

PHARMACEUTICAL PRODUCT ORDER FORM –

340B PRODUCTS

(Outpatient Use Only)



Hospital Services Department

Facility ordering product: Fax the completed form to the BloodCenter distributor location that will be supplying your order: *Milwaukee:* (414) 933-7350 *LaCrosse:* (608) 782-4489 *Marshfield:* (715) 384-7907

Hospital Name or Abbreviation:		Name of Hospital Staff Placing Order:	
Delivery: <input type="checkbox"/> Routine <input type="checkbox"/> Need by date/time: _____ <input type="checkbox"/> STAT (BCW use only: ETA: _____)	Date Ordered:	Time Ordered:	BCW Order Received by:
PO #: (if applicable)	Phone Number:	Delivery Directions : (if applicable)	
340B PRODUCT	QUANTITY	340B PRODUCT	QUANTITY
<input type="checkbox"/> Benefix _____		<input type="checkbox"/> Advate _____	
<input type="checkbox"/> Helixate _____		<input type="checkbox"/> Novo-7 _____ 1.0 mg _____ 2.0 mg _____ 5.0 mg	
<input type="checkbox"/> Humate-P _____			
Comments:	FOR BLOODCENTER USE ONLY <i>(Complete this section only when there are changes to the order)</i>		
	Hospital Contacted By:	Date:	Time: