

Important Information

1. If you choose to Use Hopkinton Drug Compounding Pharmacy, please enter the following information on the form below. (scroll to 2nd page).
Per the board of pharmacy, we are not allowed to put our information on any prescribing forms that we provide.

Hopkinton Drug Compounding

Phone - 800-439-4441

Fax – 508-435-5983

2. Check the box labeled DAW 1 on the form if you want the exact compounded medication you have ordered.

(Scroll Down to Next Page)

Partial List of LDN Compounds

Pharmacy Name _____

Phone _____ Fax _____

Patient Info:

Name _____ DOB _____ Allergies _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

LDN Nasal Spray - ____ 0.5 mg/ml ____ 1 mg/ml ____ 2.5 mg/ml - 1 spray = 0.1 ml use ____ spray(s) in each nostril ____ time(s) daily for ____ day(s) ____ # of ML
Low Dose Naltrexone (LDN) Capsules – (circle one) - POWDER or LIPOSOMAL ____ MG / take ____ capsule(s) ____ time(s) daily for ____ day(s) ____ # of capsule(s)
Liquid/Suspension Low Dose Naltrexone – ____ MG/ML / (circle one) - Oil base or Water base use ____ ML ____ time(s) daily by mouth for ____ day(s) ____ # of ML
Transdermal Low Dose Naltrexone – ____ MG/ML apply ____ ML ____ time(s) daily for ____ day(s) ____ # of ML - (rub in well)

DAW 1 _____ Refills 1 2 3 4 5 6 ____ other ____ NR

Notes: (other compounded medication, additional ingredients, special instructions) _____

Prescriber Info:

Name _____ DEA/NPI# _____

Phone _____ Fax _____

Email _____

Prescriber Signature _____ Date _____