

ALLERGY & CLINICAL IMMUNOLOGY MEDICAL GROUP

BERNARD D. GELLER, M.D., Ph.D. & SANDRA HO, M.D.

1301 20th Street · Suite 220 · Santa Monica · CA 90404 · Tel (310) 828-8534 · Fax (310) 453-8468

ANTIGEN ORDER/RE-ORDER FORM

Date:	Prescriber: <input type="checkbox"/> Bernard Geller, M.D., Ph.D. <input type="checkbox"/> Sandra Ho, M.D.		
Patient Name:	Guardian:	Pt. DOB:	
Insurance:	Daytime Phone#:		

AUTHORIZATION TO RELEASE RECORDS: I hereby authorize *Allergy & Clinical Immunology Medical Group* to release any and all information on file in my medical records which might be of value to the physician or clinic named herein.

Mail New antigens to:

Doctor's Name:	
Address:	
City, State, Zip:	
Phone & Fax Number:	

All orders must be accompanied by a current shot record. Please allow two weeks for antigen orders to be filled. Plan ahead!!!

Note: We insist that these antigens be administered by qualified medical personnel, knowledgeable in the recognition and treatment of systemic or anaphylactic reactions (including shock), and at a hospital or physician's office. Any failure to follow these instructions is done at the risk of the patient themselves, and totally indemnifies *Allergy & Clinical Immunology Medical Group* from any liability.

Please note that any existing balances must be cleared before a new antigen batch is made. Please check with the front desk if you think you may have a balance

Patient/Guardian Signature: _____

For office use only. Please do not write below this line.

Antigens for # of Months:	Present Frequency:	Starting Conc:	
Vial A	Concentration	Volume	# of maintenance Doses in Vial A
1			
2			
3			
4			
5			
Vial A - Total Volume Extract:			
Diluent NS+Phenol:			
Total Volume In Vial:			
Vial B	Concentration	Volume	# of maintenance Doses in Vial B
1			
2			
3			
4			
5			
Vial B - Total Volume Extract:			
Diluent NS+Phenol:			
Total Volume In Vial:			
Vial C	Concentration	Volume	# of maintenance Doses in Vial C
1			
2			
3			
4			
5			
Vial C - Total Volume Extract:			
Diluent NS+Phenol:			
Total Volume In Vial:			

Made By:

Date: