

Physician's Name & Address: \_\_\_\_\_

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

DEA#: \_\_\_\_\_

Phone#: \_\_\_\_\_

Fax#: \_\_\_\_\_

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

Ship Script to Patient:  Yes  No



Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ SS#: \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

Prescription Insurance & Rx Policy #: \_\_\_\_\_

Rx BIN#: \_\_\_\_\_ Rx Group: \_\_\_\_\_

**Check appropriate box. The medications listed below are compounded formulations per your request.**

✓	POTENTIAL PRESCRIBED USE	COMPOUNDED FORMULATION	DOSING
	LDN Thyroid Titration (Hashimoto's, Grave's, Thyroiditis, or Fibromyalgia)	1 LDN Thyroid Starter Kit  Naltrexone 0.5mg capsule #63 Naltrexone 1.5mg capsule #63	Take capsules orally once daily, starting with 0.5mg and increasing by 0.5mg every 7 days until stable dose is achieved. Do not exceed 4.5mg per day.
	LDN Titration (Autoimmune disorders including multiple sclerosis, rheumatoid arthritis, irritable bowel syndrome, ulcerative colitis)	1 LDN Starter Kit  Naltrexone 0.5mg capsule #42 Naltrexone 1.5mg capsule #84	Take capsules orally nightly at bed- time, starting with 1.5mg and increas- ing by 0.5mg every seven days until stable dose is achieved. Do not exceed 4.5mg per day.
	Patients who have completed starter kit and/or arrived at a stable dose	Naltrexone _____mg capsule  # _____ Refills _____	Take one capsule orally nightly at bed- time. Typically 4.5mg. Often 1.0mg for depression/anxiety.
	Used more commonly with chronic fatigue syndrome and Hashimoto's, as patients often respond to lower doses.	Naltrexone 1.0mg/1ml liquid  _____ ml Refills _____	Take orally nightly at bedtime.
	Patients with unresolved gastro side effects or with no results with standard capsules	Naltrexone _____mg sublingual  # _____ Refills _____	Dissolve under tongue nightly at bed- time.
	Patients who can't tolerate the oral form, wound healing, pediatrics, etc.	Naltrexone _____mg/1ml cream  _____ ml Refills _____	Apply to inner arm or affected area once daily at bedtime.

PHYSICIAN'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

\* Your patients may do well at a lower dose than 4.5mg and can remain at a lower dose if applicable.