

PATIENT NAME _____ PATIENT DOB _____

ALLERGIES _____ DIAGNOSIS _____

DAY PHONE _____ CELL PHONE _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

PRESCRIBER NAME _____

PHONE _____ FAX _____

NPI _____ DEA _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

NALTREXONE TITRATIONS

LDN 1 MG BISECTED TAB 0.5 MG TITRATION

Naltrexone 1 mg Bisected Tablet

LDN DIRECTIONS

Week 1: Take 0.5 tab (0.5 mg) po qHS x 7days.
 Week 2: Take 1 tab (1 mg) po qHS x 7days.
 Week 3: Take 1.5 tabs (1.5 mg) po qHS x 7days.
 Week 4: Take 2 tabs (2 mg) po qHS x 7days.
 Week 5: Take 2.5 tabs (2.5 mg) po qHS x 7days.
 Week 6: Take 3 tabs (3 mg) po qHS x 7days.
 Week 7: Take 3.5 tabs (3.5 mg) po qHS x 7days.
 Week 8: Take 4 tabs (4 mg) po qHS x 7days.
 Week 9: Take 4.5 tabs (4.5 mg) po qHS x7days.
 Take during the day if sleep disturbances occur.

QUANTITY: 160 tabs **REFILL(S)** _____

LDN 2 MG QUADSECTED TAB 0.5 MG TITRATION

Naltrexone 2 mg Quadsected Tablet

LDN DIRECTIONS

Week 1: Take 0.25 tab (0.5 mg) po qHS x 7days.
 Week 2: Take 0.5 tab (1 mg) po qHS x 7days.
 Week 3: Take 0.75 tabs (1.5 mg) po qHS x 7days.
 Week 4: Take 1 tabs (2 mg) po qHS x 7days.
 Week 5: Take 1.25 tabs (2.5 mg) po qHS x 7days.
 Week 6: Take 1.5 tabs (3 mg) po qHS x 7days.
 Week 7: Take 1.75 tabs (3.5 mg) po qHS x 7days.
 Week 8: Take 2 tabs (4 mg) po qHS x 7days.
 Week 9: Take 2.25 tabs (4.5 mg) po qHS x7days.
 Take during the day if sleep disturbances occur.

QUANTITY: 90 tabs **REFILL(S)** _____

LDN 1.5 MG BISECTED TAB 1.5 MG TITRATION

Naltrexone 1.5 mg Bisected Tablet

LDN DIRECTIONS

Week 1: Take 1 tab (1.5 mg) po qHS x 7days.
 Week 2: Take 2 tab (3 mg) po qHS x 7days.
 Week 3: Take 3 tabs (4.5 mg) po qHS x 7days.
 Take during the day if sleep disturbances occur.

QUANTITY: 50 tabs **REFILL(S)** _____

LDN 2 MG QUADSECTED TAB 1.5 MG TITRATION

Naltrexone 2 mg Quadsected Tablet

LDN DIRECTIONS

Week 1: Take 0.75 tab (1.5 mg) po qHS x 7days.
 Week 2: Take 1.75 tab (3 mg) po qHS x 7days.
 Week 3: Take 2.25 tabs (4.5 mg) po qHS x 7days.
 Take during the day if sleep disturbances occur.

QUANTITY: 35 tabs **REFILL(S)** _____

NALTREXONE MAINTENANCE

NALTREXONE MAINTENANCE

- Naltrexone 0.5 mg Tablet Naltrexone 2 mg Tablet Naltrexone 4.5 mg Tablet
 Naltrexone 1 mg Tablet Naltrexone 3 mg Tablet Naltrexone 9 mg Tablet
 Naltrexone 1.5 mg Tablet Naltrexone 4 mg Tablet Naltrexone ____ mg Tablet

QUANTITY

30 days 60 days 90 days

REFILL(S) _____

TABLET DIRECTIONS

- Take 1 Tablet by mouth once daily at bedtime. Take during the day if sleep disturbances occur.
 Other Directions: _____

PRESCRIBER AUTHORIZATION

PRESCRIBER SIGNATURE _____

DATE _____

SUBSTITUTIONS PERMITTED _____

DISPENSE AS WRITTEN _____

Please fax completed prescription with current patient demographic information to 253.525.1383