

 **APOTHECARY OPTIONS**  
**Prescription Order Form**

**Patient Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Day Phone:** (\_\_\_\_\_) \_\_\_\_\_ **Evening Phone:** (\_\_\_\_\_) \_\_\_\_\_  
**Allergies:** \_\_\_\_\_

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**Low-Dose Naltrexone Capsules**  
**(immediate-release, lactose-free)**

- 1.5mg #100
- 3mg #100
- 4.5mg #100

**Sig: Take one capsule at bedtime as directed**

**Refill** \_\_\_\_\_

- 1.5mg #100

**Sig: Take 1 capsule (1.5mg) at bedtime x 10 days, then take 2 capsules (3mg total) at bedtime for 10 days, then take 3 capsules (4.5mg) total thereafter.**

**Refill (4.5mg #100)** \_\_\_\_\_

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**Prescriber Signature:** \_\_\_\_\_  
**Prescriber Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**State License:** \_\_\_\_\_ **DEA:** \_\_\_\_\_  
**Phone:** (\_\_\_\_\_) \_\_\_\_\_ **Fax:** (\_\_\_\_\_) \_\_\_\_\_

 **APOTHECARY OPTIONS**  
3006 Esplanade, Suite I, Chico, CA 95973  
phone: 530-345-RxRx (7979) fax: 530-345-9797  
**toll free 1-866-586-4633**  
**www.apothecaryoptions.com**