

SAMPLE BARIATRIC FORMULARY

ITEM #	# TO ORDER	ORDER SIZE	PRODUCT DESCRIPTION AS SUPPLIED
600699		EACH	B-12 1000MCG/ML 1ML/25 FTV *A-R*
105116		10 PER TRAY	DIETHYLPROPION IR 25MG 30 TAB *KVK*
105119		10 PER TRAY	DIETHYLPROPION IR 25MG 90 TAB *KVK*
103265		10 PER TRAY	HCTZ 25MG 12 TAB *QUALITEST*
103266		10 PER TRAY	HCTZ 25MG 30 TAB *QUALITEST*
108785		10 PER TRAY	METFORMIN HCL ER 500MG 60 TAB *AMNEAL*
104680		10 PER TRAY	METFORMIN HCL ER 500MG 90 TAB * AMNEAL*
101561		10 PER TRAY	MULTIPLE VITAMINS PLAIN ADULT 100 TAB
100517		10 PER TRAY	PHENDIMETRAZINE 35MG YELLOW 30 TAB *MIKART*
103219		10 PER TRAY	PHENDIMETRAZINE 35MG YELLOW 180 TAB *MIKART*
104619		10 PER TRAY	PHENTERMINE 30MG BLACK 30 CAP *LANNETT*
102432		10 PER TRAY	PHENTERMINE 37.5MG WH/BL 14 TAB *KVK*
108735		10 PER TRAY	PHENTERMINE 37.5MG WH/BL 15 TAB *MUTUAL*
100518		10 PER TRAY	PHENTERMINE 37.5MG WH/BL 28 TAB *MUTUAL*
100788		10 PER TRAY	PHENTERMINE 37.5MG WH/BL 30 CAP *KVK*
104353		10 PER TRAY	PHENTERMINE 37.5MG WH/BL 30 TAB *TAG/ELITEI*
100467		10 PER TRAY	PHENTERMINE 37.5MG WH/BL 30 TAB *MUTUAL*
100470		10 PER TRAY	PHENTERMINE 37.5MG WH/BL 45 TAB *MUTUAL*
100513		10 PER TRAY	PHENTERMINE 37.5MG WH/BL 60 TAB *MUTUAL*
400208		EACH	PRESCRIPTION SHEETS- Rx NET 250/PACK
608778		EACH	TESTOSTERONE CYPIONATE 200MG/ML 10ML MDV *WESTWARD*
305883		EACH	TOPIRAMATE 25MG 60 TAB *TORRENT*
305885		EACH	TOPIRAMATE 50MG 60 TAB *TORRENT*
101950		10 PER TRAY	TRIAMTERENE/HCTZ 37.5/25MG 30 TAB *WATSON*
103669		10 PER TRAY	ZOLPIDEM TARTRATE 10MG 30 TAB *QUALITEST*