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WHEN RE-ORDERING EXTRACT MIXTURE, PLEASE PROVIDE THE FOLLOWING:

Patient's Name: _____
DATE OF BIRTH: _____ DATE REQUESTED: _____
DATE OF LAST INJ: _____ Color of Vial: _____
Dosage of last shot: _____ Dilution of Vial: _____
FREQ. of Shots: _____ VIAL NUMBER: _____
REACTIONS NOTED/ PATIENT RESULTS: _____

PLEASE INDICATE THE FOLLOWING:

✓ **1 Vial ONLY** (for pt's who only rec. 1 shot)-Color of VIAL: _____
✓ **2 Vial Set :**
 Seasonal Vial Color: _____ Perennial Vial Color: _____
✓ **3 Vial set:**
Seasonal Vial Color: _____ Perennial Vial Color: _____ Epidermoid Vial Color: _____
✓ **SEASONAL ONLY** –Color of Vial: _____
✓ **PERENNIAL ONLY** –Color of Vial: _____
SEND EXTRACT TO: _____

PLEASE ALLOW 2 WEEKS FOR DELIVERY OF EXTRACT. PLEASE BRING A COPY OF YOUR INJECTION RECORDS AND INSURANCE CARD WITH YOU TO YOUR FOLLOW UP VISITS. THANK YOU