



Low Dose Naltrexone (LDN) Prescription Order Form

Town and Country Compounding Pharmacy

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Form with fields for Patient Name, Date of Birth, Phone #, Street Address, City, State, Zip, Allergies, Email, Prescriber Name, Office Phone #, Office Fax #, Street Address, City, State, Zip, NPI, DEA.

2/21

Standard Dosing (e.g. Autoimmune, Chronic Pain, Fibromyalgia, Dermatology)
- Low Dose Naltrexone (LDN) Titration Starter Kit (Formula #116022)
- Low Dose Naltrexone (LDN) *Senior* Titration Starter Kit (Formula #117714)
Includes tables for dosing schedules.

Mental Health (e.g. Anxiety, Depression)
- INITIAL TITRATION: Naltrexone 0.5 mg capsule (Formula #109608)
- MAINTENANCE DOSE: Naltrexone 1 mg capsule (Formula #3361)
Thyroid Disorders (e.g. Hashimoto's Disease)
- INITIAL TITRATION: Naltrexone 0.5 mg capsule (Formula #109608)
- CONTINUED TITRATION: Naltrexone 0.5 mg capsule (Formula #109608)
- MAINTENANCE DOSE (Note: Typical dose is 2.5 mg to 4.5 mg by mouth daily at bedtime)

Custom Order
- INITIAL TITRATION
- CONTINUED TITRATION / MAINTENANCE DOSE
- OTHER

Other Formulations
- Low Dose Naltrexone Oral Suspension
- Low Dose Naltrexone Sublingual Troches
- Low Dose Naltrexone Topical or Vaginal (circle one) Cream
- Low Dose Naltrexone Eye Drop

Prescriber Signature: _____ Date Written: _____