

# LOW DOSE NALTREXONE RX ORDER FORM



**S&J Argyle Pharmacy**  
101 Old Town Blvd. S. #102  
Argyle, TX 76226  
PH: 940-464-4500  
FAX: 940-464-4533

PATIENT NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ DATE WRITTEN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ ALLERGIES: \_\_\_\_\_

Please complete the above demographics or send in a face sheet.

## ORAL CAPSULES

**Titration Starter Kit: (QTY #1 Kit)**

Naltrexone HCl 1.5 mg capsules (QTY #84) & Naltrexone HCl 0.5 mg capsules (QTY #42)  
SIG: Take capsule(s) by mouth daily at bedtime following the dosing schedule.

Week	LDN 1.5 mg	LDN 0.5 mg	Total Daily Dose
Week 1 (Days 1-7)	1 Capsule Daily	Do Not Take	1.5 mg
Week 2 (Days 8-14)	1 Capsule Daily	1 Capsules Daily	2 mg
Week 3 (Days 15-21)	1 Capsule Daily	2 Capsules Daily	2.5 mg
Week 4 (Days 22-28)	2 Capsules Daily	Do Not Take	3 mg
Week 5 (Days 29-35)	2 Capsules Daily	1 Capsules Daily	3.5 mg
Week 6 (Days 36-42)	2 Capsules Daily	2 Capsules Daily	4 mg
Week 7 (Days 43-49)	3 Capsules Daily	Do Not Take	4.5 mg

**Naltrexone HCl \_\_0.5mg \_\_1.5mg \_\_3mg \_\_4.5mg  
Custom Strength \_\_\_\_mg Capsules (QTY \_\_#30 \_\_#60 \_\_#90)**

SIG: Take 1 capsule by mouth at bedtime.

Custom SIG: \_\_\_\_\_

## ORAL SUSPENSION

**Naltrexone 0.5mg/0.25mL Oral Suspension (QTY #90mL)**

SIG: Take 0.25 mL by mouth at bedtime for 1 week. May increase by 0.25 mL weekly as tolerated.

Custom SIG: \_\_\_\_\_

**Naltrexone HCl \_\_0.5mg/mL \_\_1.5mg/mL \_\_3mg/mL \_\_4.5mg/mL  
Custom Strength \_\_\_\_mg/mL Oral Suspension  
(QTY \_\_#30mL \_\_#60mL \_\_#90mL)**

SIG: Take 1 mL by mouth at bedtime.

Custom SIG: \_\_\_\_\_

## TOPICAL CREAM

**Naltrexone HCl \_\_1.5mg/mL \_\_3mg/mL \_\_4.5mg/mL \_\_6mg/mL  
Custom Strength \_\_\_\_mg/mL Topical Cream  
(QTY \_\_#30 \_\_#60 \_\_#90)**

SIG: Apply 1 gram topically once daily.

Custom SIG: \_\_\_\_\_

## SUBLINGUAL TABLETS

**Naltrexone HCl \_\_0.5mg \_\_1.5mg \_\_3mg \_\_4.5mg  
Custom Strength \_\_\_\_mg Sublingual Tablets  
(QTY \_\_#30 \_\_#60 \_\_#90)**

SIG: Dissolve 1 tablet under the tongue once daily at bedtime.

Custom SIG: \_\_\_\_\_

**PRICE: QTY [#15: \$45] [#30: \$65] [#45: \$95] [#60: \$120] [#90: \$150] [#180: \$200] Titration Kit [#1 Kit: \$150]**

PRESCRIBER SIGNATURE: \_\_\_\_\_  
*Substitution Permissible*

PROVIDER NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE: \_\_\_\_\_ NPI #: \_\_\_\_\_

NAME OF PERSON FAXING: \_\_\_\_\_ REFILLS: \_\_\_\_\_