

Naloxone Auto-IntraMuscular Prescription

Date

Patient/Care Giver Name

D.O.B

Address

Naloxone HCL 0.4 mg/mL Auto-Injector Two Pack

SIG: Inject 1 mL IM upon signs of opioid overdose
May Repeat x 1

Pharmacist Signature

Pharmacist Name (print)

Pharmacy Name and
Address

Pharmacist NPI #

Phone
Number

Adapted from the College of Psychiatric and Neurologic Pharmacies