

Patient Name		Prescriber Name	
Date of Birth		Office Phone #	
Phone #		Office Fax #	
Street Address		Street Address	
City, State, Zip		City, State, Zip	
Allergies		NPI	
Email		DEA	

2/21

Standard Dosing (e.g. Autoimmune, Chronic Pain, Fibromyalgia, Dermatology)	Mental Health (e.g. Anxiety, Depression)																																																																								
<input type="checkbox"/> Low Dose Naltrexone (LDN) Titration Starter Kit (Formula #116022) Includes: Naltrexone 1.5 mg capsule #84 & Naltrexone 0.5 mg capsule #42 Directions: Take capsule(s) by mouth daily 30-60 minutes before bedtime or as directed by the prescriber. Follow the dosing schedule. <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Week</th> <th>LDN 1.5 mg</th> <th>LDN 0.5 mg</th> <th>Total Daily Dose</th> </tr> </thead> <tbody> <tr> <td>Week 1 (Days 1-7)</td> <td>1 Capsule Daily</td> <td>Do Not Take</td> <td>1.5 mg</td> </tr> <tr> <td>Week 2 (Days 8-14)</td> <td>1 Capsule Daily</td> <td>1 Capsules Daily</td> <td>2 mg</td> </tr> <tr> <td>Week 3 (Days 15-21)</td> <td>1 Capsule Daily</td> <td>2 Capsules Daily</td> <td>2.5 mg</td> </tr> <tr> <td>Week 4 (Days 22-28)</td> <td>2 Capsules Daily</td> <td>Do Not Take</td> <td>3 mg</td> </tr> <tr> <td>Week 5 (Days 29-35)</td> <td>2 Capsules Daily</td> <td>1 Capsule Daily</td> <td>3.5 mg</td> </tr> <tr> <td>Week 6 (Days 36-42)</td> <td>2 Capsules Daily</td> <td>2 Capsules Daily</td> <td>4 mg</td> </tr> <tr> <td>Week 7 (Days 43-49)</td> <td>3 Capsules Daily</td> <td>Do Not Take</td> <td>4.5 mg</td> </tr> </tbody> </table> <input type="checkbox"/> Low Dose Naltrexone (LDN) *Senior* Titration Starter Kit (Formula #117714) Includes: Naltrexone 1.5 mg capsule #84 & Naltrexone 0.5 mg capsule #52 Directions: Take capsule(s) by mouth daily 30-60 minutes before bedtime or as directed by the prescriber. Follow the dosing schedule. Note: This kit is recommended for patients who are generally more sensitive to medications (e.g. senior patients) <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Week</th> <th>LDN 1.5 mg</th> <th>LDN 0.5 mg</th> <th>Total Daily Dose</th> </tr> </thead> <tbody> <tr> <td>Week 1 (Days 1-4)</td> <td>Do Not Take</td> <td>1 Capsule Daily</td> <td>0.5 mg</td> </tr> <tr> <td>Week 1 (Days 5-7)</td> <td>Do Not Take</td> <td>2 Capsule Daily</td> <td>1 mg</td> </tr> <tr> <td>Week 2 (Days 8-14)</td> <td>1 Capsule Daily</td> <td>Do Not Take</td> <td>1.5 mg</td> </tr> <tr> <td>Week 3 (Days 15-21)</td> <td>1 Capsule Daily</td> <td>1 Capsules Daily</td> <td>2 mg</td> </tr> <tr> <td>Week 4 (Days 22-28)</td> <td>1 Capsule Daily</td> <td>2 Capsules Daily</td> <td>2.5 mg</td> </tr> <tr> <td>Week 5 (Days 29-35)</td> <td>2 Capsules Daily</td> <td>Do Not Take</td> <td>3 mg</td> </tr> <tr> <td>Week 6 (Days 36-42)</td> <td>2 Capsules Daily</td> <td>1 Capsule Daily</td> <td>3.5 mg</td> </tr> <tr> <td>Week 7 (Days 43-49)</td> <td>2 Capsules Daily</td> <td>2 Capsules Daily</td> <td>4 mg</td> </tr> <tr> <td>Week 8 (Days 50-56)</td> <td>3 Capsules Daily</td> <td>Do Not Take</td> <td>4.5 mg</td> </tr> </tbody> </table>	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 Capsule 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	Week	LDN 1.5 mg	LDN 0.5 mg	Total Daily Dose	Week 1 (Days 1-4)	Do Not Take	1 Capsule Daily	0.5 mg	Week 1 (Days 5-7)	Do Not Take	2 Capsule Daily	1 mg	Week 2 (Days 8-14)	1 Capsule Daily	Do Not Take	1.5 mg	Week 3 (Days 15-21)	1 Capsule Daily	1 Capsules Daily	2 mg	Week 4 (Days 22-28)	1 Capsule Daily	2 Capsules Daily	2.5 mg	Week 5 (Days 29-35)	2 Capsules Daily	Do Not Take	3 mg	Week 6 (Days 36-42)	2 Capsules Daily	1 Capsule Daily	3.5 mg	Week 7 (Days 43-49)	2 Capsules Daily	2 Capsules Daily	4 mg	Week 8 (Days 50-56)	3 Capsules Daily	Do Not Take	4.5 mg	<input type="checkbox"/> INITIAL TITRATION: Naltrexone 0.5 mg capsule (Formula #109608) Directions: Take 1 capsule (0.5 mg) at bedtime for 7 days. Then, take 2 capsules (1 mg) at bedtime for 7 days. Then, take 1 capsule (0.5 mg) in the morning and 2 capsules (1 mg) at bedtime for 7 days. Then, take 2 capsules (1 mg) in the morning and at bedtime, thereafter. Quantity: <input type="checkbox"/> # 70 capsules <input type="checkbox"/> # _____ capsules Refills: _____ <input type="checkbox"/> MAINTENANCE DOSE: Naltrexone 1 mg capsule (Formula #3361) Directions: Take 1 capsule by mouth twice a day in the morning & at bedtime Quantity: <input type="checkbox"/> # 60 capsules <input type="checkbox"/> # _____ capsules Refills: _____
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	Thyroid Disorders (e.g. Hashimoto's Disease)																																																																								
	<input type="checkbox"/> INITIAL TITRATION: Naltrexone 0.5 mg capsule (Formula #109608) Directions: Take 1 capsule by mouth once daily at bedtime for 2-4 weeks. If tolerated, may increase to 2 capsules at bedtime. Quantity: <input type="checkbox"/> # 60 capsules <input type="checkbox"/> # _____ capsules Refills: _____ <input type="checkbox"/> CONTINUED TITRATION: Naltrexone 0.5 mg capsule (Formula #109608) Directions: Continue titrating up as directed. Increase 1 capsule every 2-4 weeks. Quantity: <input type="checkbox"/> # 120 capsules <input type="checkbox"/> # _____ capsules Refills: _____ <input type="checkbox"/> MAINTENANCE DOSE (Note: Typical dose is 2.5 mg to 4.5 mg by mouth daily at bedtime) Medication: Naltrexone _____ mg capsule Directions: _____ Quantity: <input type="checkbox"/> # _____ capsules Refills: _____																																																																								
Custom Order	Other Formulations																																																																								
<input type="checkbox"/> INITIAL TITRATION Medication: Naltrexone _____ mg capsule Directions: _____ Quantity: # _____ capsules Refills: _____ <input type="checkbox"/> CONTINUED TITRATION / MAINTENANCE DOSE Medication: Naltrexone _____ mg capsule Directions: _____ Quantity: # _____ capsules Refills: _____ <input type="checkbox"/> OTHER Medication: Naltrexone _____ mg capsule Directions: _____ Quantity: # _____ capsules Refills: _____	<input type="checkbox"/> Low Dose Naltrexone Oral Suspension Strength: _____ mg/mL (General Range 0.5 to 9 mg/mL) Directions: _____ Quantity: # _____ mL Refills: _____ <input type="checkbox"/> Low Dose Naltrexone Sublingual Troches Strength: _____ mg per troche Directions: _____ Quantity: # _____ troches Refills: _____ <input type="checkbox"/> Low Dose Naltrexone Topical or Vaginal (circle one) Cream Strength: _____ mg/mL Directions: _____ Quantity: # _____ mL Refills: _____ <input type="checkbox"/> Low Dose Naltrexone Eye Drop Strength: _____ mg/mL Directions: _____ Quantity: # _____ mL Refills: _____																																																																								

Prescriber Signature: _____ Date Written: _____