

Brian J. McCool, M.D.

McCOOL & BHUTA

Ear Nose and Throat Specialists

Tarika Bhuta, M.D.

ALLERGY DROPS / SHOTS ORDER FORM

Mail, fax, or email (allergy@entbirmingham.com) order form to this office. ORDERS WILL NOT BE TAKEN BY PHONE. Please write legibly and allow 2 weeks for your order to be completed.

Name: _____

Today's Date: _____ Your Date of Birth: _____

Telephone Number: _____

Address: _____

Patient of (check one): Dr. Bhuta _____ or Dr. McCool _____ No. Shots left: _____

Drops/Shots to be (check one): Mailed (\$5.00 mail fee) _____ or Picked up _____ or Taken in this Office _____

Please respond to the following questions:

1. My (or my child's) injections or drops are helping. Yes _____ No _____
2. Local reactions occur. Yes _____ No _____ (If yes, please speak to the allergy nurse.)
3. I experience increased symptoms immediately after taking the medication. Yes _____ No _____
4. Date of last visit with the doctor: _____ (A yearly checkup is required.)
5. I need an EpiPen refill. Yes _____ No _____

There is a \$5.00 postage and handling fee for mail outs. Please include this payment with your order. You may provide credit card information to cover this fee. If you are ordering drops, payment may also be made with a credit card.

Credit Card No.: _____ Exp. Date: _____

Security Code: _____

Patient Signature: _____



Vials Made By: _____ Date Made: _____