

J. Cooper McKee M.D. F.A.C.S
2900 N. Beltline Rd.
Sunnyvale, Texas 75182

Allergy Order Form

Date: _____ DOB: _____

Name: _____

Street Address: _____

Check If New Address

Home Number: _____ Cell Number: _____

Insurance Company: _____
*******IF YOU HAVE A CHANGE OF INSURANCE PLEASE ENCLOSE A COPY OF YOUR NEW CARD*******

PLEASE CIRCLE ALL THAT APPLY:

ORDER:

SERUM: 10 DOSE/ 5 DOSE

Mail (\$5.00 mail fee will apply) Yes or No

Syringes (These cannot be mailed) Yes or No

All Allergy order forms must be either emailed to  allergy.orders@gmail.com

faxed to(972) 226-3236, brought by the office or mailed.

NO PHONE ORDERS PLEASE

Please allow 7-10 days for processing and additional time if ordering by mail.

- Orders can be place in our mailbox on the side of the building if office is closed.
- DUE TO HIGH NUMBER OF ALLERGY SERUM ORDERS WE ARE UNABLE TO CALL TO LET YOU KNOW YOUR SERUM IS READY.
- All Copays, Deductibles and Outstanding balances are due at the time of pickup.
- If you are mailing in payment for previously faxed order DO NOT send in a duplicate order form or we will process this as a new order.
- We take payments over the phone with a Credit or Debit Card.