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Date _____

This certifies that _____
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Prescribed by (name):

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Under a non-patient specific order

Check formulation(s), if any

- ☐ NARCAN® Nasal Spray (naloxone HCl) 4 mg units, 2 units. Administer IN prn as directed
- ☐ Naloxone 2mg/2ml, 2 prefilled syringes with atomizers. Administer IN prn as directed
- ☐ Naloxone 0.4mg/ml, 2 vials and 2 3cc syringes. Administer IM prn as directed
- ☐ Other, specify: _____

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NYSDOH Registered Opioid Overdose Program
Get naloxone at your pharmacy or program.

New York State Department of Health Opioid Overdose Initiative
1-800-692-8528 | www.health.ny.gov/overdose

Syringe Access, Drug & Syringe Disposal Resources
www.health.ny.gov/syringes | www.thepointny.org

OASAS HOPEline
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