

GOLDBERG ALLERGY

PAUL M. GOLDBERG, D.O., FACAAI

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PHONE: 301-670-8338 & 703-998-5676 FAX 301-670-8339

EMAIL GoldbergAllergy@gmail.com WEB www.GoldbergAllergy.com

SUBLINGUAL DROPS (SLIT) Reorder Form

Please send this form back **4 weeks** before you will need new drops

(When you begin your last dropper vial)

Fax # 301-670-8339 or EMAIL GoldbergAllergy@gmail.com

****Please note insurance does not cover the cost of allergy drops. These are an out of pocket expense paid by the patient****

Today's Date _____ Patient NAME _____

Cell # _____ Work # _____ Home# _____

Will you come to our office to pick up the Drops? If so, which office?

Alexandria _____ Rockville _____

If we mail, we send USPS priority mail, patient is charged the cost.

ADDRESS TO MAIL DROPS :

SLIT Questions:

When do you anticipate completing the last bottle? _____

Medical Questions:

1 If female, are you pregnant _____, if so, Due Date _____

2 Have you been having any reactions from the drops. If so, describe

3 Have your allergy symptoms improved since being on drops? _____

4 Do you still require daily medications for your symptoms? _____

Appointments:

If an annual visit is due, the visit should be scheduled prior to preparation of new drops.

Please call to schedule your appointment. Thank you.