



McHugh Pharmacy Group

True Compounding

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truecompounding.net

Low-Dose Naltrexone (LDN)

Prescription Order Form

Date: _____

Patient's Name: _____

DOB: _____ **Phone Number:** _____

Titration Dose (Capsule)

☐ 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 (Capsule)

☐ 0.5 mg ☐ 2 mg ☐ 3.5 mg
☐ 1 mg ☐ 2.5 mg ☐ 4 mg
☐ 1.5 mg ☐ 3 mg ☐ 4.5 mg

Directions

☐ QD / daily
☐ Other: _____

Day Supply

☐ 30 days
☐ 60 days
☐ 90 days
☐ Other: _____

Notes: _____

Refills: _____

Provider's Name: _____

Phone Number: _____ **NPI:** _____

X _____
Dispense as written

X _____
Substitution permitted