



Application for Charitable Donation of EVIZO
 (Naloxone hydrochloride injection) Auto-Injector

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:			
<input type="checkbox"/>	Letter requesting donation of EVIZO (on Agency letterhead signed by an officer of the organization)		

Signature:

Submitting Instructions

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

2. Scan and Email

erhuet@pa.gov

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

3. Fax

717-787-0191