(Office Only) MRN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Revere Health Allergy & Immunology

Phone (801) 226-3600 ● Fax (801) 224-3811

Orem: 159 North 400 West, Suite B-8, Orem, UT 84057

PATIENT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_ AGE: \_\_\_\_\_\_ SEX: M / F

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_

Payment to be made at the time of order.

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**Please allow 2 weeks for serum refills and delivery.**

Bottle: \_\_\_\_\_\_\_\_ Dilution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dose: \_\_\_\_\_\_\_\_\_

Bottle: \_\_\_\_\_\_\_\_ Dilution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dose: \_\_\_\_\_\_\_\_\_

Bottle: \_\_\_\_\_\_\_\_ Dilution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dose: \_\_\_\_\_\_\_\_\_

Number of Vials: One Vial/$120 per month Two vials/$240 per month Three vials/$360 per month

Number of Months: \_\_\_\_\_\_\_\_\_ (6 vials maximum)

Charge: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office Pick-up. If you select office pick-up, but are unable to do so, and need us to mail it out instead, we will require a written statement mailed to us. Please initial\_\_\_\_\_\_\_\_.

Mail Out to ($25 S&H due per 3 vials, prior to shipment): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*There are risks to mailing the serum, as the serum may degrade in temperature extremes, thus rendering the serum less effective.

\*Please note that we are also not responsible for lost or damaged serums in the mail.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

Phone: (\_\_\_\_\_\_) \_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_

**Joshua Burkhardt, DO ● Tammy Jacobs, MD**