

Give this to your pharmacist to obtain Narcan or naloxone.

Pharmacist:

I am requesting a naloxone rescue kit for use in a suspected overdose. Please bill my insurance provider if possible. Thank you for keeping my request discreet.

Name: _____

Address: _____

Insurance Name: _____

ID Number: _____

Date of Birth: _____

Please inform me of the price based on my insurance. Please provide me with the naloxone pamphlet from the Board of Pharmacy and consultation.

