

Low-Dose Naltrexone Compounded Medication Order Form

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PATIENT		
First name	Last name	Date of birth
Address		City, State, ZIP
Primary phone	Secondary phone	Allergies

LOW DOSE NALTREXONE CAPSULES	LOW DOSE NALTREXONE TITRATION
☐ Naltrexone 1.5mg capsules (\$40) Sig: Take 1 capsule daily x _____ days Qty: _____ Refills: _____	☐ Naltrexone 1.5mg capsules (\$65) Sig: Take 1 capsule daily x7 days, then 2 capsules daily x7 days, then 3 capsules daily thereafter. Take at bedtime. Qty: _____ Refills: _____
☐ Naltrexone 3mg capsules (\$45) Sig: _____ Qty: _____ Refills: _____	

LOW DOSE NALTREXONE SUBLINGUAL SUSPENSION	
☐ Naltrexone 4.5mg/ml Sublingual Suspension (\$65) Sig: Place 0.1-1ml under the tongue and hold for at least 90 seconds then swallow once daily. Start low and titrate up as tolerated. Qty: 30ml Refills: _____	☐ Naltrexone 9mg/ml Sublingual Suspension (\$65) Sig: Place 0.1-1ml under the tongue and hold for at least 90 seconds then swallow once daily. Start low and titrate up as tolerated. Qty: 15ml Refills: _____

Additional formulas are available. Please contact the pharmacist at 419-784-4800 with any questions.

PRESCRIBER		
Prescriber name (print)	NPI #	DEA #
Address	City, State, ZIP	Phone
Prescriber signature		Date