



Vial Remix Consent

It's time for your allergy serum to be remixed! Please tell us about your current allergy symptoms.

Have you seen any improvement with the following?					
	No Improvement	Slightly Improved	Moderately Improved	Very Improved	Greatly Improved
Eye allergy symptoms					
Nasal allergy symptoms					
Asthma symptoms					
Skin symptoms					
Occurrence of sinus infections					
Occurrence of respiratory infections					
Have you ever had a reaction? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Which build up did you use? <input type="checkbox"/> Traditional <input type="checkbox"/> Rapid Desensitization					
Please select the desired strength of your new serum: <input type="checkbox"/> Weaker <input type="checkbox"/> Stay the same <input type="checkbox"/> Stronger					
Please select the desired remix build up: <input type="checkbox"/> Traditional <input type="checkbox"/> Rapid Desensitization					
Comments:					

Acknowledgement and consent

By signing below, I have read and understand the following statements:

- Allergy extract vials are custom-created for each patient's specific needs.
- My signature below authorizes the creation of new allergy vials.
- My insurance carrier will be billed for the remixed vials and I will be responsible for any deductibles, copays, and/or coinsurance for all remixed vials.
- These remixes will be created prior to needing an allergy injection.
- Should I discontinue treatment or decide against treatment after signing this form, my custom-made vials will still be billed to my insurance carrier if they have been created and I will still be responsible for what is not covered by my insurance carrier.

Patient Name:	Date of Birth:
Signature of Patient or Responsible Party:	Date:

Please see the receptionist to schedule your remix assessment allergy appointment.