

For Fax Transmittal to Patient's Choice of Pharmacy or Healthway Compounding Pharmacy 989-791-4603

Healthway Compounding Pharmacy
2544 McLeod Dr. N. Ste. 2
Saginaw, MI. 48604

Phone: 989-791-1691 • Fax: 989-791-4603

Date _____ DOB _____

Patient: _____

Address _____

City/St./Zip _____

Home Phone: _____ Alt. Phone: _____

Allergies: _____

**All compounds for clinical use require a prescription written for each individual patient.
Medication will be dispensed with patient specific label and in patient specific package.**

Naltrexone 1.5mg po once daily for _____ days, Quantity _____
then increase to 3mg once daily for _____ days.

Naltrexone 4.5mg po once daily . Quantity _____

Other: _____ Quantity _____
Sig: _____

Refills: _____

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Phone: 989-791-1691 • 2544 McLeod Dr. N. • Saginaw, MI. 48604

Prescriber Name: _____

Prescriber Signature _____

Phone number: _____

