

## Allergy Extract Order Request

First Name: \_\_\_\_\_

Date: \_\_\_\_\_

Middle Initial: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Patient #: \_\_\_\_\_

### Instructions

PLEASE COMPLETE THE INFORMATION BELOW TO ORDER AN ALLERGY EXTRACT – IF YOU ARE ORDERING MORE THAN ONE EXTRACT, YOU WILL NEED TO COMPLETE THIS FORM FOR EACH ADDITIONAL EXTRACT YOU ARE ORDERING.

Place an "X" on this line if you are ordering more than one extract: \_\_\_\_\_

### Extract Information

Name of Extract you are requesting (Indicate one with an "X"):	Extract #1	Extract #2	Other (see below)
	_____	_____	_____

If you indicated "Other" above, please provide us with the name of your extract and other information we might need to correctly fill your order (enter below):

### PLEASE PROVIDE INFORMATION ABOUT YOUR LAST INJECTION

Date of last injection: \_\_\_\_\_ (MM/YYYY)

Dilution of dose  
(Indicate one with an "X"):

- \_\_\_ 1:100
- \_\_\_ 1:500
- \_\_\_ 1:1,000
- \_\_\_ 1:10,000
- \_\_\_ 1:100,000
- \_\_\_ 1:1,000,000
- \_\_\_ Central

Color of cap  
(Indicate one with an "X"):

- \_\_\_ Red
- \_\_\_ Orange
- \_\_\_ Yellow
- \_\_\_ Blue
- \_\_\_ Green
- \_\_\_ Silver

Size of dose \_\_\_\_\_ 0.05  
(Indicate one with an "X"): \_\_\_\_\_ 0.10  
\_\_\_\_\_ 0.15  
\_\_\_\_\_ 0.20  
\_\_\_\_\_ 0.25  
\_\_\_\_\_ 0.30  
\_\_\_\_\_ 0.35  
\_\_\_\_\_ 0.40  
\_\_\_\_\_ 0.45  
\_\_\_\_\_ 0.50

Label (FOR CENTRAL EXTRACTS ONLY) \_\_\_\_\_ Red label, 10,000 pnu/cc  
(Indicate one with an "X") \_\_\_\_\_ Orange label, 1,000 pnu/cc  
\_\_\_\_\_ Green label, 100 pnu/cc

Interval between injections \_\_\_\_\_ 7 days  
(Indicate one with an "X"): \_\_\_\_\_ 14 days  
\_\_\_\_\_ 21 days  
\_\_\_\_\_ 28 days  
\_\_\_\_\_ Other

### Physician Information

MD's office where allergy injections are given: \_\_\_\_\_

MD's telephone: \_\_\_\_\_

Who gives the injection? \_\_\_\_\_

Any problems with your allergy injections?    Yes        No  
  \_\_\_\_\_        \_\_\_\_\_

If "Yes," please provide us with details.

### Recent Medical History

How are you getting along regarding your allergies? \_\_\_\_\_

PLEASE LIST CURRENT MEDICINES

If you are not currently taking any medication, please place an "X" on this line: \_\_\_\_\_

Medication and Dose: \_\_\_\_\_

Medication and Dose: \_\_\_\_\_

Medication and Dose: \_\_\_\_\_

Medication and Dose: \_\_\_\_\_

**Contact and Mailing Information**

Name of person ordering extract: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Mail extract to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is this a permanent home address change?            Yes    No  
   \_\_\_\_\_    \_\_\_\_\_

**Insurance Information**

Has your insurance changed?            Yes    No  
   \_\_\_\_\_    \_\_\_\_\_

If "Yes," please call our insurance staff at 1-800-256-5844

PROCESSING OF YOUR EXTRACT ORDER MAY BE DELAYED IF YOUR INSURANCE INFORMATION OR REFERRAL IS NOT CURRENT.