



LOW DOSE NALTREXONE (LDN)

Patient: _____ **DOB:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Mobile: () _____ **Home:** () _____

Allergies: _____

Titration

LDN1.5: NALTREXONE 1.5MG TABLET TITRATION
SIG: Take 1 tablet orally once a day at bedtime for 1 week,
 2 tablets orally once a day at bedtime for 1 week, then 3 tablets
 orally at bedtime for 2 weeks
Quantity: _____ **Refills:** _____

LOW DOSE NALTREXONE TITRATION STARTER
 LDN 2MG Tablets #7
 LDN 3MG Tablets #7
 LDN 4.5 MG Tablets #30
SIG: Take one tablet by mouth at bedtime
Quantity: _____ **Refills:** _____

N10: BLISTER PACK
 Week 1: 0.5MG Tablets x 7 days
 Week 2: 1MG Tablets x 7 days
 Week 3: 2MG Tablets x 7 days
 Week 4: 4MG Tablets x 7 days
SIG: Take 1 tablet orally once a day at
 bedtime, slowly titrate up to 4MG
Refills: _____



NT4: LDN 4MG BUCCAL TROCHE TITRATION

$\frac{1}{4}$ TROCHE = 1 MG
 $\frac{1}{2}$ TROCHE = 2MG
 $\frac{3}{4}$ TROCHE = 3MG
 1 TROCHE = 4MG

SIG: Place $\frac{1}{4}$ troche into inner cheek (buccal route) once a day at
 bedtime for one week, $\frac{1}{2}$ troche at bedtime for 1 week, $\frac{3}{4}$ troche
 at bedtime for 1 week, then 1 troche at bedtime thereafter.

Quantity: 20 Troches (1 month) **Refills:** _____

Maintenance

LOW DOSE NALTREXONE

0.5MG Tablet 3MG Tablet
 1MG Tablet 4MG Tablet
 1.5MG Tablet 4.5MG Tablet
 2MG Tablet 8MG Tablet

SIG: Take one tablet by mouth at bedtime

Quantity: _____ **Refills:** _____

LOW DOSE NALTREXONE BUCCAL TROCHE

NT16: LDN 16 MG Troche
Sig: Take $\frac{1}{4}$ troche (4mg) at bedtime as directed
Qty: _____ month supply
Refills: _____

NT12 LDN 12 MG Troche
Sig: Take $\frac{1}{4}$ troche (3mg) at bedtime as directed
Qty: _____ month supply
Refills: _____

Physician: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____

NPI: _____ **DEA:** _____

Signature: _____ **Date:** _____

Filler: Microcrystalline Cellulose (If you would like a different filler please indicate)

LOW DOSE NALTREXONE 90
TABLETS ANY STRENGTH \$40.00
 Excludes troche and blister pack

Christian Stella PharmD
 Phone: (516) 785-4774 ext.2
 Email: christianstella@precisionpharmacy.net

WE DELIVER & SHIP TO ALL
PATIENT LOCATIONS