



Patient name _____ Date of birth _____

Address _____ Date prescribed _____

Narcan Nasal Spray – 1 pack of two 4-mg/0.1-mL intranasal devices

For suspected opioid overdose, spray into nostril.

If no response in 2 minutes, give second dose in other nostril.

Refills: PRN

Prescriber signature Donald Stader, MD, FACEP