|  |
| --- |
| **“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.*