

## Authorization to Obtain Epinephrine

### To Pharmacist:

The individual listed on front of this form is authorized to obtain an emergency supply of epinephrine in an autoinjector for not more than one adult dosage package and one child dosage package. The autoinjector may include EpiPen® and EpiPen Jr.® or other generic forms but shall not include Twinject®. This authorization is good for three (3) years from the date on front of form. A package may include two injections.

\_\_\_\_\_  
Signature of authorizing physician or NP

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of physician/nurse practitioner

\_\_\_\_\_  
License #

In accordance with OAR 333-055-0030, the pharmacist who dispenses epinephrine doses under this rule shall also generate a written prescription for his or her files, as in the case of an oral prescription for non-controlled substances, and file the same in the pharmacy. The pharmacist will generate a new prescription for each filling and document the dispensing on the card up to four (4) times until the card expires (3 years from the date on the front of this form.)

Please record dates epinephrine kits issued below:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

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