

NALOXONE KIT PRESCRIPTION

RX #: [prescription#] Distribution Date: [enter date]
Pt Name: [enter name]
[agency name] [pt. street, city, state zip code]
Protect from light LOT# [enter number] Expires:
[format date 00/00/0000]

Store at Room Temperature

Prescribed by [name of doctor] [affiliation]
[street, city, state zip code]
[phone number] Refills: [number of refills]

NARCAN NASAL SPRAY 4mg

Administration: Remove the device from the package.
Hold with thumb on the bottom of the plunger with
your first and middle fingers on either side of the
nozzle.

Tilt the person's head back and provide support to
the neck then **insert the tip of the nozzle into nostril
until your fingers are against the person's nose.**

Press the plunger firmly to give the dose.

Please call to report usage – [phone number]

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