

LVPG Allergy, Asthma and Immunology - 1605 N. Cedar Crest
Phone: 610-820-9000
Fax: 610-820-9078
1605 N CEDAR CREST BLVD
SUITE 605
ALLENTOWN PA 18104-2351

Date: Feb 20, 2023

Judith Brooks, CRNP [REDACTED]
Supervisor: Stacey J Smith [REDACTED]

Date: 02/20/23

Patient Name: B [REDACTED]

Address: [REDACTED]
ALLENTOWN PA 18101

Home phone: [REDACTED] DOB: [REDACTED]

Rx: Tdap, PF, (ADACEL,TDAP ADOLESN/ADULT,,PF,) 2 Lf-(2.5-5-3-5 mcg)
-5Lf/0.5 mL injection

Sig: Inject 0.5 mL inject into the muscle one time for 1 dose.

Qty: **0.5 (Zero Point Five) mL**

Refill: **0 (Zero)**

Comments: may substitute Boostrix for Adacel

Signature:

NPI: 1578679270

Order #: 1409414622

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SUITE 605
ALLENTOWN PA 18104-2351

Date: Feb 20, 2023

Judith Brooks, CRNP [REDACTED]
Supervisor: Stacey J Smith MD [REDACTED]

Date: 02/20/23

Patient Name: [REDACTED]

Address: [REDACTED]
515 Hamilton St
ALLENTOWN PA 18101

Home phone: [REDACTED] DOB: [REDACTED]

Rx: varicella-zoster gE-AS01B, PF, (SHINGRIX) 50 mcg/0.5 mL vaccine

Sig: Inject 0.5 mL inject into the muscle one time for 1 dose.

Qty: **1 (One) each**

Refill: **1 (One)**

Signature:

NPI: 1578679270

Order #: 1409414623