

**ALLERGY AND ASTHMA SPECIALISTS, P.C.**

Leonard Silverstein, M.D.  
Jennifer A. Sherman, D.O.

[www.njallergydoctors.com](http://www.njallergydoctors.com)

Ruth L.K. Gold, M.D.  
Alexander Marotta, M.D.

82 E. Allendale Road, Ste 7  
Saddle River, NJ 07458  
Ph: (201) 236-8282  
Fx: (201) 236-0138

51 Route 23 South  
Riverdale, NJ 07457  
Ph: (973) 831-5799  
Fx: (973) 831-7422

PATIENT: \_\_\_\_\_ D.O.B. \_\_\_\_\_ DATE: \_\_\_\_\_

**Dear Parents:**

**Please provide the following information for your school requirements. Do not leave your school forms as we will provide you with our own medication forms. All forms will be mailed home when completed. Please allow 10 days for this process.**

**Medication (s) Requested:**

**EpiPen**     **TwinJect**                      (40 lbs. and Under)  
 **EpiPen Jr.**     **TwinJect Jr.**  
**List of Food Allergies:**

**Asthma Action Plan**    (ONLY NEEDED IF REQUESTED BY YOUR CHILD'S SCHOOL)

**Date Submitted:** \_\_\_\_\_

**Please Mail or Fax back to our office**