COMPOUNDED LOW-DOSE NALTREXONE

Prescriber:	Patient: DOB:
Address:	Phone: Sex:
City: State: Zip:	Address:
Phone: Fax:	City: State: Zip:
DEA: NPI:	Email:
Allergies:	

CAPSULES | COMPOUNDED LOW-DOSE NALTREXONE

STRENGTH

- ☐ 0.5 MG CAPSULE
- ☐ 1.0 MG CAPSULE
- ☐ 1.5 MG CAPSULE
- ☐ 2.0 MG CAPSULE
- ☐ 2.5 MG CAPSULE
- ☐ 3.0 MG CAPSULE
- ☐ 3.5 MG CAPSULE
- ☐ 4.0 MG CAPSULE
- ☐ 4.5 MG CAPSULE
- ☐ 5.0 MG CAPSULE
- ☐ **OTHER STRENGTH:** _____ MG CAPSULE

QUANTITY

- ☐ 30 CAPS
- ☐ 45 CAPS
- ☐ 60 CAPS
- ☐ 90 CAPS
- ☐ **OTHER QUANTITY:** _____

DOSING

TAKE 1 CAPSULE BY MOUTH:

- ☐ ONCE DAILY
- ☐ TWICE DAILY
- ☐ **CUSTOM SIG:** _____

REFILLS

- ◯ 0
- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4
- ◯ 5
- ◯ 6
- ◯ 7
- ◯ 8
- ◯ 9
- ◯ 10
- ◯ 11

Comments:

PRESCRIBER:

Signature: _____ Date: ____ ____ ____