

Naloxone IntraMuscular Prescription

Date

Patient/Care Giver Name

D.O.B

Address

2 x Naloxone HCL 0.4 mg/mL single does vial

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

2 x Syringe 3 mL 25 G x 1 inch

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