Naloxone Registration

Patient name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of last insurance verification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Overdose education \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Narcan administration education \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Pharmacy Consent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By my signature below, I certify that I have accepted the prescription delivered by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on my behalf as requested.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **RX date** | **Received by** | **Received Date** | **Patient Signature** | **Date** | **Staff initials** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |