Chicago Family Asthma & Allergy, SC
2551 N Clark St, Suite 100
Chicago, IL 60614
(773) 388-2322
Fax (773) 388-2333

Immunotherapy Extract Vial Order Form

For new patients beginning allergy immunotherapy, an initial supply of allergy extract will be prepared. When this supply has been used or has expired, our office staff will inform you and will ask if you consent for new vials to be mixed to continue the immunotherapy protocol. After receiving consent, additional allergy extract vials will be prepared within one to two weeks, unless communicated otherwise. At a minimum, a patient needs to have an office visit with a doctor or practitioner once every year so that medical condition(s) may be followed appropriately and/or any medications may be managed according to clinical progress.

By reading and signing this form, you agree to the following:

I have provided my insurance and payment information with the office staff at Chicago Family Asthma & Allergy for billing purposes related to services provided and charges rendered for allergy immunotherapy extract and injections. I authorize Chicago Family Asthma & Allergy to order and to prepare the allergen extract and understand my account will be charged and insurance filed for these vials. I further understand that the final responsibility for the payment of these charges is mine. I also understand that unexpected reactions or interruptions in the injection schedule may result in the expiration of certain vials, requiring vial remixing to maintain the immunotherapy protocol and additional charges added to my account. With this knowledge, I request that the vials are ordered and prepared for me (or the patient), and I consent to any necessary treatment required in the event of an adverse reaction occurring after an injection.

Date: _____

Printed Patient Name: _____ DOB: _____

Patient Signature: _____

For minors, print and sign Parent/Guardian name: _____