

KCS BLUEGRASS WOMENS HEALTH

DATE _____

CLINIC ACCT NUMBER _____

CONTACT NAME _____

PHONE NUMBER _____

DRUG NAME	COMMON NAME	SIZE	ITEM #	ORDER QTY	FILL QTY
ACETIC ACID	ACETIC ACID 4 %	60ML			
	HURRICANE SPRAY				
Ibuprofen	Ibuprofen 200 MG TAB	U/D 100's			
HPV VACCINE	GARDASIL SDV	1 VIAL			
HPV VACCINE	GARDASIL SYRINGE	1 SYRINGE			
LIDOCAINE	LIDO 1 % T/T VL	30 ml			
LIDOCAINE	LIDO 2 % JEL	30 ml			
LIDOCAINE/EPINEPRHINE	LIDO/EPI 1 % MDV	30 ml			
LUGOL'S	LUGOL'S STRONG IODINE	16OZ			
MEDICINE CUPS	MEDICINE CUPS	1 SLEEVE			
MIRENA	MIRENA CONTRACEPTION	1 EA			
POTASSIUM CHLORIDE	Potassium Chloride Solution 10%	120ml btl			
POTASSIUM CHLORIDE	Potassium Chloride Solution 10%	60ml dropper btl			
PROMETHAZINE	Phenergan 25mg Tabs	100's			
RHOGAM	RHOGAM PF LF	SYRINGE			
CEFTRIAZONE	ROCEPHIN 250MG VIAL	VIAL			
CEFTRIAZONE	ROCEPHIN 500MG VIAL	VIAL			
CEFTRIAZONE	ROCEPHIN 1GM Vial	VIAL			
NORMAL SALINE	SOD CHL 0.9% VIAL	20 ML			
NORMAL SALINE FOR IRRIG	SOD CHL 0.9% FOR IRRIG	1000ML BTL			
TRI-CHLOR	TRI-CHLORACETIC ACID	15ML			

TROJANS	TROJANS REG FOIL NON LUB	36'S			
NEOSPORIN OINT	TRIPLE ANTIB OINT	144 X 0.9 GM			
WATER	WATER STERILE VIAL	20 ML			
WATER	WATER STERILE FOR IRRIG	1000ML BTL			

orders can be faxed to 7-3828 attn: Shanna or emailed to srhigh2@uky.edu