



**U Save It Pharmacy - Peach Valley**

2310 Chesnee Hwy,  
Spartanburg, SC 29303  
P: 864-577-0087 F:864-577-0599

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

COMPOUNDED MEDICATION	STRENGTH	DISPENSE	DIRECTIONS	REFILLS
Naltrexone HCl Capsules (Low Dose Naltrexone)	<input type="checkbox"/> 1.5 mg	<input type="checkbox"/> #90 caps (6 weeks supply)	1 cap PO QHS x14 days, then 2 caps QHS x 14 days, then 3 caps QHS Then switch to 4.5mg capsule prescription.	
Naltrexone HCl Capsules (Low Dose Naltrexone)	<input type="checkbox"/> 4.5 mg	<input type="checkbox"/> #30 caps <input type="checkbox"/> #60 caps <input type="checkbox"/> #90 caps	<input type="checkbox"/> 1 cap PO QHS. <input type="checkbox"/> 1 cap PO QAM.	
Naltrexone HCl Capsules (Low Dose Naltrexone)	<input type="checkbox"/> _____mg	<input type="checkbox"/> #30 caps <input type="checkbox"/> #60 caps <input type="checkbox"/> #90 caps	<input type="checkbox"/> 1 cap PO QHS. <input type="checkbox"/> 1 cap PO QAM.	

v 02-2018

Doctor Name (Printed): \_\_\_\_\_ DEA: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_  
Dispense as Written

\_\_\_\_\_  
Substitution Permitted