Pharmacy Log for Recording Details of Naloxone Administration

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| **Patient Details** | | | | | **Product Details** | | | | | **Pharmacist**  **Details** | | **Pharmacy**  **Details** | **GP Details** | **Consent** | |
| Name | DOB | Sex | Address | PPS | Name (incl  strength) | Formulation | Batch Nr | Expiry date | Dose | Name | Reg. Nr | Name/ Address | Name/ Address | Obtained | Implied |
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