



EMS Drug Bag Medication Refill Request Form—EMR

Agency:		Rig #:		Date:	
Contact person:			Contact number:		
# Supplied	Medication	How Supplied	Quantity Needed	Date(s) Medications Expire (dd/yy)	Quantity Given by Pharmacy
2	Naloxone	2 mg/2 ml syringe			
Request completed by:				Date/time:	
Request picked up by:				Date/time:	

** Please note that this count is per protocol and does not reflect changes due to periodic shortages of certain medications. Refer to the latest MEMS memo (when applicable) regarding counts during these shortages.*