

### 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"/> FERRER PHARMA	DIETER	\$450.00	\$65.00	\$515.00
<input type="checkbox"/> GAMMA ALLERGY	ALUM	\$318.00	\$65.00	\$383.00
<input type="checkbox"/> GAMMA ALLERGY	AQUEOUS	\$248.00	\$65.00	\$313.00
<input type="checkbox"/> INMUNOTEK	ALXOID	\$289.90	\$65.00	\$354.90
<input type="checkbox"/> INMUNOTEK	ALUTEK	\$289.90	\$65.00	\$354.90
<input type="checkbox"/> INMUNOTEK	CLUSTEK	\$290.00	\$65.00	\$355.00
<input type="checkbox"/> INMUNOTEK	CLUSTEK MAX	\$399.90	\$65.00	\$464.90
<input type="checkbox"/> INMUNOTEK	ORALTEK	\$249.90	\$65.00	\$314.90
<input type="checkbox"/> INMUNOTEK	UROMUNE	\$367.00	\$65.00	\$432.00

- IF YOU ARE UNSURE WHAT TO ORDER, PLEASE REFER TO THE INFORMATION YOU WERE GIVEN AT YOUR INITIAL INJECTION APPOINTMENT
- PLEASE NOTE THE PRICES ARE APPROXIMATE AND MAY BE SUBJECT TO CHANGE
- IF YOU PREFER TO PAY OVER THE PHONE (ADMIN FEE \$65) COMPLETE THIS FORM WITH ALL OTHER DETAILS, RETURN TO US VIA EMAIL & RING 07 5591 5744 FOR PAYMENT

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.

#### GP delivery details (the clinic details where you are having your monthly injections)

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)