

## LDN (Low Dose Naltrexone) COMPOUNDS with Starter Doses #1

**Patient Name:** \_\_\_\_\_ **DOB:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_  
**State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Cell:** (\_\_\_\_) \_\_\_\_\_ **Home:** (\_\_\_\_) \_\_\_\_\_  
**Email:** \_\_\_\_\_

**Alternate Starter Dose: Using (1.5mg only Caps)**

**LDN (Low dose Naltrexone) Capsules**

**Week 1:** Take 1 capsule (1.5mg) PO QHS for 14 days  
**Week 3:** Take 2 Capsules (3mg) PO QHS for 14 days.  
**Week 5:** Take 3 Capsules (4.5mg) PO QHS for 7 days.  
 \* Target dose is 4mg to 4.5mg.

Qty: 63 Capsules                      Refills: \_\_\_\_\_

**Common Starter Dose: Using 1, 2, 3 & 4 (mgs)**

**LDN (Low dose Naltrexone) Capsules**

**Week 1:** Take 1mg Capsule PO QHS for 14 days.  
**Week 3:** Take 2mg Capsule PO QHS for 14 days.  
**Week 5:** Take 3mg Capsule PO QHS for 14 days.  
**Week 7:** Take 4mg Capsule PO QHS for 14 days.  
 \* **You will have 4 bottles with above mentioned doses .**  
 \* Target dose is 4mg to 4.5mg.

QTY: 56 Capsules                      Refills: \_\_\_\_\_

**LDN (Low Dose Naltrexone) 4mg/ml Starter Solution**

**Sig:** Begin taking 1mg (0.25ml) PO QHS for 14 days. If no side effects on day 14, Titrate up by 1mg every 2 weeks.  
 \***Target dose is 4mg to 4.5mg**  
 (1mg = 0.25ml    2mg = 0.5ml    3mg = 0.75ml    4mg = 1ml)

Qty: 40ml                                      Refills: \_\_\_\_\_

**LDN (Low Dose Naltrexone) \_\_\_\_\_mg/ml Solution**

**Sig:** Take \_\_\_\_\_ ml PO QHS .

QTY: 30ml 60ml 90ml                      Refills: \_\_\_\_\_

**LDN (Low dose Naltrexone) Capsules (Circle dose)**

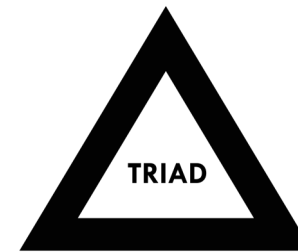
**0.5mg 1mg 1.5mg 2mg 2.5mg 3mg 3.5mg 4mg 4.5mg**  
**Sig:** Take 1 capsule PO QHS.  
**QTY:** 30 60 90 Capsules                      Refills: \_\_\_\_\_

**LDN (Low Dose Naltrexone) 4mg RDT's**

**Sig:** Place  1/4  1/2  1 RDT under the tongue QHS . Do not eat or drink anything for 30 minutes before or after.

QTY: 30 60 90                                      Refills: \_\_\_\_\_

PATIENT



PHYSICIAN

PHARMACY

**NOTES:** \_\_\_\_\_

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**Providers:**

When patients are beginning on LDN therapy, remember to **start low and go slow**. If patients experience side effects and they still have them at the end of that weekly dose, do not move up to the next dose until side effects are gone. Patient compliance is essential in order to reach maximum benefit.

**Physician Approval**

**Provider Name:** \_\_\_\_\_ **DEA:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Suite:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Phone:** (\_\_\_\_) \_\_\_\_\_ **Fax:** (\_\_\_\_) \_\_\_\_\_ **Email:** \_\_\_\_\_  
**Provider Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Charge:** \_\_\_physician \_\_\_patient

**Ship:** \_\_\_physician \_\_\_patient

**Shipping:** \_\_\_Pick-up \_\_\_Regular Mail  
 \_\_\_UPS Ground