

EXTRACT ORDER FORM

NAME:

You must complete this form to reorder your vaccine. Incomplete forms will **NOT** be processed. **NO VACCINE ORDERS WILL BE TAKEN BY PHONE.**

If your insurance information has changed, please send a copy of BOTH sides of the new insurance card with the effective date of coverage and the policy holders name and date of birth.

If you are covered by Medicaid, please send a copy of the current card.

YOU MAY ALSO FAX THIS SHEET IN TO REORDER AT

304-357-4412

OR MAIL ORDER FORM TO

ENT Physicians and Surgeons of Charleston, WV

ATTN: Lynn King, RN

4408 MacCorkle Ave, SE

Charleston, WV 25304

DO YOU NEED A PRESCRIPTION FOR SYRINGES OR EPI-PEN (please circle if needed)?

Please answer the following:

Are injections helping _____

How often are you taking injections _____

Maintenance dose _____ Date of last injection _____

Any reactions if so number where you may be reached _____

Date of last office visit with Doctor _____ Reminder must be seen every 6 months or vaccine will not be filled.

IF A BETA BLOCKER HAS BEEN PRESCRIBED TO YOU, PLEASE CALL LYNN KING, RN BEFORE INJECTION AT 304-357-9056