

NEUROLOGY
 CLINIC ACCT NUMBER _____

DATE _____

CONTACT NAME _____
 PHONE NUMBER _____

COMMON NAME	DRUG NAME	SIZE	ITEM #	ORDER QTY	FILL QTY
LIDOCAINE	LIDO 1 % T/T VL	30 ml	2466498		
LIDOCAINE	LIDO 1 % VL	50 ml	2747038		
LIDOCAINE/EPINEPRHINE	LIDO/EPI 1 % MDV	30 ml	2466936		
NORMAL SALINE	SOD CHL 0.9% VIAL	25 x 10ml	2518348		
NORMAL SALINE	SOD CHL 0.9% VIAL	25 x 20 ml	2518405		
BENADRYL	DIPHENHYD 25 MG TAB	U/D 100's	4389599		
HEPARIN	HEPARIN LF 100 UN/ML FTV	30ml	2450997		
IBUPROFEN	IBUPROFEN 200 MG TAB	U/D 100's	1495027		
ACETAMINOPHEN	ACETAMIN 325 MG TAB U/D 100's	U/D 100's	3241122		
ACETAMINOPHEN	ACETAMIN 500 MG TAB	U/D 100's	2667178		
METHYLPREDNISOLONE	SOLU MEDROL 125 MG AOV		2170447		
METHYLPREDNISOLONE	SOLU MEDROL 500 MG VIAL		2519379		
NORMAL SALINE	NSS IV BAGS	100 ML	NSS100ML		
HYDROCORTISONE	SOLU CORTEF 100 MG	2ML	2350387		
NORMAL SALINE	SOD CHL 0.9% VIAL	50ML	4849956		

Updated 4/15/05