

Naloxone IntraNasal Prescription

Date

Patient/Care Giver Name

D.O.B

Address

2 x Naloxone HCL 2 mg/mL prefilled cartridges with syringes

SIG: Spray one-half of syringe into each nostril upon signs of opioid overdose.
May Repeat x 1

2 x Atomizer

SIG: Use as directed for naloxone administration.

Pharmacist Signature

Pharmacist Name (print)

Pharmacy Name and
Address

Pharmacist NPI #

Phone
Number

Adapted from the College of Psychiatric and Neurologic Pharmacies