

BAYSIDE ALLERGY P.C.

603 BAY STREET
TRAVERSE CITY, MI 49684
PHONE: 231-929-9090
TOLL FREE: 877-912-9090
FAX: 231-929-9092

RE-ORDERS MAY TAKE 15-20 BUSINESS DAYS, ESPECIALLY DURING HOLIDAYS

SERUM ORDER FORM

Please fill out this form and send WITH injection logs. Otherwise, your order may be delayed.

Patient's Name: _____ Birth Date: _____

Primary Care Provider: _____

Facility Where Getting Injections: _____

WHERE SERUM IS TO BE SENT:

Name: _____

Address: _____

City, State, Zip: _____

Daytime phone #: _____

Notes:

GUIDELINES FOR ALLERGY INJECTIONS ARE ON THE OTHER SIDE OF THIS SHEET.

FOR BAYSIDE ALLERGY USE ONLY

VIAL COLORS: _____ (G/T) VIAL #: _____ build up/ maintenance

_____ (W/M/M) DOSE: _____

_____ () DATE SENT: _____

LAST OV: _____ INSURANCE: _____ INITIALS: _____

DATE CHARGED: _____ QUANTITY: _____ INITIALS: _____