

**RICHARD R. ROSENTHAL, M.D., LTD.**

Adult and Pediatric Allergic Disease, Asthma and Immunology  
Diplomates: American Board of Allergy and Clinical Immunology

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**Allergy Shots Serum Reorder Form for Patients Who Take Their Serum Out**

**Checklist to re-order your serum:**

- 1. Complete and sign the form below and return to it to our office by mail or fax. Serum cannot be made unless we receive this signed form or written authorization.
- 2. Provide us with a copy of your most recent injection records.

Patient's Name: \_\_\_\_\_ Date: \_\_\_\_\_ Phone Number# \_\_\_\_\_

Vials Needed: \_\_\_\_\_ Date Needed: \_\_\_\_\_

**(Please allow 2 weeks from the date received in our office for this request to be processed.)**

Are you taking any Beta-blockers or Ace Inhibitors (see list on back)? If yes, please list.

Plan on having your first injection(s) out of your new vial(s) in one of our offices. Please indicate the office location where your plan to pick up your new serum.)

FAIRFAX \_\_\_\_\_ RESTON \_\_\_\_\_

For taking patients, please provide name and phone number of clinic/practice where you will be receiving injections:

It is my responsibility to verify with my insurance carrier that I have coverage for this service and to obtain any necessary referrals or forms. I understand that I am responsible for any co-pays, co-insurance, and deductible amounts that may apply.

Patient's or Guardian's (if not 18 years of age) Signature: \_\_\_\_\_

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

**IF YOU NEED YOUR SERUM SHIPPED TO YOU:**

Our office will ship serum to patients that are located outside of the Washington Metropolitan area. Approval from your physician here is required before serum may be shipped. Shipping service fees range from \$40.00 to \$60.00. This fee will not be covered by your health insurance plan, therefore, it is a cost that is charged directly to you, the patient. **Serum will be shipped only after payment for shipping is received.**

**BELOW PLEASE PROVIDE THE ADDRESS WHERE SERUM IS TO BE SHIPPED :**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OFFICE USE ONLY: PAYMENT RECEIVED IN THE AMOUNT OF \_\_\_\_\_ ON \_\_\_\_\_

**BETA-BLOCKERS****TRADE NAME**

Bedranol  
 Beta-Adalat  
 Beta-Cardone  
 Betaloc  
 Betapace®/ Betapace AF®  
 Betimol®  
 Blocadren®/Timolol®  
 Brevibloc®  
 Bystolic  
 Cartrol®  
 Coreg®  
 Corgard®  
 Corzide®  
 Cosopt®  
 Inderal®/ Inderal LA®/Inderal XL®  
 Inderide®/Inderide LA®  
 InnoPran XL  
 Kerlone®  
 Levatol®  
 Lopressor®/Toprol-XL®  
 Lopressor HCT  
 Normodyne®/Trandate®  
 Normozide®  
 Sectral®  
 Sorine®  
 Sotalol AF®  
 Tenormin®  
 Tenoretic  
 Timolide  
 Visken®  
 Zebeta®  
 Ziac

**GENERIC NAME**

propranolol hydrochloride  
 atenolol/nifedipine  
 sotalol hydrochloride  
 metoprolol tartrate  
 sotalol  
 timolol maleate  
 timolol maleate  
 esmolol  
 nebivolol  
 carteolol  
 carvedilol  
 nadolol  
 nadolol/bendroflumethiazide  
 timolol/dorzolamide  
 propranolol  
 propranolol/hydrochlorothiazide  
 porpoanolol  
 betaxolol hydrochloride  
 penbutolol  
 metoprolol tartrate  
 metoprolol tartrate/HCTZ  
 labetalol  
 labetalol/ hydrochlorothiazide  
 acebutolol  
 sotalol  
 sotalol  
 atenolol  
 atenolol/chlorthalidone  
 timolol maleate/hydrochlorothiazide  
 pindolol  
 bisoprolol  
 bisoprolol fumarate/HCTZ

**BETA-BLOCKER EYE DROPS****TRADE NAME**

Betagan  
 Betoptic  
 Betimol  
 Cosopt  
 Ganfort  
 Istalol  
 Timoptic  
 Optipranolol (metipranolol)

**GENERIC NAME**

levobunolol hydrochloride  
 betaxolol hydrochloride  
 timolol  
 dorzolamide/timolol  
 bimatoprost/timolol maleate  
 timolol  
 timolol maleate  
 Ocupress (carteolol)

**ACE INHIBITORS (Angiotensin Coverting Enzymes)****TRADE NAME**

Aceon®  
 Accupril®  
 Accuretic®  
 Altace®  
 Capoten®  
 Capozide®  
 Epaned®  
 Lexxel®  
 Lotensin®  
 Lotensin-HCT

**GENERIC NAME**

perindopril  
 quinapril  
 quinapril/hydrochlorothiazide  
 Ramipril  
 captopril  
 captopril/ hydrochlorothiazide  
 enalapril  
 enalapril/felodipine  
 benazepril  
 benazepril/ hydrochlorothiazide

**TRADE NAME**

Lotrel®  
 Monopril®  
 Mavik®  
 Prinivil®/Zestril®  
 Prinzide®/Zestoretic®  
 Tarka®  
 Teczem®  
 Uniretic®  
 Univasc®  
 Vaseretic®  
 Vasotec®

**GENERIC NAME**

benazepril/amlodipine  
 fosinopril  
 trandolapril  
 lisinopril  
 lisinopril/hydrochlorothiazide  
 trandolapril/verapamil  
 enalapril/diltiazem  
 moexipril/hydrochlorothiazide  
 moexipril  
 enalapril/hydrochlorothiazide  
 enalapril

P:FORMS PATIENT/AIT AUTH/SERUM REORDER TAKING/WEB/FEB 2015

OFFICE USE ONLY: PAYMENT RECEIVED IN THE AMOUNT OF \_\_\_\_\_ ON \_\_\_\_\_