G. Lee Bryant, Jr., M.D., F.A.A.O.A.
Robert Frank, M.D., F.A.A.O.A.
Amit Patel, M.D.
Rachel Chamberlin, PA-C
Kelly Strimaitis, FNP – BC
Hannah Hays, AuD, CCC-A
Sarah Wyatt, AuD, CCC-A

Allergy & ENT Associates
AdvancedHEALTH

D. Scott Fortune, M.D., F.A.A.O.A.
Justin Morgan, M.D., F.A.A.O.A.
Kendall Bush, PA-C
Jennifer Spires, FNP- BC
Katelyn Dillard, AuD, CCC-A
Stephanie Helton, AuD, CCC-A

Celebrating 50 Years of Caring for our Community
Adult and Pediatric Diseases of the Ear, Nose, and Throat * Head and Neck Surgery * Balance Disorders
Allergy Testing and Treatment * Comprehensive Hearing Testing *Hearing Aid Sales and Services

Sublingual Drops (SLIT) Reorder Form

PLEASE ALLOW 7 - 10 DAYS FOR PREPARATION OF MIX

Order Date: _____ Physician_____

Patient's Name: _____ DATE OF BIRTH : _____

Phone number_____ EMAIL: _____

Address **if mailing**:_____

Pick up location (CHOOSE ONE) : Hermitage___ Lebanon _____

Any reactions to the drops? _____

Do you take blood pressure medication? Yes : _____ No: _____

If YES, name of medication? _____

Drops must be paid for PRIOR to mix being made.

Name on Credit Card exactly as printed : _____

Billing Address for Credit card including Apt #, City, State, and Zip:

_____

Credit Card # _____ Exp Date : _ _ / _ _ _ _ CVV Code: _____

Total amount to be charged (including shipping and handling **$11.50**) : _____

Signature : _____ Today's Date : _____

Would you like your card saved on file for orders: YES _____ NO _____