



1101 Cambridge Square, Ste. "C", Alpharetta, GA, 30009

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 contact@petpreferredx.com

IMMUNOTHERAPY ORDER FORM

Date: _____ Physician Name: _____ Contact: _____	
Phone #/Ext: _____ Fax #: _____ Email: _____	
Sublingual immunotherapy (SLIT) <input type="checkbox"/>	Injectable immunotherapy <input type="checkbox"/>
Patient Name: _____	Ship To (clinic address): _____
DOB: _____	_____
Lab number for the allergy test: _____	_____

	Allergens
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

	Allergens
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	

For SLIT: maximum 20 allergens can be mixed together in any one treatment vial or set. Equal parts using .6mL of concentrate will be prepared unless otherwise specified. Increases in volume of extract will affect the pricing.

For injectable immunotherapy: maximum 15 allergens can be mixed together in any one treatment vial or set. Equal parts using .6mL of concentrate will be prepared unless otherwise specified. Increases in volume of extract will affect the pricing.

The Treatment Set is based upon information above or the allergy test results scored of Class 1 & higher unless otherwise specified. Not to exceed a total of 20 allergens per Set for SLIT and a total of 15 allergens per set for injectable.

Special Instructions: _____

Physician's Signature _____ License No: _____