



Date: _____ Patient Name: _____
 DOB: _____ Address: _____
 City: _____ State: _____ Phone: _____ Allergies: _____
 Call When Ready Text Message When Ready Delivery Mail Out

Low Dose Naltrexone

- Naltrexone 1.5 mg Capsules Qty #42**
 Sig: Take 1 capsule by mouth once daily for 2 weeks,
 then take 2 capsules (3 mg) once daily for 2 weeks then
 increase to 4.5 mg daily thereafter.

- Naltrexone 4.5 mg Capsules Qty #90**
 Sig: Take 1 capsule by mouth once daily.
 Alternative Sig: _____

- Naltrexone _____ mg Capsules Qty #30**
 Sig: Take 1 capsule by mouth once daily.
 Alternative Sig: _____

Healthcare Provider Signature:
Print Name: _____
NPI: _____

Refills: 1 2 3 4 5 PRN

Agent sending: _____
DEA: _____

Clinic Name: _____
Clinic Address: _____
Clinic Phone/Fax: _____

