

Parc East  
1225 Martha Custis Drive, C-7  
Alexandria, VA 22302  
703 998-5676

Chevy Chase Building  
5530 Wisconsin Avenue, # 1045  
Chevy Chase, MD 20815  
301 670-8338

3200 TOWER OAKS BLVD  
SUITE 430  
Rockville, MD 20852  
301 770-1733

**Vaccine Reorder Form** VaccineReorder 7/13

**Please send this form back 4 weeks before you will need new serum.**

**Via Fax # 301 670-8339 or mail**

If there are forms to sign for the administering office, please fax them ahead with this form  
(these forms will be completed at the time of an annual visit. Fee may apply)

Patient NAME \_\_\_\_\_ Today's date \_\_\_\_\_  
Home# \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_  
Insurance Company \_\_\_\_\_  
Which of our offices will you get your first shot of your serum: \_\_\_ Rockville or \_\_\_ Virginia

**Serum Questions:**

1. What vial #s are you completing \_\_\_\_\_
2. Date of last injection \_\_\_\_\_ and what doses \_\_\_\_\_
3. How frequently do you get your injections? \_\_\_\_\_
4. What is the office that administers them for you \_\_\_\_\_  
What is their phone # \_\_\_\_\_

**Medical Questions:**

1. If female, are you pregnant \_\_\_\_\_, due date \_\_\_\_\_
2. Have you been having any swelling or redness from the injection? If so, how large and for how long does it last, and have you required any medication to treat such a reaction? If so, what medications? \_\_\_\_\_
3. Have your allergy symptoms improved since being on immunotherapy? \_\_\_\_\_
4. Do you still require daily medications for your symptoms? \_\_\_\_\_

**Health Insurance:**

1. Do you need a referral? (if so, please have it read serum and first injection) If you are with an HMO, POS insurance plan which requires a referral, contact your referring physician and obtain a referral before requesting the serum.
2. Please note that if you have CIGNA or any insurance which is priced through Cigna, Your visit cannot be the same day as an injection.
3. If you do not have health insurance, please call our office in advance for pricing of serum.

**Appointments**

1. If you are due back to see Dr. Goldberg near the completion of serum build up vials, call for your appointment in advance of serum renewal
2. If an annual visit is due, the visit should be scheduled before is prepared.

**Paul M. Goldberg, D.O., P.C.**  
**Allergy, Asthma and Clinical Immunology**

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**DATE** \_\_\_\_\_

**PATIENT** \_\_\_\_\_

**The above named patient is receiving immunotherapy and has requested that your office administers the allergy injections.**

**The patient is aware that they must stay at your office for at least 30 minutes after injections are administered to be observed for systemic reaction.**

**When administered by qualified medical staff, allergy injections are quite safe. But since the patients are by definition highly allergic, there is always some risk of a shot reaction. While the overwhelming majority of reactions are minor, there is always some risk of major, potentially life-threatening anaphylaxis. Therefore, allergy shots should only be administered under the direction of a physician and in a setting where there is immediate access to epinephrine 1:1,000 (1mg/mL), Benadryl IV/IM, O2, etc.**

**Please note it is imperative that Epinephrine be given at first sign of systemic reaction- DO NOT HESITATE. Call 911 if No immediate improvement or worsening of patient condition.**

**Kindly acknowledge you are in agreement by signing this letter and faxing it back to us at our dedicated fax line FAX # 301-670-8339. We will send guidelines, schedules and extract.**

**Thank you.**

**Sincerely,**

**Paul M. Goldberg, D.O.**

\_\_\_\_\_  
**(signature)**

\_\_\_\_/\_\_\_\_/\_\_\_\_  
**date**

\_\_\_\_\_  
**Printed name**