

**Low Dose Naltrexone Prescription Order Form**

**Patient Information:** PLEASE FAX Patient Demographic Sheet & Prescription Insurance Card if available.

PATIENT NAME:	DOB:	
PRIMARY PHONE #:	2ND PHONE #:	
ADDRESS:	CITY, STATE, ZIP:	ALLERGIES: (If no allergies please check the NKDA box) <input type="checkbox"/> NKDA

**Rx Medication Order:** Pharmacist Please Compound:

**Rx Naltrexone hcl IR Capsules (Starter Dose)**

0.5mg  1mg  1.5mg (Same pricing for all 0.5mg-1.5mg strength!)

QTY:  14/\$35  21/\$40  28/\$45  Other: \_\_\_\_\_

SIG: Take 1 capsule daily at bedtime for 1 week, may increase to 2 capsules daily at bedtime for second week or \_\_\_\_\_

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**Naltrexone hcl IR Capsules (Maintenance Dose)**

3mg  4.5mg (Same pricing for all 3mg & 4.5mg strength!)

QTY:  30/\$54  60/\$75  90/\$99

SIG: Take 1 capsule daily at bedtime. Refills: \_\_\_\_\_

**Notes:**

**Prescriber Information:**

PRESCRIBER'S SIGNATURE:

NPI# or DEA# (CTP# for CNPs only): DATE:

ADDRESS, CITY, STATE, ZIP:

PHONE #: FAX #:

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# Patient Information Sheet

(Provider, please hand this sheet to the patient.)

Dear Patient,

We have sent your special order prescription to BioMed Specialty Pharmacy to be compounded.

BioMed Specialty Pharmacy will call you within 24-48 hours from the phone number **(855) 246-6338**.

If you don't hear from them within 24-48 hours please call them back at **(855) 246-6338**.

BioMed's business hours are Monday-Friday 8am-6pm.

## What information does BioMed need?



- Your prescription insurance card
- Your Driver's License or State Issued ID number
- Your Social Security number
- A credit card to secure payment
- Any allergies to any medications

biomedrelief.com

Ph: 855. 246. 6338

info@biomedpharmacy.com