

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: \$_____
<input type="checkbox"/> Overnight Shipping	Cost \$26.95	Shipping Cost: \$_____
If you would like overnight shipping please check box and add cost to your payment		Total Payment: \$_____

Credit Card Payment	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> 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 be 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: