



Allergy Vaccine Reorder Form

SUBLINGUAL DROPS

It is time to reorder when you have 1/2 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.

Please send THIS FORM with a check for either (Mark one so we know what to prepare)

\$285 (one vial C refill) _____ \$550 (two vial C refill) _____

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 ready to ship.

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