

Northwest Pharmaceutical Compounding, Inc.

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RX hours: 10- 6, M-F & Saturdays 10 - 3
Emergencies (on call) 24/7/365

Always Free Shipping!

Office: (425) 385-2400
Fax: (425) 385-3969
Cell: (425) 760-7462

www.nwpcrx.com

Low Dose Naltrexone (LDN) **Prescription Order Form** **Fax to: 425-385-3969**

IMPORTANT: Naltrexone is NOT to be taken by patients using opiates.

Patient's Name: _____

Phone Number: _____ **Date:** _____

DOB: _____ **ICD-10 Code(s):** _____

When would patient like to pick up the prescription? Date/Time: _____ Mail? _____

If the patient calls us from your office, we can take their information and usually have the prescription ready by the time they arrive here, (approx. 20-30 minutes.) Or, we have free shipping and it will leave the same day.

__ RX 1: Initial Regimen	Refill(s): ____	PRN ____
Naltrexone 1.5 mg #90 capsules, or #____ capsules		
Sig: Take 1 capsule QHS for 7 days, then 2 capsules QHS for 7 days, then 3 capsules thereafter if tolerated.		

__ RX 2: Maintenance Regimen	Refill(s): ____	PRN ____
Naltrexone 3 mg #90 capsules		
Sig: Take 1 capsule QHS		

OR:

__ RX 3: Maintenance Regimen	Refill(s): ____	PRN ____
Naltrexone 4.5 mg #90 capsules		
Sig: Take 1 capsule QHS		

Practitioner's Name (print): _____

Practitioner's Signature: _____

Address: _____ **Phone:** _____

_____ **Fax:** _____

NPI _____ **DEA** _____

Practitioners: Feel free to duplicate this prescription order form. One prescription per sheet please!

This is confidential health information. It is your duty to protect confidential correspondence and to protect an individual's health information, according to HIPAA regulations. If you have received this information, and you are NOT the above addressee, please immediately shred the information, and please call us @ NWPC INC. 425-385-2400 so we can immediately rectify the error. Thank you!

Updated 02/26/20