



## Compounded Low Dose Naltrexone for Arthritis/Joint Pain/Inflammation Rx Template

Patient's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Patient's Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_, Zip: \_\_\_\_\_

Patient's Phone: \_\_\_\_\_ Drug Allergies: \_\_\_\_\_

### Formulation Selection (choose by checking the box to the left of the formula)

- ☐ Naltrexone 1.5mg Capsules
- ☐ Naltrexone 3mg Capsules
- ☐ Naltrexone 4.5mg Capsules
- ☐ Naltrexone \_\_\_\_mg Capsules

### Optional Customization (choose a from the following optional customization options at your discretion)

- ☐ Vegetable Caps (instead of Gelatin) ☐ Lactose-Free Formulation

### Quantity Selection (choose a dispense quantity by checking the corresponding box)

- ☐ 30 caps ☐ 60 caps ☐ 90 caps ☐ \_\_\_\_caps

### Directions for Use (Choose pre-worded directions below or manually enter directions for use)

- ☐ Take 1 capsule PO QHS as directed by physician
- ☐ \_\_\_\_\_

Refills: 0—1—2—3—4—5—PRN

Prescriber's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Prescriber's Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Prescriber's Phone Number: \_\_\_\_\_ Name of person submitting order: \_\_\_\_\_