|  |
| --- |
|   **“Patient Information Sticker”** |



 **EMS Narcan Leave-Behind Replacement Form**

 **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Narcan to be replaced by SMCA office. Please bring completed form to 171 Dawson St. Ste 238 for restocking.**

 **Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_Incident #: \_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Bag # Left Behind: \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ New Bag #: \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
| **Medications Used: (Please Print)** | **Dosage:** |  **Route:** |  **Time given:** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

 **Paramedic Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Paramedic Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **EMS Agency & Unit #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Form effective April 21, 2022.**

*Lea Lentz, BS, NRP, IC*

*Executive Director*

*Sanilac Medical Control Authority.*

*Revised April 2022.*