



Prescription Order Form

Patient Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Allergies: _____ Phone: (_____) _____

COMPOUNDED MEDICATION

Disulfiram capsules- **TAPER-UP REGIMEN**
(vegetable capsules, lactose-free)

Form: ☐ Slow Release (SR) ☐ Immediate Release (IR)

Strength: ☐ 31.25mg ☐ 62.5mg ☐ 125mg ☐ 250mg

Quantity: 100 capsules

Refills: _____

Directions: Take 1 capsule daily x2 weeks then 2 capsules daily for 2 weeks then 3 capsules daily for 2 weeks then 4 capsules daily thereafter.

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(vegetable capsules, lactose-free)

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Strength: ☐ 31.25mg ☐ 62.5mg ☐ 125mg ☐ 250mg

Quantity: 100 capsules

Refills: _____

Directions: Take 1 capsule orally daily.

Prescriber Signature: _____ Today Date: _____

Prescriber Printed Name: _____ ☐ MD ☐ DO ☐ ND ☐ PA ☐ NP ☐ CNM/CN

State License: _____ DEA: _____ NPI: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____