

Naloxone Rebate Request Form

Agency Name: _____

Agency Fed ID#: _____

Address _____ City _____ State _____ Zip Code _____

County: _____

Contact Person: _____

Phone: _____ Email: _____

Number of Amphastar naloxone syringes submitted for reimbursement: _____

I certify on behalf of _____ that the attached documents represent
Agency

purchases of Amphastar naloxone syringes by _____ between
Agency

_____ and _____.
Date Date

_____ is not seeking a rebate for syringes that have
Agency

been resold to another public entity where that other public entity is eligible for reimbursement.

Signature

Date

For more information or any questions about the rebate program, please call (609) 984-0633.