



Narcan Return Form

Facility Address: _____ Return Address: Bureau of Public Health Pharmacy Date: _____

104-2 Hamilton Park Drive
Tallahassee, Florida 32304

Program	NDC	Strength	Return Type	Lot #	EXP. Date	Quantity
HEROS			BULK			
HEROS			BULK			
HEROS			BULK			
HEROS			BULK	.0		
HEROS			BULK			

**Please include original form in the box with the product to be returned.*

Name: _____

Signature: _____