

BLACKBURN DRUG

PHONE: 307-201-1159 L FAX: 307-201-1553
BLACKBURNDRUG.COM
545 N CACHE - UNIT 10-S JACKSON WY 83001

PATIENT NAME _____ DOB _____

ADDRESS _____ PHONE _____

ALLERGIES _____

NALTREXONE 4.5 MG CAPSULES

- TAKE 1 CAPSULE BY MOUTH EVERY DAY
- # _____ CAPSULES
- REFILLS _____

NALTREXONE _____ MG CAPSULES

- TAKE 1 CAPSULE BY MOUTH EVERY DAY
- # _____ CAPSULES
- REFILLS _____

NALTREXONE TITRATION (1.5 MG CAPSULES)

- TAKE 1 CAPSULE BY MOUTH AT BEDTIME FOR 10 DAYS, THEN TAKE 2 CAPSULES AT BEDTIME FOR 10 DAYS, THEN TAKE 3 CAPSULES AT BEDTIME FOR 10 DAYS.
 - # 60 CAPSULES
- NALTREXONE 4.5 MG CAPSULES
 - # _____ CAPSULES
 - TAKE ONE CAPSULE BY MOUTH EVERY DAY
- REFILLS _____

PHYSICIAN NAME _____ DATE _____

SIGNATURE _____ DEA _____