

Take Home Naloxone Kit Distribution Record

Date (yyyy-mon-dd)	Client Name DOB (yyyy-mon-dd)	Naloxone vials Lot #/Exp Date	Kit provided by: Name/Signature	Please complete for evaluation purposes
				<input type="checkbox"/> 1st Kit <input type="checkbox"/> Replacement Kit Reason: <input type="checkbox"/> Used <input type="checkbox"/> Expired <input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Confiscated
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