

Low Dose Naltrexone Prescription

Pet Name: _____ Owner: Name: _____

Pet DOB: ____/____/____

Address: _____

City: _____ State: _____ Zip: _____

RX: Low Dose Naltrexone (LDN) in oil suspension (Dosing 0.3mg/kg)

0.5mg 1mg 1.5mg 2mg 3mg 4mg 4.5mg

Sig: Give ____mg/0.5ml by mouth same time every day or UD.

Flavor: Beef Chicken Fish BID dosing

QTY: 45 ml

Refills: ____ 1 2 3 4 5

Provider Name: _____ **DEA:** _____

Address: _____ **Suite:** _____

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

Phone: (____) _____ **Fax:** (____) _____

Email: _____

Provider Signature: _____ **Date:** ____/____/____