



## Sublingual Drops

### Allergy Vaccine Reorder Form 2024

*It is time to reorder when you have ½ of the vial remaining*

**Please print your name and address as it would appear on the shipping label:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone: (\_\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_

**Will someone be present to receive and sign for the delivery?** Yes \_\_\_ No \_\_\_

In summer months, when it is hot, it would be preferable to ship the vaccine refill to a location where someone is available to receive the shipment. The vaccine can be left outside for short periods but should not be left to "Bake" in the sun. Similarly, in winter, we do not want it go through freeze/thaw cycles, so bring inside upon receipt.

#### **PRICING AND PAYMENT UPDATE:**

- Pricing for sublingual allergy vaccine refill: single - \$331; double - \$641  
(Mark one so we know what to prepare)

one vial C refill \_\_\_\_\_ two vial C refill \_\_\_\_\_

**Please send THIS FORM with a check for the TOTAL above to the following address:**

MedVet Norwalk Dermatology  
129 Glover Ave., Ste. 1A  
Norwalk, CT 06850

**If you would like to pay via Credit Card or Care Credit still SEND in this form. We will call the number above to process payment when your refill is prepared and ready to ship.**

**If you would like to automatically use the last credit card number we have on file initial here: \_\_\_\_\_**

**Please call Dermatology at 203-838-6626 if you have any questions.**