

Low Dose Naltrexone Prescription Order Form

Patient Information: PLEASE FAX Patient Demographic Sheet & Prescription Insurance Card if available.

PATIENT NAME:	DOB:	
PRIMARY PHONE #:	2ND PHONE #:	
ADDRESS:	CITY, STATE, ZIP:	ALLERGIES: (If no allergies please check the NKDA box) <input type="checkbox"/> NKDA

Rx Medication Order: Pharmacist Please Compound:

Rx Naltrexone hcl IR Capsules (Starter Dose)

0.5mg 1mg 1.5mg (Same pricing for all 0.5mg-1.5mg strength!)

QTY: 14/\$35 21/\$40 28/\$45 Other: _____

SIG: Take 1 capsule daily at bedtime for 1 week, may increase to 2 capsules daily at bedtime for second week
or _____

Naltrexone hcl IR Capsules (Maintenance Dose)

3mg 4.5mg (Same pricing for all 3mg & 4.5mg strength!)

QTY: 30/\$54 60/\$75 90/\$99

SIG: Take 1 capsule daily at bedtime. Refills: _____

Notes:

Prescriber Information:

PRESCRIBER'S SIGNATURE:

NPI# or DEA# (CTP# for CNPs only): DATE:

ADDRESS, CITY, STATE, ZIP:

PHONE #: FAX #: