

Epinephrine Attestation Form

I, _____, attest that:
(First and Last Name)

I had an unexpired epinephrine auto-injector on hand for the entire month of:

_____, _____
(Month) (Year)

Expiration Date of epinephrine auto-injector: _____

MedAssist Reference Number: _____

Date of Birth: _____

E-mail Address: _____

By signing below, I attest that the information provided above is true and correct to the best of my knowledge.

Patient Name (Print)

Patient Signature

Date Signed