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Auvi-Q Recall

Request for new Epinephrine Auto Injector

Please fill out below to have a new prescription for an epinephrine auto injector. Give form to the Front Desk receptionist or fax to the office in which you are seen in or email to mzorovic@bayareaallergy.com.

Name: _____ DOB: _____

Daytime Phone #: _____

Current weight: _____ # of auto injectors requested: _____

Office Seen in: Berkeley Brentwood Pleasanton San Ramon Walnut Creek

Current Pharmacy (with address): _____

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