Adult & Pediatric
Allergy Center of Northern Virginia

Donna L. Schuster, M.D.
Laurie Smith, M.D.
Ngoc Tran Vu, M.D.
Diplomates American Board of Allergy and Immunology
Merril Lee Myers, F.N.P

Telephone (703) 689-2000

100 Elden Street, Suite 10
Herndon, Virginia 20170

New Extract For: ________________________________ DOB ___________________

Address ____

____

____

Phone Number __________(area) ____

Current Insurance ____

Number of Sets: ____

Please mail 2-3 weeks in advance of the date extract will be required to:

Adult and Pediatric Allergy Center of Northern Virginia
100 Elden Street, Suite 10
Herndon, VA 20170

Or FAX to: 703-478-6612

Please include a copy of the referral if you are with an HMO. If you need a referral, you are responsible for obtaining the referral for allergy sera and shots.

Patient's Signature _____________________________________Date______________
(or parent/guardian if patient is a minor)

No orders can be filled without patient's signature.

Please call to schedule shot appointment. We do not call you to schedule this appointment.

Office use only:

Date order form rec'd ____________

Shot appt: _____________________