



## Subcutaneous Injections

### Allergy Vaccine Reorder Form

*It is time to reorder when you have  $\frac{1}{4}$  of the vaccine 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 FEDEX 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 and refrigerate vaccine upon delivery. 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.

### Vaccine Refill \$265

**Do you need syringes? YES NO (circle) # of boxes \_\_\_\_\_ Add \$6.00 per box of 25 syringes**

**Please send THIS FORM with a check for the TOTAL above**

**Make checks payable to MedVet Norwalk Dermatology**

**Please mail the check for payment and this Re-order form to:**

**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 refill is prepared and ready to ship.**

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