsules 0.4mg							
Thioridazine Tablets 25mg							
Terazosin 1mg Tablets							
Terazosin 2mg Tablets							
Terazosin 5mg Tablets							
Terazosin 10mg Tablets							
Timolol Eye Drops 0.5%							
Trimetazidine 20mg Tablets							
Trimetazidine 35mg Tablets							
Vinpocetine (Cavington Forte 10mg Tablets							
Zuclopenthixol Oral Drops 20mg/ml							

Collected by: \_\_\_\_\_ Date: \_\_\_\_\_  
Name of Personnel Title

Pick up authorized by (when being picked up by driver): \_\_\_\_\_ Date: \_\_\_\_\_  
Warehouse Pharmacist/Warehouse Operations Supervisor

Received by: \_\_\_\_\_ Date: \_\_\_\_\_  
Name of Personnel Title

Pick up/receipt confirmed by: \_\_\_\_\_ Date: \_\_\_\_\_  
Warehouse Pharmacist/Warehouse Operations Supervisor

**FOR OFFICE USE ONLY:**

Please return a copy of this form to the Provider Relations Department when the items have been received in the Warehouse.