



**Wyoming Department of Health (WDH) Client Shipping Order Form  
(Direct Purchasing for Entities Eligible for Public Interest Pricing)**

Bill To:	Wyoming Department of Health Behavioral Health Division bhd.mhsainvoices@wyo.gov		Order Number: To be completed by WDH	
	Entity Name:			
Ship To:	Attn:			
	Address:			
	City:			
	State:	WY		
	Zip:			

Product	QTY	Unit Price	Line Total
NARCAN® Nasal Spray 4 mg 2 Pack		\$47.50	

Please email a copy of this fully completed form including signature **and** a copy of a valid NARCAN® (naloxone hydrochloride) nasal spray prescription or standing order for the total number of NARCAN® nasal spray ordered to:

Truax Patient Services  
Attn: Customer Service NARCAN  
Email: [bwtruax@truaxpatientservices.com](mailto:bwtruax@truaxpatientservices.com) **and** [bhd.mhsainvoices@wyo.gov](mailto:bhd.mhsainvoices@wyo.gov)

By signing below, I acknowledge that I have read, understand, and agree to follow the Emergency Administration of Medical Treatment Act W.S. 35-4-901 through 35-4-906 and all applicable Wyoming State Rules.

\_\_\_\_\_  
Name and Title of Authorized Representative

Required Signatures

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature