



## 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
1	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 system-wide shortages of certain medications. Refer to the latest MEMS memo (when applicable) regarding counts during these shortages.*