Pure IV STERILE COMPOUNDING PHARMACY

13A Bedbrook Pl, Shenton Park
Western Australia, 6008

p (08) 6333 1892
f (08) 6333 1894

Elastomeric Order Form

Referring Hospital _____ Date / /

Doctor _____ Doctor's signature _____

Patient Details

Silver Chain PID _____

Place patient's sticker here (preferred)
If not available, please print the following details clearly:

Full name _____

Date of birth _____

Address _____

First bottle required from PureIV on / /

PICC out date / /

Indication _____ Allergies _____

Medication (in elastomeric bottle) _____ Dose _____

Other non-elastomeric IV medication required (e.g. ertapenem, ceftriaxone, daptomycin):

Medication _____ Dose _____

First dose required from PureIV / / Last dose required from PureIV / /

Deliver to ☐ Silver Chain Kingsley ☐ Silver Chain Maddington ☐ Silver Chain Peel ☐ Others

Other comments _____

_____

_____

Pharmacy Use Only

Request Received Date / /

Time _____ AM / PM

Please circle: PBS Non-PBS

Other comments _____

_____