



WELLNESS PHARMACY
OF LINCOLN

LOW DOSE NALTREXONE

4640 Champlain Drive #113
Lincoln, NE 68521
** 27th & Superior St**

Phone: (402) 413-9950
FAX: : (402)413-9964

Provider Information

Provider Name: _____ Phone: _____ fax _____

Address: _____

Patient Information

Patient Name: _____ Birthday: _____ Phone _____

Address: _____

INITIAL DOSE

LOW DOSE NALTREXONE 1.5mg

Sig: Take 1 capsule qhs x 2 weeks #42
Then 2 capsules qhs x 2 weeks

MAINTENANCE DOSE

LOW DOSE NALTREXONE 4.5mg -

Sig: Take 1 capsule by mouth qhs #90

REFILLS: _____

**EACH CAPSULE CONTAIN 450MG MAGNESIUM GLYCINATE AS FILLER

**PLEASE SELECT IF ANOTHER FILLER IS PREFERRED: *Microcrystalline Cellulose / Loxoral*

OTHER OPTIONS:

CIRCLE ONE: **Oral Solutions / Sublingual drops / Transdermal Cream / Troche**

- Starting dose: _____ QHS. **INCREASE** by _____ every _____ weeks
- Maintenance dose: _____ QHS Refills: _____

Other: _____

Provider's Signature: _____ Date: _____

PLEASE FAX BACK TO (402) 413-9964
- THANK YOU -