



Allergy Extract Reorder Form

This form must be completed before vials are mixed

Patient Name: _____ DOB: _____

Date of last injection (s): _____ ENT Physician _____

Female Patient: Are you pregnant? _____ If yes, please contact our office

Are you taking a Beta Blocker Medication? Yes or No

List Current medications: _____

Epinephrine Auto-Injector Expiration Date: _____

Pharmacy Used: _____

Home Address: _____

Telephone Number Home: _____ Work or Cell: _____

Current Insurance: _____ I.D. Number: _____

Subscriber's Name: _____ Subscriber's Date of Birth: _____

Subscriber's Place of Employment: _____

Your Current Primary Care Physician: _____ Is referral required? Yes or No

Are you having any problems with your injections? _____

Do you feel that your allergy injections are beneficial? Yes or No (please explain if no)

Dou you feel that your allergy injections are beneficial? YES or NO If no, please

explain: _____

It has been recommended to me by my physician at ENT and Allergy Specialists that I begin immunotherapy treatment for my condition(s). I give permission to ENT and Allergy Specialists to order my allergy extract. The charge for the extract is separate and distinct from the administration of the injections of the extract. I understand that the allergy extract that I am ordering is prepared especially for me. It cannot be used for any other person. If I choose not to pick up this vial of extract, I realize that I am still financially responsible for it. I, therefore, authorize the office of ENT & Allergy Specialists to bill my insurance for this extract or myself if not covered by my insurance.

For Sublingual Immunotherapy, I authorize the office to bill myself for the extract.

I understand it takes approximately 10 days to 2 weeks to prepare the allergy extract. It is advised that I contact the office approximately 2 weeks from the date this form is signed and dated by me to inquire when my extract is ready.

Signature: _____ Date: _____

You may fax, mail, drop off in the office or email this order form. Email: allergy@nkyent.com