Park Allergy Center

RENEWAL INSTRUCTIONS FOR ALLERGEN VACCINE PRESCRIPTION - SLIT

Patient Name	
Date of Birth	

Renewal Instructions

Complete form for the prescription renewal

1. Complete all steps to renew SLIT prescription/vaccine for delivery or pick-up

QUESTIONS TO BE COMPLETED BY THE PATIENT (PARENT/GUARDIAN)

a. Are you having any problems with your sublingual allergy drops? ❑ Yes ❒ No

If yes, please explain nature of reaction:_____

_____

b. Are your allergy symptoms under satisfactory control? ❑ Yes ❒ No

If no, please explain:_____

_____

c. Are you taking any medications? If yes, Please list **ALL CURRENT MEDICATIONS** below:

_____ _____ _____ _____

_____ _____ _____ _____

_____ _____

Patient Signature (Parent/Guardian) Date

2. Contact our office 269-321-6673 to arrange a brief follow-up visit with Dr. Park, so that he can review your progress prior to preparation of the renewal vials.

Make appointment for the week of:_____

3. Send the dosing schedule to Dr. Park for review prior to his preparation of your renewal prescription
Fax: 269-324-5594, email: pacinfo@parkallergy.com
or mail: Park Allergy Center, 430 West Center, Portage, MI 49024

4. Renewal vials will be ready within 7-14 days following receipt of this renewal request

❑ Check if you would like your vials mailed - provide address and phone numbers below
Please include payment by check, credit card or call the office 269-321-6673 to pay by credit card.
Vials are not shipped unless payment is received for vials and shipping cost.

Name:

Address:

Home Phone:_____ Day Time Phone:_____

	Reorder	
Number of Vials _____	x Vial Cost: $100.00	Vial(s) Total: $_____
❑ Overnight Shipping	Cost $24.95	Shipping Cost: $_____
If you would like overnight shipping please check box and add cost to your payment		Total Payment: $_____

Credit Card Payment	❑ Visa	❑ MasterCard	❑ Discover
Name On Card:_____			
Credit Card Number:_____			
Exp Date:_____ CVS:_____			
Amount: $_____			
Signature:_____			

❑ Check if you would like to pick up your vials at Park Allergy Center. Please provide a daytime phone number where you can reached and advised that the prescription is ready for pick-up.

Daytime Phone Number:_____

Order and Payment

If you have questions about vaccine cost please contact our office 269-321-6673

Mail, Fax or email Reorder Form 2 weeks prior to needing new vials

Park Allergy Center
430 W Center Ave
Portage, MI 49024
Phone: 269-321-6673

Fax: 269-324-5594

Email: pacinfo@parkallergy.com

For office use	
Date Received:	
Date Reviewed:	
Approved by:	
Concentration:	
SD:	MD: