

Schedule of Injections

From:
Joseph Pflanzner, M.D.
 2801 Bolton Boone Dr. #101
 DeSoto, TX 75115
 (972) 298-6677

Patient:

Date:

Material:

BOTTLE #

EXPIRATION DATE: _____

Instructions: Give injections subcutaneously, using an allergy syringe. Keep refrigerated.

DATE	DOSE	LOCAL REACTION	SYSTEMIC SYMPTOMS ASSOCIATED WITH INJECTION
	.10	EACH NEW VIAL STARTS AT .10cc	
	.15		
	.20		
	.30		
	.40		
	.50		
	.50		
	.50		
	.50		
	.50	* REMINDER PLEASE SEND EXTRACT REORDER FORM	
	.50	* PLEASE ALLOW 2 WEEKS FOR DELIVERY OR PICK-UP	
	.50	* CONTINUE UNTIL THE VIAL IS EMPTY	
	.50		
	.50		

SERUM REORDER INSTRUCTIONS

Instructions: Complete this information and Fax to (972) 298-5583.

Orders processed within 1 week of receipt of reorder form.

Name of person placing this order:

Phone:

Serum to be (please circle): Picked-up or Mailed

Complete address for mailing: