



Patient name \_\_\_\_\_ Date of birth \_\_\_\_\_

Address \_\_\_\_\_ Date prescribed \_\_\_\_\_

**Naloxone HCl 1 mg/mL 2 x 2 mL as a prefilled Luer-Lock syringe  
(NDC 76329-3369-1), with intranasal mucosal atomizing device (MAD 300)**

For suspected opioid overdose, spray 1 mL in each nostril. If no response in 2 minutes, give second dose.

**Refills: PRN**

Prescriber signature *Donald Stader, MD, FACEP*