



Allergy, Asthma & Immunology Clinic

Diplomates American Board of Allergy & Immunology

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www.mnallergy.com

Allergen Vaccine Order Form

Please read and save

Date: _____

Patient: _____

DOB: _____

Last Injection Date: _____

Frequency (please circle): weekly 2 weeks 3 weeks 4 weeks

1. Allergen Content:	2. Allergen Content:	3. Allergen Content:	4. Allergen Content:
_____	_____	_____	_____
Last Dose: _____ mL	Last Dose: _____ mL	Last Dose: _____ mL	Last Dose: _____ mL
<u>Requested Vial</u> (please circle)	<u>Requested Vial</u> (please circle)	<u>Requested Vial</u> (please circle)	<u>Requested Vial</u> (please circle)
1:10,000V/V (Silver)	1:10,000V/V (Silver)	1:10,000V/V (Silver)	1:10,000V/V (Silver)
1:1,000 V/V (Green)	1:1,000 V/V (Green)	1:1,000 V/V (Green)	1:1,000 V/V (Green)
1:100 V/V (Blue)	1:100 V/V (Blue)	1:100 V/V (Blue)	1:100 V/V (Blue)
1:10 V/V (Yellow)	1:10 V/V (Yellow)	1:10 V/V (Yellow)	1:10 V/V (Yellow)
1:1 V/V (Red)	1:1 V/V (Red)	1:1 V/V (Red)	1:1 V/V (Red)

Clinic: _____

Phone: _____

Person Ordering: _____

Please fax the allergy injection schedule along with this form. Forms can be downloaded from our website @ www.mnallergy.com When ordering new allergen vaccine(s) please **allow two weeks**. Patient needs to receive their first injection from newly prepared vial in our clinic. **Our clinic staff will contact the patient to schedule their next injection in our office.**

Fax: 651-765-9801