

## Give this to your pharmacist to obtain Narcan or naloxone.

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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.

