Naloxone medication log for secure designated storage location at PHO/OPE: _____

To be kept with naloxone   **1 box (2 doses) = 1 Unit**   (Full name of PHO /OPE location)

Date	Boxes received from/returned to: PHD Pharmacy Warehouse 1301 Siler Rd, Santa Fe, NM 87507			Naloxone removed from storage:		Naloxone distributed to Trained Targeted Responders (TTR)					Naloxone returned to storage:		Total # of boxes remaining in storage
	# of boxes	Lot #	Exp date	Name of person removing naloxone	# of boxes	Name of patient (TTR)	DOB	# of boxes	Lot #	Exp date	Name of person returning naloxone	# of boxes	

Please remember, this form contains PHI.