

## **Pharmacy Overdose Reversal Reporting Form**

## For Naloxone Non-Patient Specific Prescription and Dispensing Protocol New York City Department of Health and Mental Hygiene (DOHMH)

Submit any reported naloxone use to the DOHMH as detailed below:

Pharmacy Name:						
Supervising Pharmacist:						
Pharmacy Address:						
Contact Phone:		Contact E-mail:				
Pharmacist submitting form:		Date:				
Describe reported overdose reversal/naloxone use:						
a.	Which type of naloxone was used?	Intranasa	ıl	Intramuscular	Auto-injector	
b.	b. How many doses of naloxone were used? (One/two/more)					
c.	c. Date naloxone was used (MM/DD/YYYY or approximate)?					
d.	d. Where was naloxone used (Borough/neighborhood/cross-streets/ZIP)?					
<b>a</b> )		.,		- 44		
2) W	as 911 called when the person overdosed?	Yes	No	Don't know		
3) Di	id the person survive?	Yes	No	Don't know		
4) At	ny other information shared about event:					

Pharmacists may submit this data using this *Reversal Reporting Form*. The form can be accessed by visiting <a href="https://nvc.gov/health">nvc.gov/health</a> and searching for: "Pharmacy Naloxone."

Please submit this data to: <a href="mailto:pharmacynaloxone@health.nyc.gov">pharmacynaloxone@health.nyc.gov</a> or 347-396-8889 (fax). This data can also be submitted online through our website.