

Site: _____

TAKE HOME NALOXONE PROGRAM - KIT DISTRIBUTION LOG

Purpose: to maintain a record of Take Home Naloxone Kits (first kit or replacement) distributed so recipients can be contacted in event of product recall.

Kit #	Client Name (Surname, First Name)	PHIN	Naloxone Lot #	Expiry Date (yyyy/mm/dd)	Date Distributed (yyyy/mm/dd)	Distributed by: (print name/prof. designation)
1						
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