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## NARCAN NS Request Form

Please provide the information below so that we can ensure our pharmacy file is accurate and up to date. This form is available as a fillable PDF ( <http://islanddrug.com/intake.pdf> ); please use the digital method whenever possible, THANKS!

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_  M or  F \_\_\_\_\_ Date of Birth (MM/DD/YYYY) \_\_\_\_\_

Street Address (PO Box acceptable IF given with physical address) \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell or Work Phone (Please Circle One) \_\_\_\_\_

Weight (\*required for children) \_\_\_\_\_ pounds Email Address \_\_\_\_\_

### ALLERGIES:

No Known Allergies  Penicillin  Sulfa  Codeine  Aspirin  Erythromycin  Peanuts

Other: \_\_\_\_\_

### CURRENT OVER-THE-COUNTER/HERBAL PRODUCTS:

### CURRENT MEDICAL CONDITIONS:

High Blood Pressure  Diabetes (Type I)  Diabetes (Type II)  High Cholesterol  Asthma  Epilepsy  Arthritis  
 Depression  Headaches  Glaucoma  Smoking:  Pregnancy (Due: \_\_\_\_\_)  Breastfeeding  
 No Known Medical Conditions

OTHER: \_\_\_\_\_

### PLEASE CHECK THE BOX NEXT TO EACH STATEMENT TO AFFIRM AND SIGN BELOW

<input type="checkbox"/>	I request my prescriptions be dispensed in NON Child Resistant Packaging
<input type="checkbox"/>	I have received HIPAA Notice of Privacy Practices <a href="http://islanddrug.com/privacy.aspx">http://islanddrug.com/privacy.aspx</a>
<input type="checkbox"/>	I wish to be enrolled in Rx Advantage Discount Club (\$5 one-time fee) & iBuck\$ Loyalty Program
<input type="checkbox"/>	I wish to be enrolled in the Email Refill Reminder program. I understand and approve Protected Health Information (name, Rx#, medication) will be sent via email to the address specified above.
<input type="checkbox"/>	Please bill my insurance: Name of Carrier _____ ID# _____ Group# _____ Bin# _____ PCN# _____
<input type="checkbox"/>	I request to be dispensed Narcan NS and have received the instruction sheet found on the 2 <sup>nd</sup> page
<input type="checkbox"/>	My pharmacist provided Narcan NS training needs: <input type="checkbox"/> Please counsel me at dispense <input type="checkbox"/> Have received training previously or at a pharmacist taught seminar

Signature \_\_\_\_\_

Date (MM/DD/YYYY) \_\_\_\_\_