



Re-Order Form

TO ORDER MORE ALLERGY SERUM PLEASE FILL OUT THE BOTTOM PORTION OF THIS FORM THEN MAIL, EMAIL (serum@baltimoreallergist.com) or FAX TO 443-557-6699 THIS FORM **ALONG WITH YOUR SHOT RECORD.**

FOR ANY QUESTIONS PLEASE CALL 443-987-6998.

****PLEASE ALLOW 2 WEEKS FOR SERUM PREPARATION****

You must attach completed Immunotherapy Record in order to receive new serum.

Name: _____

Date of Birth: _____

Phone Number: _____

Insurance: _____

Referral Required: Yes _____ or No _____

Last Office Visit: _____

(If it has been longer than 6 months, please call to schedule an appointment)

If serum needs to be mailed include mailing address

Mailing Address: _____

If serum needs to be picked up, check which office:

PICK UP AT OFFICE: _____ BelAir _____ Lutherville

Matthew Mardiney, M.D.

Bel Air
2225 Old Emmorton Rd, Suite 111
Bel Air, MD 21015
443-987-6998

Towson/Lutherville
1300 York Rd, Suite 30D
Lutherville, MD 21093
443-519-2128

Contact Us
contactus@baltimoreallergist.com
or serum@baltimoreallergist.com

*Dedicated to excellence in both
adult and pediatric allergy
American Board of Allergy
and Immunology*