



**IMMUNOTHERAPY INJECTIONS MAINTENANCE ORDER FORM**

*Print, fill all details and scan back to [order@qldallergy.com](mailto:order@qldallergy.com)*

Supplier	Product	Price	QAS fee	Cost per batch
<input type="checkbox"/> AMSL	ALXOID	\$241.50	\$54.95	\$296.45
<input type="checkbox"/> AMSL	ALUTEK	\$239.25	\$54.95	\$294.20
<input type="checkbox"/> AMSL	CLUSTEK MAX	\$356.50	\$54.95	\$411.45
<input type="checkbox"/> AMSL	ORALTEK	\$214.00	\$54.95	\$268.95
<input type="checkbox"/> FERRER PHARMA	DIATER	\$360.00	\$54.95	\$414.95
<input type="checkbox"/> GAMMA ALLERGY	ALUM	\$318.00	\$54.95	\$447.55
<input type="checkbox"/> GAMMA ALLERGY	AQUEOUS	\$248.00	\$54.95	\$363.55

- AMSL BATCH EXPIRY DATE IS NOW 10 MONTHS GUARANTEED, THEREFORE WE CAN ONLY ORDER 1 BATCH AT A TIME
- IF YOU ARE UNSURE WHAT TO ORDER, PLEASE REFER TO THE INFORMATION YOU WERE GIVEN AT YOUR INITIAL INJECTION APPOINTMENT
- IF YOU PREFER TO PAY OVER THE PHONE, COMPLETE THIS FORM WITH ALL OTHER DETAILS, RETURN TO US VIA EMAIL & RING 07 5591 5744 FOR PAYMENT

- Mastercard
- Visa

Number:

Exp Date: CVS:

Cardholder Name:

Patient name & DOB:

Contact Tel:

Signature: Date: / /

Please note any order cancellations must be made within 24 hours once the order is processed. If not, the patient will be charged for the treatment & processing fee and refunds cannot be given.

<b>GP delivery details (the clinic details where you are having your monthly injections)</b>	
GP name:	Clinic name:
Street name:	
Post code / State	Phone:

I am having my monthly maintenance injections at Queensland Allergy Services (delivery to 123 Nerang Street)