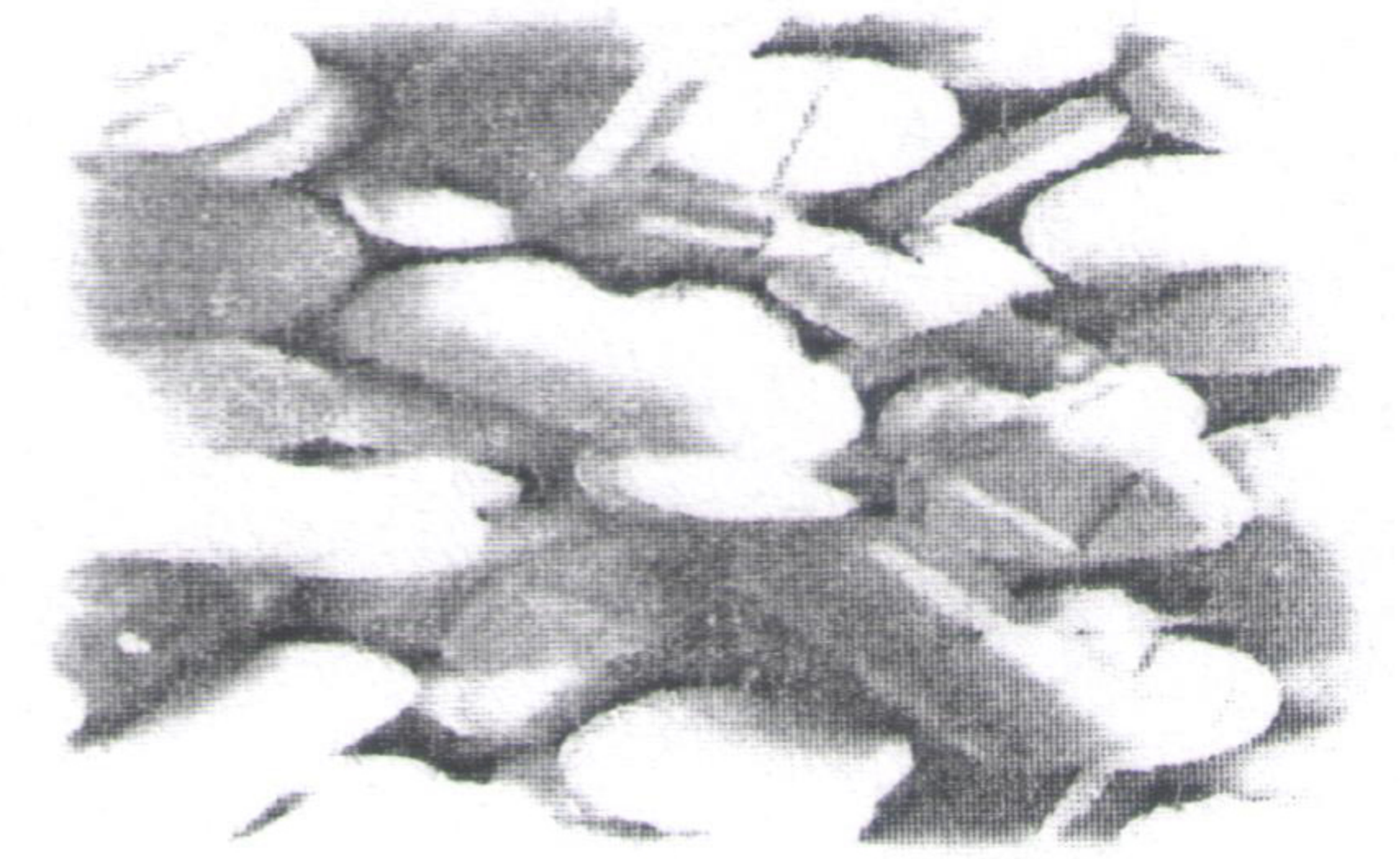




Deletion from CRH Formulary



| | | | |
|---|--|-------------------------|----|
| Name of Drug: | | Generic Name: | |
| <u>Reason:</u> | | | |
| Requesting Dept: | | Requesting Doctor Name: | |
| Date: | | Designation: | |
| <u>Remarks of Therapeutic & Pharmacy Committee</u> | | | |
| <u>For Use By MS Office</u> | | | |
| COO | | | MS |
| <u>Action BY Pharmacy</u> | | | |