



**True Compounding**

634-C Pine Ridge Dr, West Columbia, SC 29172

Phone: (803)-888-2990 | Fax: (803)-888-2987

truecompounding.net

## Low-Dose Naltrexone (LDN)

### Prescription Order Form

Date: \_\_\_\_\_

Patient's Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Phone Number: \_\_\_\_\_

#### Titration Dose (Solution) 1 mg/mL • Orange Flavor

0.5 mg       2 mg       3.5 mg

1 mg       2.5 mg       4 mg

1.5 mg       3 mg       4.5 mg

#### Maintenance Dose Indicate Solution or Capsule

0.5 mg       2 mg       3.5 mg

1 mg       2.5 mg       4 mg

1.5 mg       3 mg       4.5 mg

Solution       Capsule

#### Directions

QD / daily

Other: \_\_\_\_\_

#### Day Supply

30 days (\$50)

60 days (\$60)

90 days (\$90)

Other: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Refills: \_\_\_\_\_

Provider's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ NPI: \_\_\_\_\_

\_\_\_\_\_  
Dispense as written

\_\_\_\_\_  
Substitution permitted