

Functional Medicine Order Form

Patient Information

NAME	DOB
ADDRESS	
CITY	STATE/ZIP
PHONE	EMAIL
ALLERGIES	SEX

Select Medication

☐ **Naltrexone Capsules (circle one)**

0.5 mg / 1 mg / 1.5 mg / 2 mg / 2.5mg / 3mg / 3.5 mg / 4 mg / 4.5 mg / 6 mg

Sig: Take 1 capsule daily at bedtime

Qty: 30 or 60 or 90

30 caps = \$45

60 caps = \$90

90 caps = \$135

☐ **NAD+ Injection**

100 mg/mL

Sig: Start with 20 units (20 mg) and inject subcutaneously 3-5 times per week. Gradually increase to 100 units (100 mg) as directed.

Qty: 2 x 5 mL vials

\$150

☐ **Sermorelin Injection**

2 mg/mL

Sig: Inject 15 units (0.3 mg) SQ 5 days per week

Qty: 5 mL

\$120

☐ **Methylene Blue Capsules (circle one)**

10 mg / 20 mg / 25 mg / 50mg

Sig: Take 1 capsule by mouth once daily

Qty: 30 or 60

30 caps:

10 mg= \$60

20 & 25 mg= \$75

50 mg= \$110

☐ **Enclomiphene (circle one)**

12.5 mg / 25 mg / 50 mg

Sig: Take 1 capsule by mouth once daily

Qty: 30 or 60 or 90

30 caps: 12.5=\$60 | 25=\$75 | 50=\$95

☐ **Sermorelin SL Drop**

10 mg/mL

Sig: Place 2 clicks (0.1 mg) under tongue once daily 5 days per week as directed

Qty: 4.5 mL

\$199

Quantity: _____

Refills: _____

Custom Rx: _____

Sig: _____

Quantity: _____ Refills: _____

Prescriber Information

PROVIDER NAME:

DEA #:

PROVIDER SIGNATURE:

PHONE #:

DATE:

Robins
Pharmacy

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