

ALLERGEN IMMUNOTHERAPY SERUM RENEWAL CONSENT

**The Pediatric Lung Center**

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TIN#: 54-1110106

Patient name: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Today's date: \_\_\_\_\_

**I authorize The Pediatric Lung Center to prepare:**

\_\_\_\_\_ A dilution of my extracts (insurance may not cover dilutions)

\_\_\_\_\_ Renewal extracts (extract vials are expiring or running out)

**I receive my shots at:**

\_\_\_\_\_ The Pediatric Lung Center

\_\_\_\_\_ An outside medical office: \_\_\_\_\_

If you receive your allergy shots at an outside medical office, please have your current allergy shot record faxed to our office at 703-289-1420.

If you wish to continue to have your injections administered at an outside medical facility, please designate your preference below:

**Pick up my vials to take them to the outside administering physician.** There is a \$15 charge for packaging the extracts to take out. This charge cannot be billed to your insurance company and is due at the time of pick-up. Extracts must be delivered within 4 hours of pick-up to the outside administering medical facility.

**Have my vials shipped to the outside administering physician.** There is a \$15 charge for packaging the extracts for shipping as well as an overnight shipping charge of \$35. These charges cannot be billed to your insurance company and are due before the extracts are shipped. If the destination office is closed on any weekdays and thus unavailable to accept deliveries, please inform our office when submitting this form. If no one is available to sign for the delivery and the extracts are delayed over 24 hours, the extracts will not be safe for use. The patient will be responsible for any extract replacement costs.

**Insurance Information:**

Person Responsible for Account \_\_\_\_\_

Relation to Patient \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Current Insurance Company \_\_\_\_\_

Group Number \_\_\_\_\_ Subscriber Number \_\_\_\_\_

\_\_\_\_\_  
Signature of Patient or Legal Guardian

\_\_\_\_\_  
Date Signed