



SOUTHERN MARYLAND COMPOUNDING  
CENTER PHARMACY

3643 LEONARDTOWN ROAD WALDORF, MD 20601 PHONE (301) 645-2400 FAX (301)476-0382

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Phone: (\_\_\_\_\_) \_\_\_\_\_ Evening Phone: (\_\_\_\_\_) \_\_\_\_\_

Allergies: \_\_\_\_\_

### Low-Dose Naltrexone Capsules (immediate-release, lactose-free)

- 1.5mg #100
- 3mg #100
- 4.5mg #100

Sig: Take one capsule at bedtime as directed

Refill \_\_\_\_\_

- 1.5mg #100

Sig: Take 1 capsule (1.5mg) at bedtime x 10 days, then take 2 capsules (3mg total) at bedtime for 10 days, then take 3 capsules (4.5mg) total thereafter.

Refill (4.5mg #100) \_\_\_\_\_

Prescriber Signature: \_\_\_\_\_

Prescriber Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

State License: \_\_\_\_\_ DEA: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_