NAME:	DATE:	NAME:	DATE:		
ADDRESS:	AGE:	ADDRESS:	AGE:		
•		 Narcan[®]: 1 pack of two 4 mg/0.1 OR Single use 0.4 mg/1ml naloxone 	OR Cited of the state of the st		
Administer as directed PRN for suspected opioid overdose SIGNATURE: Refills		Administer as directed PRN for susp SIGNATURE:	ected opioid overdose Refills		
PRINT NAME:	DEA#:	PRINT NAME:	DEA#:		
Dispense as Written: Write in box "Brand Name Necessary"		Dispense as Written: Write in box "Brand Name Necessary"			

NAME:	DATE:		<u>NAME:</u>	DATE:	DATE:	
ADDRESS:	AGE:		ADDRESS:	AGE:		
 Narcan[®]: 1 pack of two 4 n OR 	pected opioid overdose ng/0.1 ml intranasal devices <i>Disp x:</i> oxone vial plus 3 ml syringe 1 needle <i>Disp x2</i>	I	R Naloxone for suspected opioid overdose Narcan®: 1 pack of two 4 mg/0.1 ml intranasal devices <i>Disp x1 OR</i> Single use 0.4 mg/1ml naloxone vial plus 3 ml syringe with 23-25 gauge 1 inch IM needle <i>Disp x2</i>			
Administer as directed PRN for suspected opioid overdose			Administer as directed PRN for suspected opioid overdose			
SIGNATURE:		Refills	SIGNATURE:		Refills	
PRINT NAME:	DEA#:		PRINT NAME:	DEA#:		
Dispense as Written: Write in box "Brand Name Necessary"			Dispense as Written: Write in box "Brand Name Necessary"			