



**Pet Preferred
Diagnostics**

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Date: _____ **Doctor:** _____ **Contact:** _____

Phone #/ Ext: _____ **Fax #:** _____ **Email:** _____

Injectable Immunotherapy (SCIT)	Sublingual Immunotherapy (SLIT)
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3-Vial Treatment set, 9.5-month supply <input type="checkbox"/>	Treatment set I, 5-month supply <input type="checkbox"/>
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Maintenance refill, 7-month supply <input type="checkbox"/>	Treatment set II, 9-month supply <input type="checkbox"/>
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Syringes, 1ml x 25 <input type="checkbox"/>	Maintenance set I, 4-month supply <input type="checkbox"/>
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	Maintenance set II, 8-month supply <input type="checkbox"/>
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Patient: Lab number for the allergy test:	Ship to: (clinic or patient's address): _____ _____ _____ _____
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	Allergens:		Allergens:
1		11	
2		12	
3		13	
4		14	
5		15	
6		16	
7		17	
8		18	
9		19	
10		20	

For SLIT: maximum of 20 allergens can be mixed together in any one treatment vial or set. Equal parts of allergens concentrate will be prepared unless otherwise specified. Increases in volume of extract will affect the pricing.

For SCIT: maximum of 15 allergens can be mixed together in any one treatment vial or set. Equal parts of allergen concentrate will be prepared unless otherwise specified. Increases in volume of extract will affect the pricing.

The Treatment Set is based upon information above or allergy test result scores of Class 1 and higher unless otherwise specified. Not to exceed a total of 15 allergens per Set for SCIT and a total of 20 allergens for SLIT.

Special Instructions: _____

Physician's Signature _____ License No: _____

