

NALOXONE REQUEST FORM



First responder agencies (i.e., law enforcement/corrections, fire/EMS) whose staff have completed opioid overdose recognition and treatment training consistent with ADHS or AZ-POST standards, **and do not have a mechanism to bill patients for naloxone administration**, are eligible for free naloxone.*

AGENCY INFORMATION	Agency Name: _____
	Agency SHIPPING Address- NO PO Box: _____
	Agency Director Name: _____
	Agency Size: _____

AGENCY TYPE

<input type="checkbox"/> Federal LE	<input type="checkbox"/> State LE	<input type="checkbox"/> County LE	<input type="checkbox"/> Municipal LE	<input type="checkbox"/> State Corrections	<input type="checkbox"/> Private Corrections
<input type="checkbox"/> Fire Non-Transport	<input type="checkbox"/> Fire with CON	<input type="checkbox"/> Private Ambulance	<input type="checkbox"/> County Ambulance	<input type="checkbox"/> Municipal Ambulance	<input type="checkbox"/> Industrial EMS

TRAINING INFORMATION	Training Date(s): _____
	Naloxone Contact & Phone: _____
	Contact Email: _____
	Number of Staff Trained: _____

NALOXONE REQUESTED	Description: Narcan Nasal Spray 2/pack	Quantity Requested: _____
AGENCY DIRECTOR SIGNATURE		DATE: _____

You may submit completed application multiple ways:

- Email Form & For Questions: azopioid@azdhs.gov
- Fax: 602-364-1494 Attn: Naloxone Distribution, Office of Injury Prevention
- Mail: ADHS Office of Injury Prevention
Naloxone Distribution Program
150 N. 18th Ave., Suite 320
Phoenix, AZ 85007

***Free naloxone contingent upon continued Federal and State funding and available supply.**