|  |  |
| --- | --- |
| To:  Fax: |  |
| From:  Fax: |  |
| Pages: |  |
|  |  |

# **Intranasal Naloxone Prescription Request**

During routine medication counseling your patient requested we contact you to authorize a prescription for naloxone, the opioid reversal agent, in case of an accidental overdose. We offer naloxone education to any patient on chronic opioids or exposed to opioids. Please sign to complete the prescription, if you feel it is appropriate. We will then provide your patient with naloxone, an atomizer for intranasal administration, and training plus educational brochure for at home use.

If you have any questions please don’t hesitate to call the pharmacy: (415)970-8001

Thank you.

**Clients Name: DOB:**

**Naloxone 2mg/2ml prefilled syringe, 2 syringes**

NDC # 76329-3369-01

SIG: Spray one-half of syringe into each nostril upon signs of opioid overdose. Call 911. May repeat x 1.

**MD Signature:**

**Date:**