



Pienkowski, MD Clinic – Allergy Asthma Immunity

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MAINTENANCE ALLERGEN VIAL REORDER FORM

Instructions and Notes

- **Who.** Patients bear the ultimate responsibility for timely allergen reordering.
- **When.** Reorder maintenance vials at ½ (or 5 injections) through the current maintenance vials.
- **Where.** Bristol: (423) 968-4948. Greeneville: (423) 638-1527.
Johnson City: (423) 928-9405; Kingsport: (423) 378-3400.

Patient Name: _____

Date of Birth: _____

Current Insurance: _____

Insurance ID # _____

I authorize Pienkowski, MD Clinic – Allergy Asthma Immunity to order and prepare my allergens and understand my account will be charged and insurance filed for these vials. I also understand that I am responsible for the payment of these charges should insurance not cover them. With this knowledge, I request the vials to be ordered and prepared for me.

Signature of Patient/Guardian: _____

Date: _____ **Phone #** (_____) _____ - _____ **Ext:** _____

Facility: _____

Facility Address:

City: _____ **State:** _____ **Zip:** _____

Daytime phone number: (_____) _____ - _____

* We cannot ship out allergens when the temperature is above 80F.