

EXTRACT REORDER

Main Pueblo Broadmoor Cordera

Your allergy extract (antigen) is nearing its expiration date. Please sign below to authorize us to prepare a new supply for you. Extracts are prepared and billed in a 3 or 6 month supply depending on your insurance. By signing, you agree to be responsible for any charges not covered by insurance. If the patient is under 18 years old, a parent or guardian must sign.

HMO patients: We need a copy of your current referral in order to prepare the antigen.

THE WILLIAM STORMS ALLERGY CLINIC

1625 Medical Center Point, Suite 190 ♦ Colorado Springs, CO 80907
(719) 955-6000 Fax (719) 955-9595 ♦ www.stormsallergy.com

Printed Patient Name: _____ Date: _____

Patient or Parent/Guardian Signature: _____
(signature indicates authorization and acceptance of responsibility)