

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)

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

Please remember, this form contains PHI.