

# NALOXONE ORDER FORM

**\*\*\*PLEASE FILL OUT FORM COMPLETELY\*\*\***

Date of Request	
Contact Person	
Agency Name & Address:	
Name of Person and Phone number - Picking Up Order <b>*(Please bring Photo ID)</b>	
Total Number of Naloxone Kits Requested	
Total Number of Replacement Naloxone Sprays Requested	
<b>FOR HKPR STAFF USE ONLY</b>	
Date and Signature of Person Picking up Naloxone Order	
ID Checked	____ YES ____ NO
Confirm - Lot #	
Confirm - Expiry Date	
Confirm Inventory Tracker Up-dated	Add to Inventory ____ Transfer From ____ Transfer To ____

**Email:** [harmreduction@hkpr.on.ca](mailto:harmreduction@hkpr.on.ca)

