



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

Bill To:	Wyoming Department of Health Public Health Division overdose.prevention@wyo.gov		Order Number: To be completed by WDH
Ship To:	Entity Name:	<i>Entity name only. No personal names.</i>	
	Attn:		
	Address:	<i>Must be a physical address. Not a P.O. Box.</i>	
	City:		
	State:	WY	
	Zip:		
	Email:		

Product	QTY	Unit Price	Line Total
NARCAN® Nasal Spray 4 mg 2 Pack		\$33.00	

Please email a copy of this fully completed form including signature to:  
 Truax Patient Services  
 Attn: Customer Service NARCAN  
 Email: [bwtruax@truaxpatientservices.com](mailto:bwtruax@truaxpatientservices.com) and [overdose.prevention@wyo.gov](mailto:overdose.prevention@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