WEST END PHARMACY

101 Tara Commons Drive
Suite 100
Loganville, GA 30052
Phone – (470) 220-7232
Fax – (470) 220-7233

Patient Name: _____ Date of Birth: _____

Address: _____

Phone Number: _____ Date: _____

☐ Phentermine 8mg Capsule (Any strength_____mg)
☐ Phentermine 15mg Capsule (Any strength_____mg)
☐ Phentermine 21mg Slow Release Capsule (Any strength_____mg)
☐ Phentermine 30mg Capsule (Any strength_____mg/ml)
☐ Phentermine 37.5mg Capsule (Any strength_____mg/ml)
☐ Phentermine 37.5mg **Slow Release Capsule** (Any strength_____mg)
☐ **Naltrexone** 1.5mg Capsule (any strength_____mg)
☐ **Naltrexone** 2mg Capsule (any strength_____mg)
☐ **Naltrexone** 2.5mg Capsule (any strength_____mg)
☐ **Naltrexone** 3mg Capsule (any strength_____mg)
☐ **Naltrexone** 4mg Capsule (any strength_____mg)
☐ **Naltrexone** 4.5mg Capsule (any strength_____mg)

Directions _____
Quantiy _____ **Grams** **Refills** _____ **NPI and DEA** _____
Physician Name & Signature _____