|  |
| --- |
| 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