

## **Low Dose Naltrexone (LDN) Order Form**

Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Allergies \_\_\_\_\_

Naltrexone 4.5mg Capsules; Sig: Take 1 capsule by mouth every day. Qty \_\_\_\_\_ Refills \_\_\_\_\_

Naltrexone \_\_\_\_\_ mg Capsules; Sig: Take 1 capsule by mouth every day. Qty \_\_\_\_\_ Refills \_\_\_\_\_

Naltrexone Titration Pack; Sig: Take (1) 1.5mg capsule by mouth every day for 10 days (#10), then take (1) 3mg capsule by mouth every day for 10 days (#10), then take (1) 4.5mg capsule by mouth every day (#70) for a total of #90 capsules being dispensed.

Physician Name \_\_\_\_\_ Date \_\_\_\_\_

Physician Signature/Person Authorizing and Title \_\_\_\_\_

Physician NPI or DEA# \_\_\_\_\_

Physician's Office Phone # \_\_\_\_\_