



NEW MEXICO DEPARTMENT OF HEALTH  
**Hepatitis and Harm Reduction Program**  
 1190 St. Francis Drive, South 1151  
 Santa Fe, NM 87502  
<http://nmhealth.org/about/phd/idb/hrp/>

## Naloxone Inventory and Order Form

PLEASE COMPLETE and submit your ORDER ELECTRONICALLY

SECTION 1 (must be complete)

OPE/PHO Name	
Shipping Address	
Telephone Number	
Fax Number	
Requested By	
Title	
Date Requested	

SECTION 2 (must be complete)

ITEM	# Boxes in Stock (2 doses/box)	# Boxes Ordered (2 doses/box)	Qty Approved by HHRP
Naloxone 4 mg/0.1 ml (2 doses/box)			

SECTION 3

<b>Please email completed form to the HHRP at:</b>
<a href="mailto:Chandelle.Chavez@state.nm.us">Chandelle.Chavez@state.nm.us</a> and <a href="mailto:Dominick.Zurlo@state.nm.us">Dominick.Zurlo@state.nm.us</a>
<b>OPEs:</b> email this order form on or before the 10th day of the month.
<b>Public Health Office OPEs:</b> order according to the usual Pharmacy order schedule; however, send it to the above listed email addresses for approval.

For Pharmacy Use Only:		
Quantity Shipped	Expiration Date:	Initials of person who filled order