



Electronic Pharmacist Information Consultant  
A Service of Pharma-Care, Inc. / Creative Care Consulting, LLC.



Pharma-Care, Inc.  
Health Care Consultation Specialists  
WWW.PHARMACAREINC.COM



Creative Care Consulting, LLC

**FAX to : 732-574-3469 or 732-574-3926**

**ANTIBIOTIC STEWARDSHIP PHARMACIST REVIEW REQUEST**

PLEASE PRINT CLEARLY

Date Transmitted: \_\_\_\_\_

Facility: \_\_\_\_\_ Unit: \_\_\_\_\_

Resident Last Name: \_\_\_\_\_ First Name \_\_\_\_\_

Doctor: \_\_\_\_\_ ROOM/BED# \_\_\_\_\_ Gender M or F

Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Most Recent Serum Creatinine (SCr) \_\_\_\_\_

Allergies: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE INCLUDE THE PROPER ATTACHMENTS TO AVOID ANY DELAYS

**REASON FOR REVIEW:**

- New Antibiotic Ordered
- Antibiotic Order Changed
- New Culture and Sensitivity Results Available

**ATTACHMENTS:**

- Antibiotic Order (Attach printed physician order sheet for EACH antibiotic ordered)
- Culture and Sensitivity (if ordered and available)

Request Sent By \_\_\_\_\_ Call Back Phone Number if Questions: \_\_\_\_\_

FaxBack Number \_\_\_\_\_ Number of Pages (Plus this Cover Sheet) \_\_\_\_\_

**NOTE: COMPLETION OF THIS FORM INDICATES THAT THE FACILITY UNDERSTANDS THERE WILL BE A CHARGE FOR THIS REVIEW BASED ON ITS CURRENT CONTRACT**