



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	
Ship To:	Entity Name:			
	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 to:

Truax Patient Services

Attn: Customer Service NARCAN

Email: bwtruax@truaxpatientservices.com and 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