



# Department of Public Health and Human Services

## Naloxone Order Form

**50-32-606 MCA** ... An eligible recipient who distributes an opioid antagonist shall fulfill the basic instruction and information requirements set forth by the Department ...

Through currently available grant funds, eligible recipients who have completed the Department training are eligible to receive Naloxone at no cost through Ridgeway Pharmacy.

<b>Date Requested</b>	
<b>Individual or Entity/Agency Name</b>	
If an individual, agency affiliation	
<b>Shipping Address</b>	
<b>City, State, ZIP</b>	
<b>Phone Number and/or Email Address</b>	
<b>Individual or Entity Signature</b>	

Item (only one per individual per order)	# requested
Narcan Nasal Spray 4 mg (2 per kit)	
Naloxone Prefilled Syringe 2mg/2ml w/ MAD device (2 units)	

<b>For Entity/Agency Orders</b>	
Enter names of trained individuals to whom Naloxone will be distributed	

Please fax completed form to: (406) 642-6050 (preferred) or  
 email to: [kellyh@ridgewayrx.com](mailto:kellyh@ridgewayrx.com)  
 For questions or assistance, contact Kelly at: (406) 642-9881

<b>For Ridgeway Use Only</b>		
Date	Quantity Shipped	Initials who filled order