TWO RIVERS PHARMACY

Low Dose Naltrexone (LDN)

Prescription Order Form

Please fax to: **910-748-0245** or call in to: **910-748-0243**

101 Broadfoot Ave, Fayetteville, NC 28305

503A compounding pharmacy
USP <797> and <800> compliant
Licensed in North Carolina

Patient Information

PLEASE FAX: Patient demographic sheet & prescription insurance card if available.

FIRST NAME | LAST NAME | DATE OF BIRTH

PHONE # | ALLERGIES

ADDRESS | CITY, STATE, ZIP

Rx Medication Order

Prescriber: you may change the directions, or delete, substitute or add medications.

Pharmacist, please compound:

TITRATION • STARTING DOSE

☐ **Low Dose Naltrexone**
1.5 mg capsules

Dispense: ☐ 30 caps ☐ 90 caps

Refills: ____

SIG

☐ **Day 1-7:** Take 1 capsule by mouth, at bedtime, once a day for 7 days.
Day 8-14: Take 2 capsules by mouth, at bedtime, once a day for 7 days.
Day 15 and after: Take 3 capsules by mouth, at bedtime, once a day for maintenance. (Prescribe additional refills as the 4.5 mg capsules.)

☐ Take 1 capsule by mouth, once a day, at bedtime.

☐ **Low Dose Naltrexone**
3 mg capsules

Dispense: ☐ 30 caps ☐ 90 caps

Refills: ____

SIG

☐ Take 1 capsule by mouth, once a day, at bedtime.

☐ **Low Dose Naltrexone**
4.5 mg capsules

Dispense: ☐ 30 caps ☐ 90 caps

Refills: ____

SIG

☐ Take 1 capsule by mouth, once a day, at bedtime.

(Optional) Additional instructions or compounds

Prescriber Information

PRESCRIBER NAME AND CREDENTIALS | NPI #

STREET ADDRESS | CITY, STATE, ZIP

PHONE | FAX

PRESCRIBER'S SIGNATURE | **DATE**

Want these forms preprinted with your practice's information? Email travin@tworiversrx.com or call 910-748-0243.

This form is a prescription when signed by a licensed prescriber. A pharmacist will verify the order and contact your office with any questions before compounding.