

NAME: _____ DATE: _____

ADDRESS: _____ AGE: _____

Rx Naloxone for suspected opioid overdose

- Narcan®: 1 pack of two 4 mg/0.1 ml intranasal devices **Disp x1**
OR
- Single use 0.4 mg/1ml naloxone vial plus 3 ml syringe with 23-25 gauge 1 inch IM needle **Disp x2**

Administer as directed PRN for suspected opioid overdose

SIGNATURE: _____ Refills _____

PRINT NAME: _____ DEA#: _____

Dispense as Written:
Write in box "Brand Name Necessary"

NAME: _____ DATE: _____

ADDRESS: _____ AGE: _____

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