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| Agency Information | | | | | | | | | | | | | | | | | | |
| Name of Agency: | | | | | | | | Click here to enter text. | | | | | | | | | | |
| Date: | | Click here to enter a date. | | | | | | | | | Telephone: | | | | | Click here to enter text. | | |
| Address: | | | | | Click here to enter text. | | | | | | | | | | | | | |
| Agency Description:  (Naloxone will be sent to this address) | | | | | | | | | | Click here to enter text. | | | | | | | | |
| Medical Director: | | | | | | |  | | | | | | | | | | | |
| Primary Contacts Information | | | | | | | | | | | | | | | | | | |
| Name : | | | | Click here to enter text. | | | | | | | | | | | | | | |
| Phone: | | | | Click here to enter text. | | | | | | | | Email: | Click here to enter text. | | | | | |
| Naloxone Request | | | | | | | | | | | | | | | | | | |
| Statement of need: | | | | | | | | | Click here to enter text. | | | | | | | | | |
| Requested Quantity: | | | | | | | | | Click here to enter text. | | | | | | Date Needed: | | | Click here to enter a date. |
| Delivery Contact: | | | | | | Click here to enter text. | | | | | | | | Phone: | | | Click here to enter text. | |
| Email: | | | Click here to enter text. | | | | | | | | | | |  | | | |  |
| Please provide the following with the completed application: | | | | | | | | | | | | | | | | | | |  |  |
|  | Letter requesting donation of EVIZO (on Agency letterhead signed by an officer of the organization) | | | | | | | | | | | | | | | | | |  |  |
| Signature: | | | | | | | | | | | | | | | | | | |  |  |

Once you have completed the form and attached your letter of request please submit using one of the following options.

1. Mail

Pennsylvania Department of Health

Attention: Erik Huet Office of Policy

8th Floor Health and Welfare Building

625 Forster Street

Harrisburg, PA 17120

1. Scan and Email

erhuet@pa,gov

Please Note: If you are emailing documents print and scan all documents into one PDF before sending.

1. Fax

717-787-0191