



Prescription Order Form

Patient Name: _____ Date of Birth: _____

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

Allergies: _____ Phone: (_____) _____

COMPOUNDED MEDICATION- Lactose Free Capsules

☐ Low-Dose Naltrexone Capsules- ***Taper-Up Regimen***

1.5mg capsules + 4.5mg capsules

Quantity: 100 capsules for each strength

Refills (4.5mg caps): _____

Directions:

For the 1.5mg capsules: Take 1 cap QHS x10 days, then 2 caps QHS x10 days, then 3 caps QHS thereafter.

THEN

For the 4.5mg capsules: Take 1 capsule (4.5mg) QHS

☐ Low-Dose Naltrexone Capsules

☐ 0.5mg ☐ 1.5mg ☐ 3mg ☐ 4.5mg ☐ 6mg ☐ Other: _____

Quantity: 100 capsules

Refills: _____

Directions: Take 1 capsule orally every night at bedtime.

☐ Low-Dose Naltrexone Sublingual Drops (tangerine flavor)

Dose (NOTE: all dose will be compounded to administer 0.5ml per dose):

☐ 0.5mg ☐ 1.5mg ☐ 3mg ☐ 4.5mg ☐ 6mg ☐ Other: _____

Quantity: 45 ml (90-day supply)

Refills: _____

Directions: Place 0.5ml under the tongue once 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: _____

3006 Esplanade, Suite I, Chico, CA 95973 * Phone: 530-345-RxRx (7979) * Fax: 530-345-9797

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