



## Wellness Center

307 North Broad Street, Clinton, SC 29325  
864-938-3930 | [pcspwellness@presby.edu](mailto:pcspwellness@presby.edu)

### DRUG INFORMATION REQUEST

Please use the request form below to ask a non-urgent drug information question. Every attempt will be made to respond to the request in a timely fashion.

If your request is urgent, such as a potential poisoning or overdose, please contact the Poison Center by calling 1-800-222-1222.

*\*Indicates required information*

#### Requestor's Information

Requestor's Name\* \_\_\_\_\_  
Credentials\* \_\_\_\_\_ Email\* \_\_\_\_\_  
Business/Institution\* \_\_\_\_\_  
Phone Number\* \_\_\_\_\_ Fax Number\* \_\_\_\_\_

Enter your detailed drug information question\*

#### Pertinent Patient Information (optional)

Please **DO** submit patient information that you feel may be helpful in answering the drug information request (such as patient's age, disease states, or medications). Due to HIPAA regulations please **DO NOT** submit patient identifying information (such as patient's name, birth date, hospital room number, social security number or medical record number).

Age \_\_\_\_\_ Gender \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_  
Allergies \_\_\_\_\_

Diagnosis/Disease State

After completing the request form, fax to (866) 291-0649 or email to [pcspwellness@presby.edu](mailto:pcspwellness@presby.edu)

Current Medications

**Type of Request\***

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Product Identification | <input type="checkbox"/> Therapeutic Use      | <input type="checkbox"/> Kinetics                |
| <input type="checkbox"/> Dosage/Administration  | <input type="checkbox"/> Literature Retrieval | <input type="checkbox"/> Investigation Drug      |
| <input type="checkbox"/> General Information    | <input type="checkbox"/> Pregnancy/Lactation  | <input type="checkbox"/> Stability/Compatibility |
| <input type="checkbox"/> Drug Availability      | <input type="checkbox"/> Abuse/Addiction      | <input type="checkbox"/> Other _____             |
| <input type="checkbox"/> Adverse Drug Reaction  | <input type="checkbox"/> Toxicology           |  |
| <input type="checkbox"/> Drug Interactions      | <input type="checkbox"/> Cost                 |  |

**Priority of Request\***

For high priority requests, consider calling the Wellness Center directly at 864-938-3930.

- High Priority (immediately)
- Medium Priority (as soon as possible)
- Low Priority (at earliest convenience)

**Termination Date of Request\***

Under some circumstances, it may not be possible to provide a response within the desired time frame. Please enter a date & time (MM-DD-YY-HR) in which the requested information would be too late to be useful. \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**Preferred Method of Response\***

- Email
- Phone
- Fax

Please note that our hours of operation are Wednesday-Thursday from 9am-4pm. Requests submitted outside of these hours will be addressed during the next business day. For high priority requests, please call our office at 864-938-3930.

\*Referring Provider's Signature: \_\_\_\_\_ Date: \_\_\_\_\_