# Adult & Pediatric
# Allergy Center of Northern Virginia

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Herndon, Virginia, 20170

**REFILLS OR DILUTIONS ORDER FORM**

Please Refill Extract for: ______________________________________ DOB: ___________________
Address: ______________________________________________________________________

Phone Number: _________(area)_________________________ New phone number? ________
Current Insurance: ______________________________________________________________

| Vial | Content | Current Concentration | Current Dosages |
|---|---|---|---|
| 1. ________ | ________________ | ________________ | ______________ |
| 2. ________ | ________________ | ________________ | ______________ |
| 3. ________ | ________________ | ________________ | ______________ |
| 4. ________ | ________________ | ________________ | ______________ |

Interval of injections ____________________________________________________________
Date of last injection(s) __________________________________________________________
Please note if dilutions are needed: ________________________________________________
Date of last follow-up with our physicians or staff: ____________________________________

Describe any reactions to the injections: ____________________________________________
_____________________________________________________________________________

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 _______________
(Parent/guardian if patient is minor)

No orders can be filled without patient's signature.

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

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Office use only:
Date order form rec'd: _______________Shot Appt: _________________