

# WVU Department of Emergency Medicine Prescription Pad Order

1. Complete the information below (separate forms are required for each location).
2. Attach a *VOIDED* script with any needed changes clearly indicated.
3. Forward this form to:

**Jennifer Turner**  
**PO Box 9149**  
**Morgantown, WV 26506**

**Name, Title:** \_\_\_\_\_

**Location:**     WVUH       Urgent Care       UHC       JMH

**Quantity:**     1 box       2 boxes

I understand that orders received during 1st-14th of each month will be ordered that month, and that orders received during the 15th-30th/31st of each month will be ordered the following month. I understand that it is my responsibility to make any changes to my script. I understand that administrative staff reserves the right to decrease the quantity of my order due to impending expiration date changes.

EMPLOYEE SIGNATURE: \_\_\_\_\_

**ATTACH  
SCRIPT  
HERE**