



**McMAHAN PHARMACY**  
**SERVICES INC.**  
 COMPOUNDING EXCELLENCE



Low Dose Naltrexone

P: (800) 635-8825  
 F: (855) 899-4147  
 McMahanPharmacy.com

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

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

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

Phone Number: \_\_\_\_\_

New Patients: Fax current insurance information with Rx

Doctor Name: \_\_\_\_\_

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

DEA# \_\_\_\_\_ NPI # \_\_\_\_\_

Office Contact: \_\_\_\_\_

Office Phone: \_\_\_\_\_

Capsules

- Naltrexone HCl 1.5 mg capsules
- Naltrexone HCl 3.0 mg capsules
- Naltrexone HCl 4.5 mg Capsules

Oral Liquid

- Naltrexone HCl 1 mg/mL Oil Oral Suspension

Topical

OTHER

- Other: \_\_\_\_\_
- SIG: \_\_\_\_\_

QTY: \_\_\_\_\_

SIG: \_\_\_\_\_

REFILLS: 1      2      3      4      5      prn

PRESCRIBER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_