MEDISCA® NETWORK INC.
TECHNICAL SUPPORT SERVICES
FORMULATION CHEMISTRY DEPARTMENT
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technicalservices@medisca.net

Pharmacist	INTERNAL			Pharmacy	SHORTAGE	PIN	F 008 703
Tel		~~Fax~~		E-Mail			

Please complete and return by fax or e-mail.

Date Requested: 04/27/2020 (mm - dd - yyyy)

Signature: _____ Medisca Network PIN Holder

FORMULA REQUESTED

Quantity	Unit of Measure	Active Pharmaceutical Ingredient	
		Base Component of Chemical Name	Derivative Component of Chemical Name (if applicable)
50	MCG/ML	Sufentanil	

PRESCRIPTION SPECIFICS

Commercial Resemblant	Local Therapy ■ Systemic Therapy □

Dosage Form	NJECTION
Preferred Composition	
Formula Quantity	5 ML
Dosage Quantity	
Frequency of Administration	
Prescription Repeats	

Route of Delivery					
Oral	□	Vaginal	□	Subcutaneous	□
Buccal	□	Urethral	□	Intramuscular	□
Sublingual	□	Otic	□	Epidural	□
Rectal	□	Ophthalmic	□	Naso-gastric	□
Topical	□	Nasal	□	Intravenous	■
Transdermal	□	Inhalation	□	Intrathecal	□

Other (specify): _____

PATIENT INFORMATION

Patient ID		Reason or Rational for Compounding	SHORTAGE
Differential Diagnosis		Therapeutic Intent	anesthetic agent
Prior Medical History			
Comments			